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STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK & Gas Council



CONFIDENTIAL 02 2008

until 4-16-09

FORM OGC-3

<input checked="" type="checkbox"/> APPLICATION TO DRILL		<input type="checkbox"/> DEEPEN		<input type="checkbox"/> PLUG BACK		<input type="checkbox"/> FOR AN OIL WELL		<input type="checkbox"/> OR GAS WELL	
NAME OF COMPANY OR OPERATOR Osage Plains Resources LLC						DATE 01/04/2008			
ADDRESS PO Box 304				CITY Nevada		STATE MO		ZIP CODE 64772	
DESCRIPTION OF WELL AND LEASE									
NAME OF LEASE Warren Buzzard				WELL NUMBER Buzzard #7		ELEVATION (GROUND) 872			
WELL LOCATION (GIVE FOOTAGE FROM SECTION LINES) 2409 ft. from <input type="checkbox"/> North <input checked="" type="checkbox"/> South section line 1682 ft. from <input checked="" type="checkbox"/> East <input type="checkbox"/> West section line									
WELL LOCATION Sec. 19 Township 38 North Range 33 <input type="checkbox"/> East <input checked="" type="checkbox"/> West				LATITUDE N38.066375		LONGITUDE W94.59715		COUNTY Bates	
NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE 194 FEET									
DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED - FOR WELL ON THE SAME LEASE 2689 FEET									
PROPOSED DEPTH 400		DRILLING CONTRACTOR, NAME AND ADDRESS McCarthy Drilling				ROTARY OR CABLE TOOLS Rotary		APPROX. DATE WORK WILL START 10/4/2008	
NUMBER OF ACRES IN LEASE 220		NUMBER OF WELLS ON LEASE INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR 2							
		NUMBER OF ABANDONED WELLS ON LEASE 0							
IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED? NAME _____ ADDRESS _____						NO. OF WELLS PRODUCING _____ INJECTION _____ INACTIVE _____ ABANDONED _____			
STATUS OF BOND		<input type="checkbox"/> SINGLE WELL AMOUNT \$ _____		<input checked="" type="checkbox"/> BLANKET BOND AMOUNT \$ 20000.00		<input checked="" type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED			
REMARKS: (IF THIS IS AN APPLICATION TO DEEPEN OR PLUG BACK, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING/INJECTION ZONE AND EXPECTED NEW INJECTION ZONE; USE BACK OF FORM IF NEEDED) Well to be drilled as Strat test well. Will be plugged with cement from TD to surface and well abandoned once logging is completed									
PROPOSED CASING PROGRAM					APPROVED CASING - TO BE FILLED IN BY STATE GEOLOGIST				
AMOUNT	SIZE	WT/FT	CEMENT	AMOUNT	SIZE	WT/FT	CEMENT		
20 ft	7"	7 lb/ft	Surf.						
I, the Undersigned, state that I am the <u>President</u> of the <u>Osage Plains Resources LLLC</u> (Company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.									
SIGNATURE <i>[Signature]</i>						DATE 01/04/2008			
PERMIT NUMBER 20371 22175		APPROVED DATE 4-16-08		APPROVED BY <i>[Signature]</i>		<input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED <input checked="" type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN <input type="checkbox"/> SAMPLES REQUIRED <input checked="" type="checkbox"/> SAMPLES NOT REQUIRED <input type="checkbox"/> WATER SAMPLES REQUIRED AT			
BATES		<input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN <input checked="" type="checkbox"/> DRILL SYSTEM TEST INFO REQUIRED IF RUN							
NOTE: THIS PERMIT NOT TRANSFERABLE TO ANY OTHER PERSON OR TO ANY OTHER LOCATION.									
APPROVAL OF THIS PERMIT BY THE OIL AND GAS COUNCIL DOES NOT CONSTITUTE ENDORSEMENT OF THE GEOLOGIC MERITS OF THE PROPOSED WELL NOR ENDORSEMENT OF THE QUALIFICATIONS OF THE PERMITTEE									
I, _____ of the _____ (Company), confirm that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit will be shown on this form by presence of a permit number and signature of authorized council representative.									
DRILLER'S SIGNATURE						DATE			

38
3
58.95

-94
35
49.74

Done

APR 02 2008

FORM OGC-4



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
WELL LOCATION PLAT

Mo Oil & Gas Council

OWNER'S NAME

OSAGE PLAINS RESOURCES LLC

LEASE NAME

Buzzard #7 (Warren and Brenda Buzzard)

~~#22175~~ #20371

COUNTY

VERNON *BATES*

WELL LOCATION

(GIVE FOOTAGE FROM SECTION LINES)

2409 ft. from North South from section line 1682 ft. from East West from section line

