

* CORRECTED

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 PBSD
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.
8/24/96 8/27/96 *waiting on completion
Spud Date Date Reached TD Completion Date

API NO. 15- 091-226550000
County Johnson
200' N of -NW-NW- SW Sec. 2 Twp. 15 Rge. 24 E
2510 feet from (S) N (circle one) Line of Section
4950 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 # 6
Field Name * Stilwell
Producing Formation * Bartlesville
Elevation: Ground *1029' KB
Total Depth 800' PBSD
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 788'
feet depth to surface w/ 145 sx cmt.
ALT 2-Dlg-3/2/09

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.

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 1-26-99
Subscribed and sworn to before me this 26th day of January, 1999.
Notary Public Susan L. 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 # 6
 Sec. _____ Twp. _____ Rge. _____ 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	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
List All E.Logs Run: <div style="text-align: center;">Gamma Ray Neutron</div>					

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"		20'	Portland	10	None
Production	6 1/4"	2 7/8"		788'	50/50 poz	145	2% gel

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top	Depth 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	726.0'-734.0'	

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. 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 Bbl.	Gas 30 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) 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

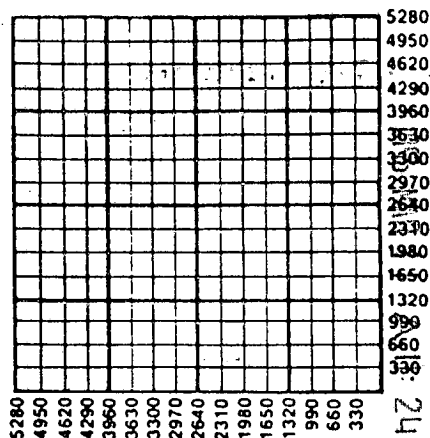
API NO. 15- 091-226550000
County Johnson
200' FN of NWNWSW Sec. 22 Twp. 15 Rge. 24 East
2510 Ft. North from Southeast Corner of Section
4950 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name Osborn Well # #6
Field Name Osborn
Producing Formation bartlesville
Elevation: Ground _____ KB _____
Total Depth 800' PBTD _____

Operator: License # 5885
Name: Glaze Drlg
Address 22139 S. Victory Rd
City/State/Zip Spring Hill, Mo 64083
Purchaser: none
Operator Contact Person: Sue Glaze
Phone 913 592-2033
Contractor: Name: Glaze Drlg
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.)

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

Drilling Method:
 Mud Rotary Air Rotary Cable
8/24/96 8/27/96 8/28/96
Spud Date Date Reached TD Completion Date



RECEIVED
KANSAS CORPORATION COMMISSION
24

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 TD
feet depth to SURFACE w/ 145 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 Operator 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 Glaze Drlg Lease Name Osborn Well # #6
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
Surface	8	7		20	Portland	10	H ₂ O
Production	6 1/4	2 7/8		800	50/50 POZ	145	Consolidated Well Service

PERFORATION RECORD

Shots-Per Foot Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth

11		
33	726 - 734	

TUBING RECORD

Size Set At Packer At Liner Run Yes No

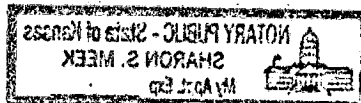
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>not producing</u>						
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease (If vented, submit ACO-18.)
 Open Hole Perforation Dually Completed Commingled
 Other (Specify)



GLAZE DRILLING CO.

WELL OWNER: JIM OSBORN
 COUNTY: JOHNSON
 STATE: KANSAS
 WELL # 6

ORIGINAL

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

(API)# 15-091-22655

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

THICKNESS
 IN FEET--FORMATION--DEPTH

THICKNESS
 IN FEET--FORMATION--DEPTH

22	SURFACE	22	80	SHALE	386
65	LIME	87	9	SAND	395
18	SHALE	105	50	SHALE	445
6	LIME	11	3	REDBED	448
34	SHALE	145	15	SHALE	463
7	LIME	152	20	LIME	483
25	SHALE	177	16	SHALE	499
3	LIME	180	5	LIME	504
12	SHALE	192	2	BLK-SLT	506
3	LIME	195	4	SANDY-SHL	510
9	SHALE	204	5	LIME	515
26	LIME	230	1	SHALE	516
8	SHALE	238	5	LIME	521
20	LIME	258	4	REDBED	525
4	SHALE	262	12	SHALE	537
1	LIME	263	12	DRK-SHALE	549
2	SHALE	265	11	SHALE	560
8	LIME	273-HERTHA	10	SDY-SHALE	570
3	SHALE	276	1	LIME	571
5	SANDSTONE	281	14	SHALE	585
22	SANDY SHL	303	10	SAND	595
3	SAND	306-SMALL GAS	110	SHALE	705
			1	LIME	706
			20	SHALE	726
			52	SANDSTONE	778-GAS-BIG
			22	SHALE	800-T.D.

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

ORIGINAL

TICKET NUMBER

3276

LOCATION Chanute, KS

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9/1/95	3137	#6 Osborn		2	15	24	20	
CHARGE TO <u>A. G. Glaze</u>				OWNER				
MAILING ADDRESS <u>22139 Victory Rd</u>				OPERATOR				
CITY & STATE <u>Spring Hill, KS 66083</u>				CONTRACTOR <u>Company Tools</u>				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5402	1 well	PUMP CHARGE		450 ⁰⁰
		HYDRAULIC HORSE POWER		
1118	3 sks	Premium Gel	8 ⁰⁰	24 ⁰⁰
4402	1	2 1/2" Rubber Plug	12 ⁰⁰	12 ⁰⁰
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
5502	3 hrs	VACUUM TRUCKS	48 ⁰⁰	144 ⁰⁰
		FRAC SAND		
1124	145	CEMENT 50/50 Per Mix	6 ³³	920 ⁷⁵
		Tax	6.49%	60 ²⁵
		NITROGEN		
5407	6.1625	TON-MILES x 35 mi	.75	162 ⁰⁰
NSCO #15007			ESTIMATED TOTAL	1723 ⁹⁸

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN

Kevin Maden

CUSTOMER or AGENT (PLEASE PRINT)

DATE

9-1-95

ORIGINAL

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

TICKET NUMBER 2279
LOCATION Oklahoma, KS
FOREMAN Fred Mader

TREATMENT REPORT

DATE	CUSTOMER ACCT #	#	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9-1-95	3137		6 Osborn		2	15	24	JO	
CHARGE TO <u>A. G. 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>35mi</u>				
TIME ARRIVED ON LOCATION					TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	<u>6 7/8</u>
TOTAL DEPTH	<u>800'</u>
CASING SIZE	<u>2 7/8</u>
CASING DEPTH	<u>788'</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		
	THEORITICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Establish Circulation. Hole was pre-gelled. Pump App 20 BBLs Fresh Water to clear Gel from hole. Mix + Pump 145 sx 50/50 Poz Mix 2 7/8 Gel Cement to Surface. Pump rubber Plug to bottom with app. 4.6 BBLs Fresh H2O. Shut in Casing @ 600 PSI.

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	<u>200</u> psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	<u>700</u> psi
MINIMUM	psi
AVERAGE	psi
ISIP	<u>600</u> psi
5 MIN SIP	<u>600</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 9-1-95