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1/03/2005

Form ACO-1
September 1999
Form Must Be Typed

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

ORIGINAL

Operator: License # 32294
Name: Osborn Energy, L.L.C.
Address: 24850 Farley 93' N & 10' W of: C. NW NW Sec. 1 Twp. 16 S. R. 24 East West
City/State/Zip: Bucyrus, Kansas 66013
Purchaser: Akawa Natural Gas, L.L.C.
Operator Contact Person: Steve Allee
Phone: (913) 533-9900
Contractor: Name: Susie Glaze dba Glaze Drilling Co.
License: 5885
Wellsite Geologist: Rex Ashlock

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

5/14/2003 5/15/2003 8/5/2003
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 12-27678-0000
County: Miami (N 38* 41.584', W 94* 42.652')
of: C. NW NW Sec. 1 Twp. 16 S. R. 24 East West

567 feet from S / (N) (circle one) Line of Section
650 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Hopkins Well #: 4-1-16-24

Field Name: Paola-Rantoul
Producing Formation: _____
Elevation: Ground: 1,020 Kelly Bushing: _____
Total Depth: 700' 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 _____ Feet
If Alternate II completion, cement circulated from 690
feet depth to surface w/ 118 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: Jeff Taylor
For Osborn Energy, L.L.C.
Title: _____ Date: 1/13/05

Subscribed and sworn to before me this 13 day of January
20 05

Notary Public: Rex Ashlock
Date Commission Expires: _____

REX R. ASHLOCK
Notary Public - State of Kansas
My Appt. Exp. 1-10-09

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Osborn Energy, L.L.C. Lease Name: Hopkins Well #: 4-1-16-24
 Sec. 1 Twp. 16 S. R. 24 East West County: Miami

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes No <i>(Submit Copy)</i> List All E. Logs Run: GR-N & Cmt Bond / GR / CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum Sample Name Top Datum Driller's Log, GR-N Log, Cmt Tickets, etc., sent w/ 1st ACO-1
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CASING RECORD <input checked="" 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	11 1/4"	8 5/8"	NA	20'	Portland	6	None
Production	7 7/8"	5 1/2"	15.50	690'	40/60 poz	128	5% gilsonite, 5% salt, 2% gel, 1/4 lb flo-seal

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	478-482	250 gal 15% HCl acid 125 sx 20/40 frac sand 50 sx 12/20 frac sand	478-482

TUBING RECORD		Size Set At	Packer At	Liner Run
		2 7/8" set at 505' +/-	None	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr.		Producing Method		
8/2003		Flowing <input type="checkbox"/>	Pumping <input checked="" type="checkbox"/>	Gas Lift <input type="checkbox"/> Other (Explain) <input type="checkbox"/>
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	None	< 5.0	Avg. 143	No Oil

Disposition of Gas Vented Sold Used on Lease

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled 478-482

Other (Specify) _____