

Amended

4/23/14

CONFIDENTIAL

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

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: _____

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 #: _____

3/13/2012	3/29/2012	5/9/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-23839-0100
Spot Description: _____
NE NW NW NE Sec. 19 Twp. 33 S. R. 14 East West
180 Feet from North / South Line of Section
2,282 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 #: 19-04H
Field Name: Aetna Gas Area
Producing Formation: Mississippian
Elevation: Ground: 1793 Kelly Bushing: 1808
Total Depth: 9283 Plug Back Total Depth: 9248
Amount of Surface Pipe Set and Cemented at: 235 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 cm.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 22,000 ppm Fluid volume: 2,300 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 NE Sec. 25 Twp. 33 S. R. 15 East West
County: Barber Permit #: D-30000

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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Topeka, 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: 6/5/2012

KCC Office Use ONLY
 Letter of Confidentiality Received Date: 4/23/14 to 4/23/14
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: MJ Date: 6-21-12

Operator Name: Osage Resources, L.L.C. Lease Name: Osage No. Well #: 19-04H
 Sec. 19 Twp. 33 S. R. 14 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 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 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: Density/Neutron, Induction, Sonic, Geo-Perf, Geo Report	<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>4566</td> <td>-2739</td> </tr> <tr> <td>BKC</td> <td>4693</td> <td>-2834</td> </tr> <tr> <td>Marmaton</td> <td>4762</td> <td>-2879</td> </tr> <tr> <td>Mississippian</td> <td>5009</td> <td>-2992</td> </tr> </table>	Name	Top	Datum	Stark	4566	-2739	BKC	4693	-2834	Marmaton	4762	-2879	Mississippian	5009	-2992
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Stark	4566	-2739														
BKC	4693	-2834														
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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	90 48.0	41 235	4 yds grout Class A	NA 200	NA 3% CaCl, 1/4 #/sx celloflake
Intermediate	8.75	7	26	5088	ASC	200	0.25% defoamer, 10% salt, 0.5% CFR, 0.8% FLA-322 & 1/4#/sx celloflake
Production	6.125	4.5	11.6	9268	CP-100	725	10% salt, 0.75% CFR, 0.25% defoamer, 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	4876-9228 Gross	135,617 bbl fluid, 594 bbl 15% HCl	
		1,353,844# 40/70 sand, 632,918# 20/40 sand	

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>4627</u> Packer At: <u>4619</u> Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Date of First, Resumed Production, SWD or ENHR. <u>5/18/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____										
Estimated Production Per 24 Hours	<table style="width:100%; border-collapse: collapse;"> <tr> <td>Oil Bbls.</td> <td>Gas Mcf</td> <td>Water Bbls.</td> <td>Gas-Oil Ratio</td> <td>Gravity</td> </tr> <tr> <td>55</td> <td>150</td> <td>1100</td> <td></td> <td></td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	55	150	1100		
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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