



KANSAS CORPORATION COMMISSION 1106387
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33498
Name: Osage Energy, LLC
Address 1: 2100 W VIRGINIA RD
Address 2: _____
City: COLONY State: KS Zip: 66015 + 4012
Contact Person: Leland Jackson
Phone: (620) 852-3501
CONTRACTOR: License # 31519
Name: Jackson, Leland dba Lone Jack Oil Co.
Wellsite Geologist: n/a
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
12/6/2012 12/11/2012 12/12/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30578-00-00
Spot Description: _____
NW SW NW NW Sec. 22 Twp. 24 S. R. 21 East West
4443 Feet from North / South Line of Section
5080 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: South Dawson Well #: 1
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1093 Kelly Bushing: 0
Total Depth: 722 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 679
feet depth to: 0 w/ 90 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 01/08/2013



1106387

Operator Name: Osage Energy, LLC Lease Name: South Dawson Well #: 1
 Sec. 22 Twp. 24 S. R. 21 East West County: Allen

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Bartlesville</td> <td>680</td> <td>696</td> </tr> </table>	Name	Top	Datum	Bartlesville	680	696
Name	Top	Datum					
Bartlesville	680	696					

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9.875	7	18	20	Type II	5	N/A
Long String	5.625	2.875	6.5	679	Type II	90	N/A

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	-			
	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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DIEBOLT LUMBER AND SUPPLY INC.
 2661 Nebraska Road
 La Harpe, Kansas 66751
 FAX: (620) 496-2226
 PHONE: (620) 496-2222

LIST NO: 5 JOB NO: 000 PURCHASE ORDER: REFERENCE: TERMS: CASH/CHECK/BANK CARD: CLECK: AC DATE/TIME: 2/6/12 9:19

TERMINAL: 554

SOLD TO:
 CASH

SHIP TO:
 BRANDT J. J. JONSON

SALESPERSON: AC ART CHAPMAN
TAX: 001 KANSAS TAX

INVOICE: J66075

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/PER	EXTENSION
1		5	5	BG 94PC	94# TYPE I PORTLAND CEMENT	2	5	10.00 /BG	50.00
<p><i>SOUTH DAWSON</i> <i>Wen #1</i></p>									

** PAID IN FULL **

43.02 TAXABLE 50.00
 NON-TAXABLE 0.00
 SUBTOTAL 50.00
 TD DISCOUNT -10.00

CHECK PAYMENT
 CK# 4977

43.02 TAX AMOUNT 3.02

TOTAL 43.02



TOT WT: 470.00

X _____
 Received By

PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
802 N. INDUSTRIAL RD.
IOLA, KS 66749

INVOICE

Invoice Number: 33294
Invoice Date: Dec 12, 2012
Page: 1

Duplicate

Voice: 620-365-5588

Fax:

Bill To:
CASH FOR C.O.D.'S 802 N. INDUSTRIAL RD. IOLA, KS 66749

Ship to:
LONEJACK OIL CO. 509 E. WALNUT BLUE MOUND, KS 66010

Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	LONEJACK/4800&OREGON	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		12/12/12

Quantity	Item	Description	Unit Price	Amount
90.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	5.10	459.00
90.00	MH	MIXING & HAULING	2.50	225.00
1.75	TRUCKING	TRUCKING CHARGE	50.00	87.50

Subtotal	771.50
Sales Tax	58.25
Total Invoice Amount	829.75
Payment/Credit Applied	
TOTAL	829.75

Check/Credit Memo No:

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

Date	Invoice #
12/16/2012	1588

Bill To
Lone Jack Oil 509 E Walnut St Blue Mound, KS 66010

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	12/12/12, Well #1, circulated 90 sacks of cement to surface, pumped plug and set float shoe.	700.00	700.00T
	Sales Tax	6.30%	44.10
		Total	\$744.10