

\*Amended\*

ORIGINAL

3/29/14

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32811  
Name: Osage Resources, L.L.C.  
Address 1: 6209 N. State Rd 61  
Address 2: \_\_\_\_\_  
City: Hutchinson State: KS Zip: 67502 + 8608  
Contact Person: Brooke C. Walter  
Phone: ( 620 ) 860-2224  
CONTRACTOR: License # 33132  
Name: Dan D Drilling  
Wellsite Geologist: Curtis Covey  
Purchaser: OneOK

RECEIVED

JUN 19 2012

KCC WICHITA

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- 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 #: \_\_\_\_\_

1/12/2012	2/2/2012	3/8/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-23818-0100  
Spot Description: \_\_\_\_\_  
NE NE NE NW Sec. 23 Twp. 33 S. R. 15  East  West  
125 Feet from  North /  South Line of Section  
2,345 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Barber  
Lease Name: Osage No. Well #: 23-05H  
Field Name: Aetna Gas Area  
Producing Formation: Mississippian  
Elevation: Ground: 1852 Kelly Bushing: 1867  
Total Depth: 8061 Plug Back Total Depth: 8005  
Amount of Surface Pipe Set and Cemented at: 200 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: \_\_\_\_\_  
feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 21000 ppm Fluid volume: 2500 bbls  
Dewatering method used: evaporation  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: Osage Resources, L.L.C.  
Lease Name: Osage No. 115 SWD License #: 32811  
Quarter SE Sec. NE Twp. 33 S. R. 15  East  West  
County: Barber Permit #: D 30,000

CONFIDENTIAL

MAR 29 2014

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Brooke C. Walter  
Title: Geological Technician Date: 6/18/2012

KCC Office Use ONLY

- Letter of Confidentiality Received  
Date: 3/29/12 to 3/29/14
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: NJ Date: 7-11-12

Operator Name: Osage Resources, L.L.C. Lease Name: Osage No. Well #: 23-05H  
 Sec. 23 Twp. 33 S. R. 15  East  West County: Barber

**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 Wireline 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: <b>Density/Neutron, Induction, Sonic, Geo-Perf,                  Geo Report</b>	<input checked="" 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>Stark</td> <td>4608</td> <td>-2740</td> </tr> <tr> <td>BKC</td> <td>4731</td> <td>-2850</td> </tr> <tr> <td>Marmaton</td> <td>4787</td> <td>-2897</td> </tr> <tr> <td>Mississippian</td> <td>4963</td> <td>-3020</td> </tr> </table>	Name	Top	Datum	Stark	4608	-2740	BKC	4731	-2850	Marmaton	4787	-2897	Mississippian	4963	-3020
Name	Top	Datum														
Stark	4608	-2740														
BKC	4731	-2850														
Marmaton	4787	-2897														
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CASING RECORD <input checked="" type="checkbox"/> New <input 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
Conductor Surface	26 17.5	20 13.375	97 54.5	41 200	4 yds grout A-Common	NA 575	NA 3% CaCl <sub>2</sub> , 1/4 #/sx celloflake
Intermediate	8.75	7	26	5089	AA2	185	0.25% detanem, 10% sat, 0.5% CFR, 0.8% FLA-322 & 1/4#sx celloflake
Liner	6.125	4.5	11.6	8023	CP-100	30, 470	10% sat, 0.75% CFR, 0.25% deaermer, 0.1% WCA

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 (Amount and Kind of Material Used)	Depth
4	5188-7983 Gross	<b>RECEIVED</b> <b>JUN 19 2012</b> <b>KCC WICHITA</b>	
		57,617 bbl fluid, 831,319# 40/70, 1,957 bbl 15% HCl	

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>4452'</u> Packer At: _____		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR: <u>4/5/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>34</u>	Gas Mcf <u>10</u> Water Bbls. <u>660</u> Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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