

NW NW NE
4970 FSL and 2282 FEL
KCC

UPDATED / CORRECTED
2/10/2005

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 32294
Name: Os brn Energy, L.L .C
Address: 24850 Farley 21' S & 6' E of: N W N W NE
City/State/Zip: Bucyrus, Kansas 66013
Purchaser: Ak wa Natural Gas, L.L.C.
Operator Contact Person: Steve Al be
Phone: (913) 533 9900
Contractor: Name: Susie G la dda G lza Drilling Co.
License: 5885 (Formerly R. S. Glaze Drilling Co.)
Wellsite Geologist: (s) 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/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
☐ Deepening ☐ Re-perf. ☐ Conv. to Enhr./SWD
☐ Plug Back _____ Plug Back Total Depth _____
☐ Commingled _____ Docket No. _____
☐ Dual Completion _____ Docket No. _____
☐ Other (SWD or Enhr.?) _____ Docket No. _____
6/18/199 7 6/20/19 97 6/25/9 7
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date


API No. 15 - 091-2 767 - CC - CC
County: Jo hn (N 3 *845.113 , W 94* 42 .774')
Sec. 14 Twp. 15 S. R. 2 4 ☒ East ☐ West
49 29 feet from S N (circle one) Line of Section
2 04 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Tom Meyers Well #: 1
Field Name: St lwe l l
Producing Formation: (s) Bartlesville Ss
Elevation: Ground: 1 00 Kelly Bushing: _____
Total Depth: 1050 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set None Feet
If Alternate II completion, cement circulated from 1050
feet depth to su rf a c e w/ 194 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content N/A ppm Fluid volume 500+/- bbls
Dewatering method used evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
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 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.

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: R. R. Herman
For Osborn Energy, L.L.C.
Title: _____ Date: 2/10/05
Subscribed and sworn to before me this 10 day of FEBRUARY
20 05
Notary Public: Taylor C. Herman
Date Commission Expires: 1-10-09

 **TAYLOR C. HERMAN**
Notary Public - State of Kansas
My Appt. Exp. 1-10-09

KCC Office Use ONLY

Letter of Confidentiality Attached _____
If Denied, Yes ☐ Date: RECEIVED
Wireline Log Received FEB 14 2005
Geologist Report Received _____
UIC Distribution KCC WICHITA

Side Two

Operator Name: Osborn Energy, L.L.C. Lease Name: Tom Meyers Well #: 1
 Sec. 14 Twp. 15 S. R. 24 ☒ East ☐ West County: Johnson

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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:
GR-N

Log Formation (Top), Depth and Datum Sample

Name Top Datum

?able if cmt ticket(s), E-Log, DL, etc., sent w/ previous ACO-1
 Have made copies of what we have in our files

*** Taken from previous ACO-1 Form(s)**

CASING RECORD ☒ New ☐ 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	* 8"	* 7"	17.00	* 20'	* Portland	* 6	None
Production	* 6 1/4"	* 2 7/8"	NA	* 1050	50/50 Poz-mix	194	2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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
6/25/97 2	1024-1034	Swb tstd wtr, not treated	1024-1034
6/25/97 3	970-976, 933-938, 878-884, & 852-862	Swb tstd wtr, not treated	852-976
6/25/97	Bridge set at 842		
6/25/97 4	812-822, 798-807, & 788-798	Swb tstd gas, no wtr, not treated	788-822

TUBING RECORD	Size Set At	Packer At	Liner Run
	1" set at 842'	None	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr.	Producing Method		
Gas in leedline 4/1998	Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity
	None	50 / day	0 to < 1 BBL/day No Oil

Disposition of Gas METHOD OF COMPLETION Production Interval **788-822**

☐ Vented ☒ Sold ☐ Used on Lease
 (If vented, Sumit ACO-18.)

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____

RECEIVED

FEB 14 2005

KCC WICHITA