

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

correction
4/4/14

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

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: High Sierra

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 #: _____

2/18/2012 3/7/2012 4/11/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-23789-0100
Spot Description: _____
NE NW SE Sec. 25 Twp. 33 S. R. 15 East West
2,455 Feet from North / South Line of Section
1,571 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 #: HC3
Field Name: Aetna Gas Area
Producing Formation: Mississippian
Elevation: Ground: 1831 Kelly Bushing: 1846
Total Depth: 9653 Plug Back Total Depth: _____
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: RECEIVED
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 38000 ppm Fluid volume: 1800 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-3000

JUN 28 2012

KCC WICHITA

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APR 04 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: 6/26/2012

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 4/4/12 - 4/4/14
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NJ Date: 10-16-12

Operator Name: Osage Resources, L.L.C. Lease Name: Osage No. Well #: HC3
 Sec. 25 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 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>4630</td> <td>-2,784</td> </tr> <tr> <td>BKC</td> <td>4715</td> <td>-2,868</td> </tr> <tr> <td>Marmaton</td> <td>4765</td> <td>-2,916</td> </tr> <tr> <td>Mississippian</td> <td>4883</td> <td>-3,023</td> </tr> </table>	Name	Top	Datum	Stark	4630	-2,784	BKC	4715	-2,868	Marmaton	4765	-2,916	Mississippian	4883	-3,023
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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 54.5	41 200	4 yds grout Class C	NA 300	NA 3% CaCl, 1/4 #/sx celloflake
Intermediate	8.75	7	26	5504	AA2	200	0.25% defoamer, 10% salt, 0.5% CFR, 0.8% FLA-322 & 3/4#sx celloflake
Production	6.125	4.5	11.6	9431	CP-100	20, 350	10% salt, 0.75% CFR, 0.25% defoamer, 0.1% WCA

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
RECEIVED JUN 28 2012 KCC WICHITA				

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
4	6651-9391 Gross	64,508 bbl fluid, 1,038,733# 40/70, 237 bbl 15% HCl	
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TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>4854'</u> Packer At: <u>4813</u>		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>4/25/2012</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 Bbbls. <u>161</u>	Gas Mcf <u>1000</u> Water Bbbls. <u>915</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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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