

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

API NO. 15- 091-22644-0000

County Johnson

- NW - SE - SE Sec. 2 Twp. 15 Rge. 24 ^X E

800 Feet from (S)N (circle one) Line of Section

3600 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 Osborn Well # 1

Field Name Stilwell

Producing Formation Bartlesville

Elevation: Ground 1026' KB N/A

Total Depth 862' PBD 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 845

feet depth to surface w/ 156 sx cmt.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) AT#2-Dlg-3/2/09

Chloride content N/A ppm Fluid volume bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite:

Operator Name RECEIVED

Lease Name KANSAS CORPORATION COMMISSION License No.

Quarter Sec. Twp. S Rng. E/W

County Docket No. JUN 09 2000

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: R. S. Glaze Drilling Company

License: 5885

Wellsite Geologist: Rex Ashlock

Designate Type of Completion

X New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.

X Gas ENHR SIGW

Dry 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 PBD

Commingled Docket No.

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

6/8/95 6/11/95 * 2/1/98
Spud Date Date Reached TD Completion Date

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]

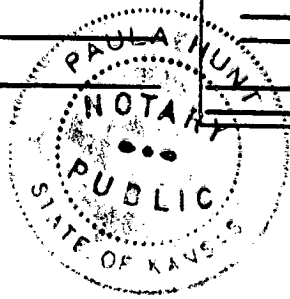
Title Geologist Date 6-6-00

Subscribed and sworn to before me this 6 day of June 19 2000.

Notary Public Paula Hunt

Date Commission Expires 06/02/2001

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 Other (Specify)



SIDE TWO

Operator Name Osborn Energy, L.L.C.

Lease Name Osborn

Well # 1

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
(Attach Additional Sheets.)

Yes No

Log Formation (Top), Depth and Datum Sample

Samples Sent to Geological Survey

Yes No

Name Top Datum

Cores Taken

Yes No

Electric Log Run
(Submit Copy.)

Yes No

List All E.Logs Run:

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

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

TUBING RECORD	Size	Set At	Packer At	Liner Run
N/A				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

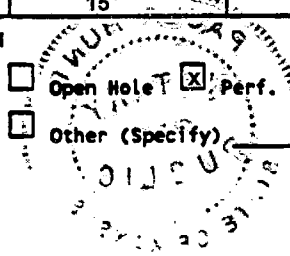
Date of First, Resumed Production, SLD or Inj.	Producing Method
* 2/1/98	N/A <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	N/A		15		0		N/A	N/A

Disposition of Gas: METHOD OF COMPLETION

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

Production Interval
 Open Hole Perf. Dually Comp. Comingled
 Other (Specify) _____



* CORRECTED #1

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

API NO. 15- 091-226440000

County Johnson

- NW - SE - SE Sec. 2 Twp. 15 Rge. 24 E

800 feet from N (circle one) Line of Section

3600 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner

NE, SE, NW or SW (circle one)

Lease Name Osborn Well # 1

Field Name Stilwell

Producing Formation Bartlesville

Elevation: Ground * 1026' KB

Total Depth * 862' PBDT

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from * 845

feet depth to surface w/ 156 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.

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

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

Dry 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 PBDT

Commingled Docket No.

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

6/8/95 6/11/95 *waiting on completion
Spud Date Date Reached TD Completion Date

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 _____ Date 1-26-99

Title Geologist

Subscribed and sworn to before me this 26th day of January, 1999.

Notary Public Susan Forward

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 Other
(Specify)

SUSAN L. FORWARD
Notary Public
State of Kansas
My Appt. Expires 4-10-02

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Osborn Well # 1
 Sec. 2 Twp. 15 Rge. 24 East County Johnson
 West

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 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 (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: Gamma Ray Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum
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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	8"	7"	24.0	20'	Portland	10	None
*Production	6 1/4"	2 7/8"	9.0	845'	50/50 poz	156	2% gel

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
8	728.0' - 730.0'	nitrogen

TUBING RECORD	Size	Set At	Packer At	Liner Run	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Inj.		Producing Method			
Waiting on completion		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	Bbl. 15	Gas Mcf 15	Water Bbls. 0	Gas-Oil Ratio 0 Gravity

Disposition of Gas: Vented Sold Used on Lease

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: _____

(If vented, submit ACO-18.) Other (Specify) SIGW

ORIGINAL

SIDE ONE

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

API NO. 15- 091-226440000
County Johnson
NWSE SE Sec. 2 Twp. 15 Rge. 24 East
West
800 Ft. North from Southeast Corner of Section
3600 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Operator: License # 5885
Name: Glaze Drllg
Address 22139 S. Victory Rd.

Lease Name Osborn Well # 1
Field Name Osborn
Producing Formation Bartlesville

City/State/Zip Spring Hill, Ks. 66083
Purchaser: n/a

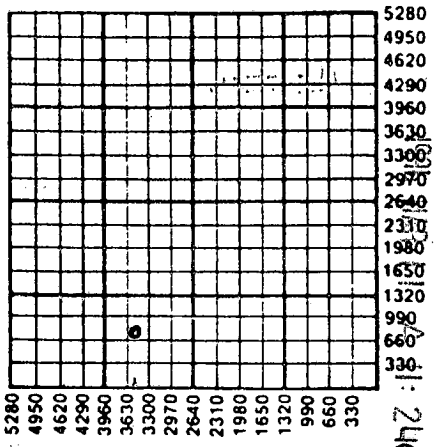
Elevation: Ground _____ KB _____
Total Depth 860' PBDT _____

Operator Contact Person: Sue Glaze
Phone (913) 592-2033

Contractor: Name: Glaze Drllg
License: 5885

Wellsite Geologist: NONE

Designate Type of Completion
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ Temp. Abd. _____
 Gas _____ Inj _____ Delayed Comp. _____
_____ Dry _____ Other (Core, Water Supply, etc.) _____



RECEIVED
KANSAS CORP COM-
3-25-96 JK

~~IF OLD: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____~~

Amount of Surface Pipe Set and Cemented at 240 Feet
Multiple Stage Cementing Collar Used? _____ Yes No
If yes, show depth set n/a Feet
If Alternate II completion, cement circulated from 860
feet depth to SURFACE w/ 156 sx cmt.

