

ORIGINAL

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Osborn Well # 7
 Sec. 2 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E.Logs Run:				

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

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <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
	N/A	50	0	N/A
				Gravity N/A

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

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

Production Interval: Other (Specify) _____

ORIGINAL

AMENDED

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

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. _____

9/6/95 9/6/95 9/11/95
Spud Date Date Reached TD Completion Date

API NO. 15- 091-226670000

County Johnson

C - SE - SE - SW Sec. 2 Twp. 15 Rge. 24 E W

330 feet from N (circle one) Line of Section

2970 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 # 7

Field Name Stilwell

Producing Formation N/A

Elevation: Ground 1032' KB _____

Total Depth 800 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 795

feet depth to surface w/ 148 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume 100 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 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 11-10-98

Subscribed and sworn to before me this 10th day of November, 1998.

Notary Public Susan A 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 # 7
 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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum Drillers Log Attached
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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	12 1/4"	8 5/8"	24.0	20'	Portland	5	None
Production	6 1/4"	2 7/8"	9.0	795'	50/50 poz-mix	148	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
4	719.0-729.0	

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. 3/97					Producing Method <input checked="" 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.	Gas 50	Mcf	Water 0	Bbls.	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) _____

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- 091-226670000
County Johnson
se se sw Sec. 2 Twp. 15 Rge. 24 East
West

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

330 Ft. North from Southeast Corner of Section
2970 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

City/State/Zip Spring Hill, Ks 66083

Lease Name OSBOEN Well # #7

Purchaser: none
Operator Contact Person: Sue Glaze

Field Name OSBOEN
Producing Formation Bartlesville

Phone 913-592-2033

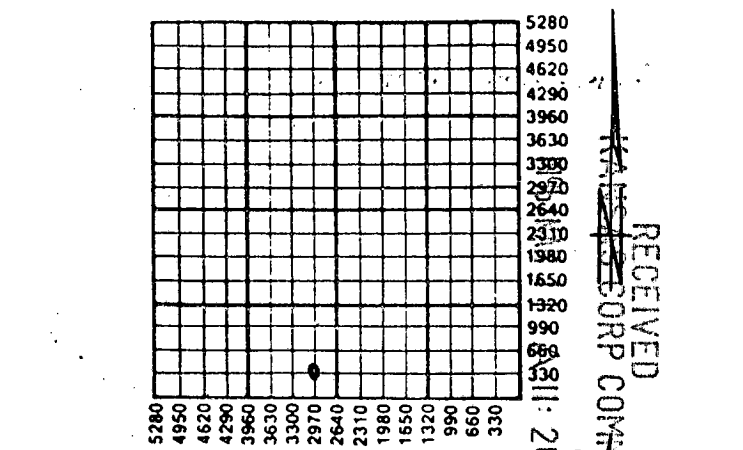
Elevation: Ground _____ KB _____

Contractor: Name: Glaze Drlg
License: 5885

Total Depth 800' PBDT _____

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.)



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

Amount of Surface Pipe Set and Cemented at 200 Feet

Drilling Method:
 Mud Rotary Air Rotary Cable
9/2/95 9/5/95 9/6/95
Spud Date Date Reached TD Completion Date

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set n/a Feet

If Alternate II completion, cement circulated from TD
feet depth to SURFACE w/ 148 sx cmt.

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 5th 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)



ORIGINAL

SIDE TWO

Operator Name Glace Drlg Lease Name Osboen Well # #7
Sec. 2 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 Yes No
(Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

GAMMA RAY - NEUTRON

Formation Description

Log Sample

Name _____ Top _____ Bottom _____

Log attached!

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
<u>Surface</u>	<u>8</u>	<u>7'</u>		<u>20</u>	<u>Portland</u>	<u>10</u>	<u>Water</u>
<u>Production</u>	<u>10 1/4</u>	<u>27 1/8</u>		<u>800</u>	<u>consolidated well service</u>		

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
<u>41</u>	<u>719-729</u>		

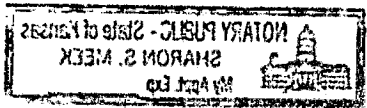
TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First Production <u>not yet prod.</u>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>not yet prod.</u>
Estimated Production Per 24 Hours	Oil Bbls. _____ Gas Mcf _____ Water Bbls. _____ 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) _____

Production Interval _____



To Jim Osborn
 Address _____
 City _____ State _____
 Ship To _____
Well #7 Dec #2

DATE 9/15/95
 CUSTOMER'S ORDER NO. _____
 SHIP _____
 VIA _____
 SALESMAN _____

CASH	CHARGE	C. O. D.	PAID OUT	RETURNED MDSE.	RECEIVED ON ACCOUNT
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
802'	ft of dclg @ 6.50/ft		5213.00 ^{IDC}
790'	ft of 2 7/8" product. pipe		1580.00
	Surface casing		135.00
	Cement		35.00
	Hardware		200.00
	Consolidated - cementing & Jell up		2600.00
11 hrs	rigtime, setting surface, mudding up for loggers, running pipe @ 125¢/hr		1375.00 ^{IDC}
3 hrs	service rig @ 75¢/hr		225.00 ^{IDC}
	Log & perforations		94.00 ^{IDC}
	Went to drill		35.00 ^{IDC}
	Well head		300.00