WELL LOCATION

Sec. 19 Township 38 North Range 33 East West

Hone &

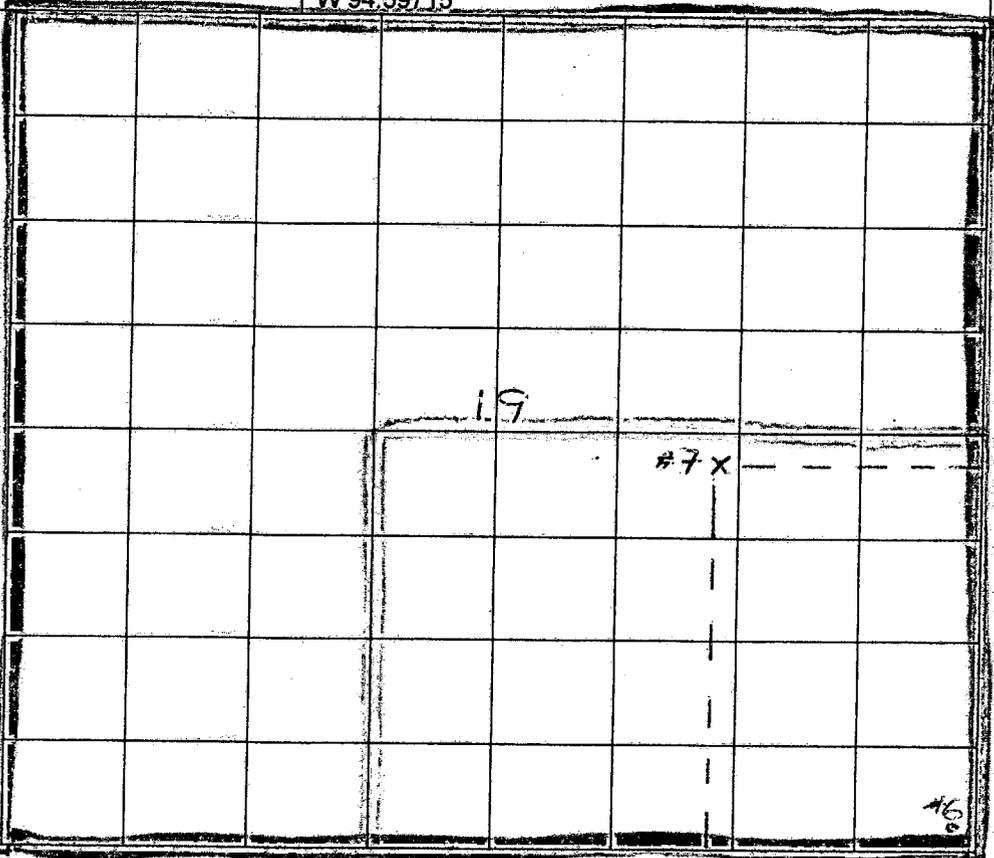
LATITUDE

N38.066375

LONGITUDE

W 94.59715

Highway 19



Bates/Vernon County Line

REMARKS

Coordinate accuracy: +/- 11 feet

Ground elevation: 872 feet

M. J. [Signature]

13007

INSTRUCTIONS

On the above plat, show distance of the proposed well from the two nearest section lines, the nearest lease line, and from the nearest well on the same lease completed in or drilling to the same reservoir. Do not confuse survey lines with lease lines. See rule 10 CSR 50-2.030 for survey requirements. Lease lines must be marked.

This is to certify that I have executed a survey to accurately locate oil and gas wells in accordance with 10 CSR 50-2.030 and that the results are correctly shown on the above plat.

REMIT TWO (2) COPIES TO:
GEOLOGICAL SURVEY PROGRAM
PO BOX 250, ROLLA, MO 65402-0250 (573) 368-2143
ONE (1) COPY WILL BE RETURNED

REGISTERED LAND SURVEYOR

NUMBER



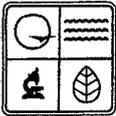
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unt. 6-29-2010

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FORM OGC-7

JUN 29 2009



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
PLUGGING RECORD

OWNER'S NAME <i>Osage Plains Resources LLC</i>		ADDRESS <i>Mo Oil & Gas Council PO Box 307, Nevada MO 64772</i>	
NAME OF LEASE <i>Osage P Warren Buzard</i>		WELL NUMBER <i># 7</i>	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) <i>20371</i>
LOCATION OF WELL SEC TWN RNG OR BLOCK AND SURVEY <i>Sec. 19 Township 38 North Range 33</i> <input type="checkbox"/> East <input checked="" type="checkbox"/> West		LATITUDE <i>N38.06638</i>	LONGITUDE <i>W94.59715</i>
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: <i>Osage Plains Resources</i>		HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBL/DAY) <i>—</i> GAS (MCF/DAY) <i>—</i>
DATE OF ABANDONMENT <i>16/03/09</i>	TOTAL DEPTH <i>440 ft</i>	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBL/DAY) <i>Spot</i> GAS (MCF/DAY) <i>test well</i>	WATER (BBL/DAY) <i>—</i>

Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment	Fluid content of each formation	Depth interval of each formation	Size, kind, and depth of plugs used, giving amount of cement.

SIZE PIPE	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)	GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)	PACKERS AND SHOES
<i>7"</i>	<i>45' 20'</i>		<i>16'</i>	<i>Surface cas</i>	
<i>Cemented from TD to surface w Portland cement</i>					
<i>Cut off cas 4' below GL and buried</i>					
<i>Site reclaimed</i>					

WAS WELL FILLED WITH MUD-LADEN FLUID? Yes No

INDICATE DEEPEST FORMATION CONTAINING FRESH WATER

NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE		
NAME	ADDRESS	DIRECTION FROM THIS WELL

METHOD OF DISPOSAL OF MUD PIT CONTENTS

NOTE: FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)

CERTIFICATE I, the undersigned, state that I am the *President* of the *Osage Plains* (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

SIGNATURE *[Signature]* DATE *23/06/09*



July 6-29-2010

CONFIDENTIAL

DETAIL OF FORMATIONS PENETRATED

FORMATION	TOP	BOTTOM	DESCRIPTION (SEE * BELOW)
Higginsville	412'	541'	LS
Blackjack ck	70'	90'	LS
Milky	90'	108'	coal seams
Vertigras	132'	135'	LS
Blue Jacket	335'	337'	sand
U Warner	364	368 374	bwn sand, str
L Warner	375'	410'	sand, wet
Riverbn	410'	440'	shale.

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JUN 29 2009

Mo Oil & Gas Council

NOTE

* Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open flowing and shut-in pressures, and recoveries.

INSTRUCTIONS

Attach drillers log or other acceptable log of well if available.
This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.