Drilling Method: _____ Mud Rotary Air Rotary _____ Cable _____
6-8-95 6-11-95 6-12-95
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Sue Glaze
Title Asst. Date 3/5/96
Subscribed and sworn to before me this 5 day of March, 19 96.
Notary Public Sharon S Meek
Date Commission Expires 2-16-2000

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



JA 119L

SIDE TWO

Operator Name Glaze Drlg Lease Name Osborn Well # #1

Sec. 2 Twp. 15 Rge. 24 East West
County _____

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.)

Formation Description
 Log Sample
Name Top Bottom

log attached!

GAMMA RAY - NEUTRON

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"	9 lbs?	20	Portland	10	Water
Production	6 1/4	2 7/8		860	"	Consol 156 SX	DATE WELL Service

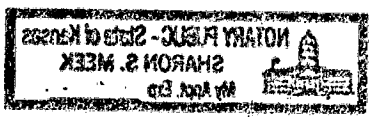
Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
8	728'-730'		←

TUBING RECORD Size 2 7/8 Set At 860 Packer At n/a Liner Run n/a Yes No

Date of First Production NOT PROD. YET Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil n/a Bbls. Gas Mcf Water Bbls. none Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease
(If vented, submit ACO-18.)
METHOD OF COMPLETION Open Hole Perforation Dually Completed Commingled
 Other (Specify) _____



ORIGINAL

GLAZE DRILLING RECEIVED
KANSAS CORP COMM

1996 MAR 11 A 11:24

8-4-95

WELL OWNER: JIM OSBORN
COUNTY: JOHNSON
STATE: KANSAS
WELL #-1

SEC: 2
TWP: 15-s
RNG: 24-e
(API)# 15091226440000

"DRILLERS LOG AS FOLLOWS"
(COLUMN-1) (COLUMN-2)

THICKNESS IN FEET--FORMATION--DEPTH			THICKNESS IN FEET--FORMATION--DEPTH		
22	SURFACE	22	6	LIME	515
48	LIME	70	20	SHALE	535
23	SHALE	93	4	LIME	539
12	LIME	105	3	BLK. SHALE	542
33	SHALE	138	6	LIME	548
7	LIME	145	12	SHALE	560
33	SHALE	178	3	LIME	563
2	LIME	180	12	SAND	575
12	SHALE	192	75	SHALE	650
24	LIME	216	4	LIME	654
5	DRK. SHALE	221	74	SHALE	728 (728-738)
24	LIME	245	10	SANDSTONE	738-BARTLE.
3	BLK. SLATE	248	20	SHALE	758 "BIG-GAS"
17	LIME	265-HERTHA	3	SAND	761
10	SHALE	275	99	SANDY-SHL	860-T.D.
3	DK. SAND	278			
12	SHALE	290-(290-297)			
7	SANDSTONE	297-KNOWTOWN			
78	SHALE	375-SMALL-GAS			
5	SAND	380			
30	SHALE	410			
5	LIME	415			
15	SHALE	430			
5	LIME	435			
5	REDBED	440			
10	SHALE	450			
4	LIME	454			
8	SHALE	462			
9	LIME	471			
19	SHALE	490			
5	LIME	495			
3	SHALE	498			
3	BLK. SHALE	501			
2	LIME	503			
1	SHALE	504			
4	LIME	508			
1	SHALE	509			

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS. 66720
 316-431-9210 or 800-467-8676

TICKET NUMBER 1970

LOCATION Ottawa, KS

FOREMAN Fred Mader

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
7/27/95	3137	Osborn		2	15	24	Jo	
CHARGE TO: <u>A. G. Glaze</u>				OWNER: <u>[REDACTED]</u>				
MAILING ADDRESS: <u>22139 Victory Rd</u>				OPERATOR: <u>[REDACTED]</u>				
CITY: <u>Spring Hill</u>				CONTRACTOR: <u>Company Tools</u>				
STATE: <u>KS</u>		ZIP CODE: <u>66083</u>		DISTANCE TO LOCATION: <u>35 mi</u>				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA

HOLE SIZE	<u>6.14</u>
TOTAL DEPTH	<u>830</u>
CASING SIZE	<u>2 1/8</u>
CASING DEPTH /	<u>845</u>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS: Establish Circulation. Pump App 10 BBS Fresh Water Flush - Follow w/ 150 sx 50/50 Pm Mix 2 1/2 Gel Cement to Surface. Pump 2 1/2" Rubber Plug to bottom w/ App 5 BBS Fresh Water. Shut in @ 500# P.S.T.

PRESSURE SUMMARY

BREAKDOWN or CIRCULATING	<u>200</u> psi
FINAL DISPLACEMENT	<u>100</u> psi
ANNULUS	
MAXIMUM	<u>500</u> psi
MINIMUM	psi
AVERAGE	psi
ISIP	<u>500</u> psi
5 MIN SIP	<u>500</u> psi
15 MIN SIP	<u>500</u> psi

TREATMENT RATE

BREAKDOWN BPM
INITIAL BPM
FINAL BPM
MINIMUM BPM
MAXIMUM BPM
AVERAGE BPM
HYD IIIIP = RATE x PRESSURE x 40.0

AUTHORIZATION TO PROCEED

TITLE

DATE

7-27-95

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.

HCOR 15100