7789 IDC
 4850 well
12639
 Total Amt Due \$ 12,639.00

Thanks, Susie

Ed - 9/15/95
 J. H. Blaz

ALL Claims and Returned Goods MUST Be Accompanied By This Bill

SIGNATURE _____

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

TICKET NUMBER 2256
 LOCATION Ottawa, KS
 FOREMAN Fred Mader

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/OTR	SECTION	TWP	RGE	COUNTY	FORMATION
9/6/95	3137	Osborn		2	15	24	Jo	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE		ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	6 7/8
TOTAL DEPTH	798
CASING SIZE	2 7/8
CASING DEPTH	795
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 checked="" 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
 Hole is pre Gelled

DESCRIPTION OF JOB EVENTS
 Establish Circulation Pump App. 20 BRLS
 Fresh water Flush Follow w/ 148 5K₂O/50 Anz Mix
 2% Premium Gel Cement to Surface - Pump plug to
 bottom w/ app 4.9 BRLS Fresh water Shut in casing
 @ 500⁺ PSI

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	270 psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	300 psi
5 MIN SIP	300 psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE 9-6-95

Osborn #7
 307 FSL
 2995 FEL

GLAZE DRILLING CO.

WELL OWNER: JIM OSBORN
 COUNTY: JOHNSON
 STATE: KANSAS
 WELL # 7

SEC: 2
 TWP: 15-S
 RNG: 24-E

(API) # _____

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

THICKNESS IN FEET--FORMATION--DEPTH			THICKNESS IN FEET--FORMATION--DEPTH		
22	SHALE	22	4	LIME	559
50	LIME	72	9	SHALE	568
21	SHALE	93	8	SAND	576
12	LIME	105	100	SHALE	676
33	SHALE	138	2	BLK-SLT	678
8	LIME	146	39	SHALE	717
32	SHALE	178	1	LIME	718
2	LIME	180	12	SANDSTONE	730-BIG-GAS
8	SHALE	180	5	SANDSTONE	735 KILL-730'
24	LIME	212	65	SHALE-SNDY	800-T.D.
5	DRK-SHALE	217			
24	LIME	241			
3	BLK-SLT	244			
4	LIME	248			
4	SHALE	252			
9	LIME	261-HERTHA			
5	SHALE	266			
10	OTNSAL	276			
151	SHALE	427			
1	LIME	428			
10	SHALE	438			
4	REDBED	442			
28	SHALE	470			
10	LIME	480			
15	SHALE	495			
3	LIME	498			
7	SHALE	505			
5	LIME	510			
25	SHALE	535			
3	BLK-SLT	538			
1	LIME	539			
3	SHALE	542			
8	LIME	550			
7	SHALE	557			

RECEIVED
 KANSAS CORP CORP
 1998 NOV 16 D 1:25

ORIGINAL

GLAZE DRILLING CO.

WELL OWNER: JIM OSBORN
 COUNTY: JOHNSON
 STATE: KANSAS
 WELL # 7

SEC: 2
 TWP: 15-S
 RNG: 24-E

(API)# _____

"DRILLERS LOG AS FOLLOWS"

(COLUMN-1)

(COLUMN-2)

THICKNESS IN FEET--FORMATION--DEPTH			THICKNESS IN FEET--FORMATION--DEPTH		
22	SHALE	22	4	LIME	559
50	LIME	72	9	SHALE	568
21	SHALE	93	8	SAND	576
12	LIME	105	100	SHALE	676
33	SHALE	138	2	BLK-SLT	678
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2	LIME	180	12	SANDSTONE	730-BIG-GAS
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24	LIME	212	65	SHALE-SNDY	800-T.D.
5	DRK-SHALE	217			
24	LIME	241			
3	BLK-SLT	244			
4	LIME	248			
4	SHALE	252			
9	LIME	261-HERTHA			
5	SHALE	266			
10	OIL-SAND	276			
151	SHALE	427			
1	LIME	428			
10	SHALE	438			
4	REDBED	442			
28	SHALE	470			
10	LIME	480			
15	SHALE	495			
3	LIME	498			
7	SHALE	505			
5	LIME	510			
25	SHALE	535			
3	BLK-SLT	538			
1	LIME	539			
3	SHALE	542			
8	LIME	550			
7	SHALE	557			

