

PRINT OR TYPE

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

NE NE NE

ACO-1 WELL HISTORY

4942 FSL

DESCRIPTION OF WELL AND LEASE

324 FEL

KCC

Operator: License # 32294

Name: Osborn Energy, L.L.C.

Address: 24850 Farley

City/State/Zip: Bucyrus, Kansas 66013

Purchaser: Akawa Natural Gas, L.L.C.

Operator Contact Person: Steve Allee

Phone (913) 533-9900

Contractor: Name: R.S. Glaze Drilling Company

License: 5885

Wellsite Geologist: Rex Ashlock

Designate Type of Completion

New Well  Re-Entry  Workover

Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGN   
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date: \_\_\_\_\_ Old Total Depth: \_\_\_\_\_

Deepening: \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Inj/SWD  
Plug Back: \_\_\_\_\_ PBT<sup>D</sup>  
Coring: \_\_\_\_\_ Docket No. \_\_\_\_\_  
Dual Completion: \_\_\_\_\_ Docket No. \_\_\_\_\_  
Other (SWD or Inj?) Docket No. \_\_\_\_\_

Spud Date: 12/24/99 Date Reached TD: 12/30/99 Completion Date: waiting on completion

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, 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 on 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: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me this 8 day of May, 1999

Notary Public: \_\_\_\_\_

Date Commission Expires: \_\_\_\_\_

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
G  Geologist Report Received

Distribution

KCC  SWD/Rep  
 MGS  Plug  Other  
(Specify) \_\_\_\_\_

Form ACO-1 (7-91)

KERRY A. SOARES  
Notary Public - State of Kansas  
My Appt. Expires 10-25-03

## SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Osborn Well # 8-1  
 sec. 8 Twp. 15 Rge. 24  East  West  
 County Miami

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Datum
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drillers Log Attached	
List All E.Logs Run:	Radioactivity Log		

CASTING 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
Surface	9 5/8"	7"		20'	Portland	4	None
Production	6 3/4"	4 1/2"	9.5	694'	Portland	110	2% gel, 2% CaCl floccle

## ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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
	waiting on completion					
TUBING RECORD	Size N/A	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj. Waiting on completion		Producing Method N/A		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil N/A	Bbls.	Gas SIGW	Water N/A	Bbls.	Gas-Oil Ratio N/A
Disposition of Gas:	METHOD OF COMPLETION			Production Interval		
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Casing			<input type="checkbox"/> Commingled		
	<input checked="" type="checkbox"/> Other (Specify) <u>SIGW</u>					

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