

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 32811 **RECEIVED**  
Name: Osage Resources, L.L.C.  
Address: 1605 E. 56th Ave. **JUN 14 2004**  
City/State/Zip: Hutchinson, Kansas 67502 **KCC WICHITA**  
Purchaser: NA  
Operator Contact Person: Ben Crouch  
Phone: (620) 664-9622  
Contractor: Name: Allied Cementing CO., Inc.  
License: NA  
Wellsite Geologist: NA  
Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc) plug, back

If Workover/Re-entry: Old Well Info as follows:  
Operator: Osage Resources, L.L.C.  
Well Name: E. Leiker #1  
Original Comp. Date: 8/31/1981 Original Total Depth: 3915  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back 1000' Plug Back Total Depth  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_  
3-1-1981 3/31/04 Unknown 3/31/2004  
Spud Date or Date Reached TD Completion Date or Recompletion Date

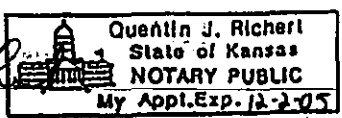
API No. 15 - 1505100928 - 60-02  
County: Ellis  
SW, SW, NE Sec. 11 Twp. 14 S. R. 18  East  West  
2970 3004 feet from  N (circle one) Line of Section  
2310 2338 feet from  W (circle one) Line of Section  
Footages Calculated from GPS-KCC-DIG - 4/9/14 Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: E. Leiker Well #: 1  
Field Name: Burnham  
Producing Formation: NOT COMPLETED OVER OPEN INTERVAL  
Elevation: Ground: 1988 Kelly Bushing: NA  
Total Depth: 3915 Plug Back Total Depth: 1000'  
Amount of Surface Pipe Set and Cemented at 1190' 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 \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ East West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**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.

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: Benjamin W. Crouch  
Title: Managing Member Date: 6-8-04  
Subscribed and sworn to before me this 8TH day of JUNE  
19-2004  
Notary Public Quentin J. Richert  
Date Commission Expires: 12-2-05



**KCC Office Use ONLY**

Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: Osage Resources, L.L.C. Lease Name: E. Leiker Well #: 1  
 Sec. 11 Twp. 14 S. R. 18 East  West County: Ellis

**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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken Yes <input checked="" type="checkbox"/> No Electric Log Run Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	Log Formation (Top), Depth and Datum Name Top Datum  <h1 style="margin: 0;">RECEIVED</h1> <h2 style="margin: 0;">JUN 14 2004</h2> <h3 style="margin: 0;">KCC WICHITA</h3>
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CASING RECORD							
				New	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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing <input checked="" type="checkbox"/> Plug Back TD ___ Plug Off Zone	3258'	60/40 pozimx	160 sks 60/40	10% gel, plugged back to 1000' from surface

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

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	No

Date of First, Resumed Production, SWD or Enhr.	Producing Method			
	Flowing	Pumping	Gas Lift	Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas      **METHOD OF COMPLETION**      Production Interval

Vented    Sold     Used on Lease      Open Hole    Perf.    Dually Comp.     Commingled  
*(If vented, Sumit ACO-18.)*       Other (Specify) \_\_\_\_\_