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

ORIGIN

TICKET NUMBER 2256
 LOCATION Ottawa, KS
 FOREMAN Fred Madic

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9/6/95	3137	#7 Osborn		2	15	24	Jo	
CHARGE TO <u>AG Glaze</u>				OWNER				
MAILING ADDRESS <u>22139 Victory Rd</u>				OPERATOR				
CITY <u>Springhill</u>				CONTRACTOR <u>Company Tools</u>				
STATE <u>KS</u>		ZIP CODE <u>66083</u>		DISTANCE TO LOCATION <u>35</u>				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	<u>6 1/4</u>
TOTAL DEPTH	<u>798'</u>
CASING SIZE	<u>2 7/8</u>
CASING DEPTH	<u>795'</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 checked="" 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
Hole is pre Gelled

JOB SUMMARY
 DESCRIPTION OF JOB EVENTS Establish Circulation Pump App. 20 BBLS Fresh Water Flush Follow w/ 148 SKs 50/50 Ave. Mix 2% Premium Gel Cement to Surface - Pump plug to bottom w/ app 4.9 BBLS Fresh Water Shut in casing @ 500 PSI

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

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE 9-6-95

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

TICKET NUMBER 3266

LOCATION Ottawa, KS

FIELD TICKET

ORIGINAL

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9/6/95	3137	Osborn #7		2	15	24	To	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				
A. G. Glaze								
22139 Victory Rd								
Springhill, KS 66083				Company Tools				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5402	1 well	PUMP CHARGE		750 ⁰⁰
		HYDRAULIC HORSE POWER		
1118	3 sk	Premium Oil	8 ⁰⁰	24 ⁰⁰
4402	1	2 1/2" Rubber Plug		12 ⁰⁰
		STAND BY TIME		
		MILEAGE		1
		WATER TRANSPORTS		
5502	3 hrs	VACUUM TRUCKS	48 ⁰⁰	144 ⁰⁰
		FRAC SAND		1
1124	148 SK	CEMENT 50/50 Poz Mix	6 ³⁵	939 ⁸⁰
		Tax	6.4%	62 ⁴⁵
		NITROGEN		
5407	6.29 T	TON-MILES x 3.5 mi	.75	165 ⁰⁰
			ESTIMATED TOTAL	1797 ⁸⁵

NSCO #15097

CUSTOMER or AGENT'S SIGNATURE

CIS FOREMAN

Lud Maden

CUSTOMER or AGENT (PLEASE PRINT)

DATE

9-6-95

3-31

3770147

TO: STATE CORPORATION COMMISSION
CONSERVATION DIVISION - PLUGGING SECTION
WICHITA STATE OFFICE BLDG., 130 S. MARKET
WICHITA, KANSAS 67202
TECHNICIAN'S PLUGGING REPORT

API NUMBER 15- 091-22,667-0000
SW ^{2 H} SEC. ², T 15 S, R 24 E
~~2970~~ ³³⁰ ~~330~~ FEET FROM SOUTH SECTION LINE
~~2970~~ ³³⁰ ~~2970~~ FEET FROM EAST SECTION LINE
LEASE NAME OSBORN WELL # 7
COUNTY JOHNSON 35.00
WELL TOTAL DEPTH 1000 FEET
CONDUCTOR PIPE: SIZE FEET
SURFACE CASING: SIZE 7 FEET 22

OPERATOR LICENSE # 05885
OPERATOR: GLAZE DRILLING CO.
NAME AND ADDRESS 22139 S. Victory Rd.
SPRING HILL, KS 66083

ABANDONED OIL WELL GAS WELL INPUT WELL SWD WELL D/A X
OTHER WELL AS HEREINAFTER INDICATED

PLUGGING CONTRACTOR GLAZE DRILLING LICENSE NUMBER 05885
ADDRESS SPRING HILL, KS 66083

COMPANY TO PLUG AT: HOUR: 10:00 DAY: 31 MONTH: 3 YEAR: 97

PLUGGING PROPOSAL RECEIVED FROM A. GLAZE

(COMPANY NAME) GLAZE DRILLING (PHONE) 913-592-2033

WERE: 10 SACKS AT 500', 88 SACKS 350' TO SURFACE.

PLUGGING PROPOSAL RECEIVED BY J. ROBISON

PLUGGING OPERATIONS ATTENDED BY AGENT?: ALL X PART NONE

OPERATIONS COMPLETED: HOUR: NOON DAY: 31 MONTH: 3 YEAR: 97

ACTUAL PLUGGING REPORT 10 SACKS AT 500', 88 SACKS 350' TO SURFACE, CEMENT PUMPED BY CONSOLIDATED THROUGH DRILL PIPE, NO FORMATION AT TD.

REMARKS: (IF ADDITIONAL DESCRIPTION IS NECESSARY, USE BACK OF THIS FORM.)

I (DID/XXXXXXX) OBSERVE THIS PLUGGING.

SIGNED J. Robison
(TECHNICIAN) FORM CP-2/3

RECEIVED
KANSAS CORP COMM
1997 MAY 28 A 1:49

INVOICED

MAY 29 1997

DATE

INV. NO. 48199

JUN 17 1997