

Sub

UPDATED / CORRECTED
1/4/05

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
City/State/Zip: Bucyrus, Kansas 66013
Purchaser: Akawa Natural Gas, L.L.C.
Operator Contact Person: Steve Allee
Phone: (913) 533-9900
Contractor: Name: Layne Christensen Canada Limited
License: 32999
Wellsite Geologist: Rex Ashlock, Dean Seeber, Bill Stout

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. 195,304-C (C-28,554)
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>6/6/02</u>	<u>6/8/02</u>	<u>6/20/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

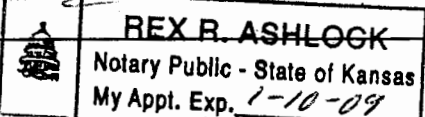
API No. 15 - 121-27639-00-00
County: Miami (N 38* 41.033', W 94* 42.144')
SW NW SE Sec. 1 Twp. 16 S. R. 24 East West
1650 feet from S N (circle one) Line of Section
2310 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Shore Well #: 1-1
Field Name: Paola-Rantoul
Producing Formation: South Mound, Lexington, Cherokee Coals
Elevation: Ground: _____ Kelly Bushing: 1025'
Total Depth: 1244' 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 1080
feet depth to surface w/ 230 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: [Signature]
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: [Signature]

Date Commission Expires: _____


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: Shore Well #: 1-1
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: IES / CDL Cmt Bond / GR / CCL (attached / mailed w/ this ACO-1)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input checked="" type="checkbox"/> Log</td> <td style="width:55%;">Formation (Top), Depth and Datum</td> <td style="width:30%;">Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">OH Log(s), Cmt Ticket(s), Drig's Log, etc., sent w/ 1st ACO-1</p>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	Sample	Name	Top	Datum
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	Sample					
Name	Top	Datum					

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 3/4"	10 3/4"	32.75	21'	Portland	14	2% CaCl ₂
Production	9 7/8	7.0"	20	1080'	Thixotropic	230	3% CaCl ₂

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
4	479-483	500 gal. 15% HCl acid 76 sx 20/40 frac sand	28 sx 12/20 frac sand	479-483
4	534-538	200 gal. 15% HCl acid 78 sx 20/40 frac sand	25 sx 12/20 frac sand	534-538
4	623-627	250 gal. 15% HCl		623-627
4	800-804	250 gal. 15% HCl		800-804

TUBING RECORD	Size Set At 2 7/8" set at 860' +/-	Packer At None	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 8/2003	Producing Method Flowing <input type="checkbox"/> <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. None	Gas Mcf Avg. 12 MCFPD	Water Bbls. Avg. 201 BBI/day	Gas-Oil Ratio No Oil

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

479-483 534-538
623-627 800-804