

FORM MUST BE TYPED

KANSAS CORPORATION COMMISSION
STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASEKCC : SCOUT CACR
05/04/2023

MAR 15 2001

Operator: License # 32294 CONSERVATION DIVISION
Name: Osborn Energy, L.L.C. WICHITA, KSAddress 24850 FarleyCity/State/Zip Bucyrus, Kansas 66013Purchaser: Akawa Natural Gas, L.L.C.Operator Contact Person: Steve AlleePhone (913) 533-9900Contractor: Name: R. S. Glaze Drilling CompanyLicense: 5885Wellsite Geologist: Rex AshlockDesignate Type of Completion
 New Well Re-Entry Workover

<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> SWD	<input type="checkbox"/> SLOW	<input type="checkbox"/> Temp. Abd.
<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> ENHR	<input checked="" type="checkbox"/> SIGW	
<input type="checkbox"/> Dry	<input type="checkbox"/> 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 PBTD
Canninged Docket No.
Dual Completion Docket No.
Other (SWD or Inj?) Docket No.
9/19/2000 9/21/2000 waiting on completion
Spud Date Date Reached TD Completion Date

API NO. 15- 121-27520-0000

County Miami

-SW -NE -NE sec. 12 Twp. 15 Rge. 24 X E

875 4423 Feet from S/N (circle one) Line of Section

1428-1077 Feet from E/W (circle one) Line of Section

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

Lease Name Someday Well # 29

Field Name Paola-Rantoul

Producing Formation Lexington, Summit, Mulky

Elevation: Ground 1032' KB N/A

Total Depth 995' PBTD N/A

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 N/A
feet depth to surface w/ N/A 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 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 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 Geologist Date 3-22-01Subscribed and sworn to before me this 12th day of March, 2001.Notary Public Alice M. ReevesDate Commission Expires March 22, 2003

K.C.C. OFFICE USE ONLY		
<input type="checkbox"/> F	Letter of Confidentiality Attached	
<input type="checkbox"/> C	Wireline Log Received	
<input type="checkbox"/> C	Geologist Report Received	
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other (Specify)

Form ACO-1 (7-91)

ALICE M. REEVES
Notary Public - State of Kansas
My Appt. Expires 3-22-2003

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Someday Well # 29
 Sec. 12 Twp. 16 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 Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drillers Log Attached	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E.Logs Run: Dual Compensated Porosity Log Dual Induction Log			

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 Additives
Surface	13 1/8"	10 3/4"		20'	Regular	5 sacks	None
Production	9 1/4"	7" with open hole packer		510'	Regular		

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

TUBING RECORD	Size 2 7/8"	Set At 600'	Packer At N/A	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	Gas SIGW	Water McF	Bbls. N/A	Gas-Oil Ratio N/A

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease
(If vented, submit ACD-18.)

Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) SIGW _____