

* 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)

API NO. 15- 091-226530000
County Johnson
- NW - SE - SE Sec. 2 Twp. 15 Rge. 24 E
1125 feet from N (circle one) Line of Section
3570 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 # 4
Field Name *Stilwell
Producing Formation * Bartlesville
Elevation: Ground * 1045 KB
Total Depth 820' 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 * 803'
feet depth to surface w/ 160 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.

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.
8/12/96 8/15/96 * 3/98
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 1-27-99
Subscribed and sworn to before me this 27th day of January, 1999.
Notary Public [Signature]
Date Commission Expires

SUSAN L. FORWARD
Notary Public
State of Kansas
My Appt. 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)

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Osborn Well # 4
 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: <p style="text-align: center;">Gamma Ray Neutron</p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum <p style="text-align: center;">Drillers Log Attached</p>
---	---

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 3/4"	8 5/8"		20'	Portland	10	None
*Production	6 1/2"	2 7/8"		803'	Portland	160	one sack of 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	748.0' - 758.0'	

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. * 3/98	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 <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> 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

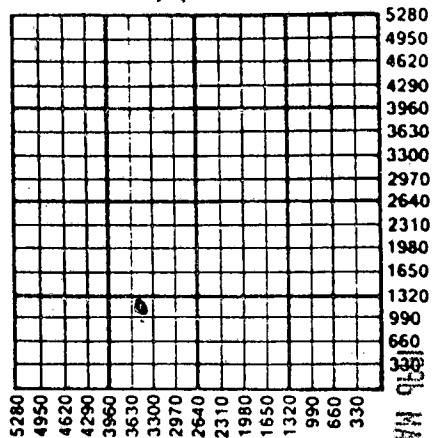
Operator: License # 5885
Name: Glaze Drlg
Address: 22139 S. Victory Rd
City/State/Zip: Spring Hill, KS 66083
Purchaser: none
Operator Contact Person: Sue Glaze
Phone: 913 592-2033
Contractor: Name: Glaze Drlg
License: 5885
Wellsite Geologist: none

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
8/12/96 8/15/96 8/16/96
Spud Date Date Reached TD Completion Date

API NO. 15- 091-226530000
County Johnson
NW SE SE Sec. 2 Twp. 15 Rge. 24 East West
1125 Ft. North from Southeast Corner of Section
3570 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name OSBOEN Well # #4
Field Name Osborn
Producing Formation bartlesville
Elevation: Ground _____ KB _____
Total Depth 820' PBDT _____



Amount of Surface Pipe Set and Cemented at 80' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set n/a Feet
If Alternate II completion, cement circulated from 870'
feet depth to SURFACE 160 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)

WILLIAMS

SIDE TWO

Operator Name Glaze Drlg. Lease Name Osborn Well # 4

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!

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>6 1/4</u>	<u>2 7/8</u>		<u>820</u>	<u>consolidated</u>		<u>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>748-758</u>		<u>1505x</u>

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

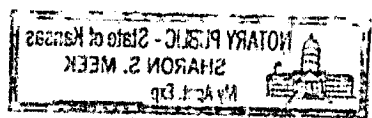
Date of First Production not yet producing Producing Method Flowing Pumping Gas Lift Other (Explain) not yet producing

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 _____



ORIGINAL

8-17-95

WELL OWNER: JIM OSBORN
COUNTY: JOHNSON
STATE: KANSAS
WELL # 4

GLAZE DRILLING CO.
RECEIVED
KANSAS CORP COMM
1996 MAR 11 A 11: 24

SEC: 2
TWP: 15
RNG: 24E

(API)# _____

(COLUMN-1)

"DRILLERS LOG AS FOLLOWS"
(COLUMN-2)

THICKNESS
IN FEET--FORMATION--DEPTH

THICKNESS
IN FEET--FORMATION--DEPTH

22	SURFACE	22	15	SNDY-SHALE	600
73	LIME	95	20	SHALE	620
21	SHALE	116	6	DRK-SHALE	626
7	LIME	123	7	BLK-SAND	633-Lt.Oil
38	SHALE	161	10	SNDY-SHALE	643 SHOW
4	LIME	165	30	SHALE	673
25	SHALE	190	2	LIME	675
3	LIME	193	2	BLK-SLATE	677
10	SHALE	203	23	SHALE	700
2	LIME	205	3	BLK-SLATE	703
10	SHALE	215	9	SHALE	712
25	LIME	240	3	BLK-SLATE	715
6	SHALE	246	29	SHALE	744
25	LIME	271	46	SANDSTONE	790-BIG GAS!
5	SHALE	276	30	SNDY-SHALE	820-T.D.
9	LIME	285-HERTHA			
100	SHALE	385			
4	SAND	389-Lt.Oil-sho.			
6	SHALE	395			
6	SAND	401			
73	SHALE	474			
5	LIME	479			
5	SHALE	484			
8	LIME	492			
6	SHALE	498			
5	LIME	503			
12	SHALE	515			
6	LIME	521			
5	SHALE	526			
2	LIME	528			
1	SHALE	529			
6	LIME	535			
10	SHALE	545			
4	REDBED	549			
9	SHALE	558			
1	LIME	559			
2	BLK-SLT	561			
7	SHALE	568			
4	LIME	572			
8	SHALE	580			
5	SAND	585			

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

TICKET NUMBER

3238

LOCATION

Ottawa, Ks

FIELD TICKET

ORIGINAL

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
8-16-95	3137	#4 Osborne		2	15	29	SD	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				
A.G. Glaze								
22139 Victory Rd.								
Springhill, Ks. 66083				A.G. Glaze				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5402	One	PUMP CHARGE Cement On Well	450. ⁰⁰	450. ⁰⁰
		HYDRAULIC HORSE POWER		
1118	4	Premium Gel	8. ⁰⁰	32. ⁰⁰
4402	One	2 7/8" Rubber Plug	12. ⁰⁰	12. ⁰⁰
		Tax	6.4%	67.84
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
5502	3 hrs	VACUUM TRUCKS	48. ⁰⁰	144. ⁰⁰
		FRAC SAND		
1124	160 sl	CEMENT 50/50 Poz mix 2 1/2" dia	6.35	1016. ⁰⁰
		NITROGEN		
5407	6.7	TON-MILES x 35 mix	.75	178. ⁰⁰
		ESTIMATED TOTAL		1899.84

NSCO #15097

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN

Jim Green

CUSTOMER or AGENT (PLEASE PRINT)

DATE

8-16-95

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

TICKET NUMBER 1992
 LOCATION Attenuation, Ks.
 FOREMAN Jim Green

ORIGINAL

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
8-16-95	3137	44 Osborne		2	15	24	30	
CHARGE TO <u>A.G. Glaze</u>				OWNER				
MAILING ADDRESS <u>22139 Victory</u>				OPERATOR				
CITY <u>Springhill, Ks</u>				CONTRACTOR <u>A.G. Glaze</u>				
STATE		ZIP CODE <u>66083</u>		DISTANCE TO LOCATION <u>35 miles</u>				
TIME ARRIVED ON LOCATION <u>12:00 PM</u>				TIME LEFT LOCATION <u>1:30 PM</u>				

WELL DATA	
HOLE SIZE	<u>6 1/4"</u>
TOTAL DEPTH	<u>822'</u>
CASING SIZE	<u>2 7/8"</u>
CASING DEPTH	<u>803'</u>
CASING WEIGHT	
CASING CONDITION	<u>New</u>
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 mix one sk gel, mix 160 sk cement pump plug to bottom cement to surface.

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