

* CORRECTED

SIDE ONE

and

FORM MUST BE TYPED

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # * 32294

Name: * OSBORN ENERGY, L.L.C.

Address: * 9401 Indian Creek Pkwy., #40, Suite 440

City/State/Zip * Overland Park, KS 66210

Purchaser: * AKAWA Natural Gas, L.L.C.

Operator Contact Person: * Steve Allee

Phone * (913) 327-1831

Contractor: Name: R. S. GlazeDrilling Co.

License: 5885

Wellsite Geologist: None

Designate Type of Completion

- New Well Re-Entry Workover
- Oil SWD SIOW Temp. Abd.
- Gas ENHR SIGW
- 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 _____ PBSD _____

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

10/20/97 _____ 10/22/97 _____ *waiting on completion
Spud Date Date Reached TD Completion Date

API NO. 15- 091-228230000

County Johnson

C - NW - SE - SW Sec. 12 Twp. 15 Rge. 24 E W

~~990~~ 876 feet from N (circle one) Line of Section

~~3850~~ 3632 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner

NE, SE NW or SW (circle one)

Lease Name Agnew Well # 1

Field Name * Stilwell

Producing Formation * Hushpuckney

Elevation: Ground 1075' KB _____

Total Depth 920' PBSD _____

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? _____ Yes No

If yes, show depth set _____ N/A Feet

If Alternate II completion, cement circulated from * 900

feet depth to surface w/ * 166 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 Rng. E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 930 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 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 Geologist Date 1-26-99

Subscribed and sworn to before me this 26th day of January 1999.

Notary Public _____ Commission Expires 4-00-02

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached

C _____ Wireline Log Received

C _____ Geologist Report Received

✓ KCC _____ Distribution

_____ KGS _____ SWD/Rep _____ NGPA

_____ Plug 15 _____ Other (Specify)

SUSAN L. FORWARD
Notary Public
State of Kansas
My Appt. Expires 4-00-02

ORIGINAL

SIDE TWO

Operator Name R. S. GLAZE DRILLING CO. Lease Name AGNEW Well # 1

Sec. 12 Twp. 15 Rge. 24 East West
 County JOHNSON

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 Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum WELL LOG ATTACHED
---	--

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 Additive
SURFACE	8"	7"		20	Portland	6	water
PRODUCTION	6 1/4"	2 7/8"		900	PRESSURIZED CEMENT JOB BY CONSOLIDATED WELL SERV.		

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back To <input type="checkbox"/> Plug Off Zone					

166 50/50 POZ

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		Amount and Kind of Material Used	Depth
	NOT PERFORATED YET			

TURNING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.			Producing Method		
NONE YET			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> NONE YET <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water
	n/a		n/a		none

Disposition of Gas: Ventd Sold Used on Lease (if vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Shully Comp. Cemented
 Other (Specify) _____

STATE OF _____ COMMISSION