

* CORRECTED

Int

FORM MUST BE TYPED

SIDE ONE

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. Glaze Drilling Co.
License: 5885
Wellsite Geologist: None
Designate Type of Completion
X New Well ___ Re-Entry ___ Workover
___ Oil ___ SWD ___ SIOW ___ Temp. Abd.
X Gas ___ ENHR ___ SIGW
___ Dry ___ Other (Core, WSW, Expl., Cathodic, etc)

Workover:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
___ Deepening ___ Re-perf. ___ Conv. to Inj/SWD
___ Plug Back _____ PBTB
___ Commingled _____ Docket No. _____
___ Dual Completion _____ Docket No. _____
___ Other (SWD or Inj?) _____ Docket No. _____

8/10/97 8/11/97 * 7/98
Spud Date Date Reached TD Completion Date

API NO. 15- 091-227830000
County Johnson
- CW - W2 - NW Sec. 14 Twp. 15 Rge. 24 X E
W
3954 3960 feet from (S)N (circle one) Line of Section
4843 4950 feet from (E)W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner
NE, (SE) NW or SW (circle one)
Lease Name McKaig - Arthur - KCC Well # 3
Field Name * Stilwell
Producing Formation Bartlesville
Elevation: Ground 1060' KB
Total Depth 880' PBTB
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set N/A Feet
If Alternate II completion, cement circulated from * 868'
feet depth to surface w/ 160 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, 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 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 *[Signature]*
Title Geologist Date 1-26-99
Subscribed and sworn to before me this 26th day of January 1999.
Notary Public Susan Burward
Date Commission Expires 4-10-02

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
KCC SWD/Rep NGPA
KGS Plug IS Other (Specify)

ORIGINAL COPY

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 5885
Name: R. S. GLAZE DRILLING CO.
Address: 22139 S. VICTORY ROAD
City/State/Zip: SPRING HILL, KS 66083

Purchaser: NONE

Operator Contact Person: ALVA G. GLAZE

Phone (13) 592 2033

Contractor: Name: R. S. GLAZE DRILLING CO.

License: 5885

Well Geologist: NONE

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SOW Temp. Abd.
 Gas ENR SOW
 Dry Other (Core, MSU, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening _____ Re-perf. _____ Conv. to Inj/SWD
Plug Back _____ PBT
Cemented _____ Bucket No. _____
Dual Completion _____ Bucket No. _____
Other (SWD or Inj?) _____ Bucket No. _____

Spud Date 10-97 Date Reached TD 8-11-97 Completion Date 8-12-97

API NO. 15- 091-227830000

County JOHNSON

CW -W2-NW- Sec. 14 Twp. 15 Rge 24 NE

3960³⁹⁵⁴ Feet from S (circle one) Line of Section

4950⁴⁸⁴³ Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name McKAIG (Arthur)^{KCC} Well # 3

Field Name OSBORN

Producing Formation BARTLESVILLE

Elevation: Ground 1060 KB _____

Total Depth 880 PBT _____

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes No _____

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 880

feet depth to surface w/ 160 ex cnt.

Drilling Fluid Management Plan ALT 29-28-98
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Downering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S. Rng. _____ E/W

County _____ Bucket No. _____

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 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 OWNER Date 2/9/98

Subscribed and sworn to before me this 9th day of February 1998.

Notary Public David B. Dunmire

Notary Commission Expires _____

DAVID B. DUNMIRE
NOTARY PUBLIC
STATE OF KANSAS
Not. Com. Expires 5/23/98

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep MSHA
 KGS Plug Other
(Specify)
FEB 18 1998

21052/1000

ORIGINAL

SIZE TWO

Operator Name R.S. GLAZE DRILLING CO. Lease Name McKAIG Well # 3

Sec. 14 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 Yes No
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)
List All E.Logs Run:

Log Formation (Top), Depth and Datum 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 1/2"	2 7/8"		866	CONSOLIDATED WELL SERV.	160	50/50 POZ

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back To				
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
	NOT PERFORATED YET		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PRODUCTION		2 7/8"	866	---		
Date of First, Resumed Production, SWD or INJ.				Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> See Lift <input type="checkbox"/> Other (Explain)		
NONE						
Estimated Production Per 24 Hours	Oil	Sbbls.	Gas	Scf	Water	Sbbls. Gas-Oil Ratio Gravity

Disposition of Gas: Ventd Sold Used on Lease (if vented, submit ACO-18.) METHOD OF COMPLETION Open Hole Perf. Sully Comp. Cemented Other (Specify) _____