

ORIGINAL

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

API NO. 15- 091-227960000

County Johnson

NE Sec. 12 Twp. 15 Rge. 24

2970 feet from (S)N (circle one) Line of Section

330 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 Adams Well # 7

\* Field Name Stilwell

Producing Formation Bartlesville

Elevation: Ground 1070 KB

Total Depth 840 PBTD

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 813

feet depth to surface w/ 106 sx cmt.

Alt 2-Dlg - 3/3/09

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

Chloride content N/A ppm Fluid volume 80 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.

\*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 Company

License: 5885

Wellsite Geologist: None

Designate Type of Completion

X New Well Re-Entry Workover

Oil SWD SIOW 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 PBTD

Commingled Docket No.

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

8/28/97 8/30/97 9/2/97
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 11-10-98

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

Notary Public [Signature]

Date Commission Expires 4/10/02

K.C.C. OFFICE USE ONLY
Letter of Confidentiality Attached
Wireline Log Received
Geologist Report Received
Distribution: KCC, KGS, SWD/Rep, Plug, NGPA, Other (Specify)
Original RCV'd 2/9/98

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 Adams Well # 7  
 Sec. 12 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	<input checked="" 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	Drillers Log Attached		
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:  Gamma Ray Neutron				

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	6	None
Production	6 1/4"	4 1/2"		813'	50/20 poz	106	None

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	717.0-727.0		
* 4	732.0-742.0		

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.	Producing Method				
6/97	<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 75 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) \_\_\_\_\_

# INVOICE PURCHASE ORDER

TO <b>Jim Osborn</b>	SHIP TO <b>R. S. Glaze Drilling Co.</b>
ADDRESS	ADDRESS <b>22139 S. Victory Rd.</b>
CITY, STATE, ZIP	CITY, STATE, ZIP <b>Spring Hill, Ks. 66083</b>

DATE <b>9/3/97</b>	DATE REQUIRED <b>1/1</b>	TERMS	HOW SHIPPED	REF. NO. OR DEPT.	FOR <b>Adams #77</b>
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QUANTITY	DESCRIPTION	PRICE	UNIT
840'	to dclg @ 65¢ per ft.		5460. <sup>00</sup>
820'	to 4" production pipe @ 36¢ per ft.		2952. <sup>00</sup>
82	bars runtime setting surface, running prod. pipe & mudding up @ 128¢ per ft.		1062. <sup>50</sup>
	Surface casing		135. <sup>00</sup>
	Cement for surface		35. <sup>00</sup>
	Intent to drill		35. <sup>00</sup>
	Hardware 4"		275. <sup>00</sup>
	Wellhead		250. <sup>00</sup>
	Consolidated Cement Job		1930. <sup>00</sup>
	Slush pits		180. <sup>00</sup>
			<b>\$12,314.<sup>50</sup></b>

Thanks, Susie

1 DC 8702.50  
Well 36A2  
12314.50

**PAID**  
CHECK NO. 1183  
AMOUNT 58745.70  
DATE 9/4/97

**IMPORTANT**

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES - PACKAGING, ETC.  
PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND \_\_\_\_\_ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.  
PURCHASING AGENT \_\_\_\_\_

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

TICKET NUMBER 4514

LOCATION Ottawa

FOREMAN Alan Maden

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9-2-97	3137	Adams #7		12	15	24	Jo	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE		ZIP CODE		DISTANCE TO LOCATION				
KS		66093		40				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				
4:00				5:00				

WELL DATA	
HOLE SIZE	6 3/4
TOTAL DEPTH	840
CASING SIZE	4 1/2
CASING DEPTH	813
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

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Establish circulation with clean water. Mixed + pumped 2 sx gel followed by app. 5 bbl clean water. Mixed + pumped 7 1/2 bbl of dye followed by 106 sx 50/50 pot. Circulated dye to surface. Pumped 4 1/2 rubber plug to bottom, and cement to surface. Well held 600# pressure. Set float.

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

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

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

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 \_\_\_\_\_ PBTB

Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_

Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_

Other (SWD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

8/28/97 8/30/97 \* 5/1/98  
Spud Date Date Reached TD Completion Date

API NO. 15- 091-22796-0000

County Johnson

NE Sec. 12 Twp. 15 Rge. 24  E  W

2970 Feet from  N (circle one) Line of Section

330 Feet from  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
NE,  SE NW or SW (circle one)

Lease Name Adams Well # 7

Field Name Stilwell

Producing Formation Bartlesville

Elevation: Ground 1070' KB N/A

Total Depth 840' PBTB N/A

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 813

feet depth to surface w/ 106 sx cm.

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

Chloride content N/A ppm Fluid volume 80 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite:  
**RECEIVED**  
KANSAS CORPORATION COMMISSION

Operator Name \_\_\_\_\_

Lease Name MAR 24 2000 License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W \_\_\_\_\_

County WICHITA, KS Docket No. \_\_\_\_\_

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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]

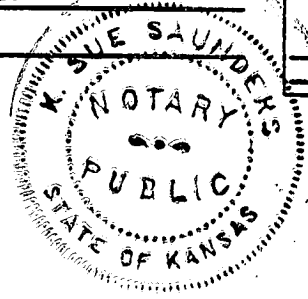
Title Geologist Date 03-23-00

Subscribed and sworn to before me this 23 day of March, 19 2000

Notary Public K. Sue Saunders

Date Commission Expires 4-19-2003

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 Adams Well # 7  
 Sec. 12 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 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 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 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

<b>TUBING RECORD</b>	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
N/A				
Date of First, Resumed Production, (H/D or Inj.)	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
* 5/1/98	N/A			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio
N/A		75	0	N/A
				Gravity N/A

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented  Sold  Used on Lease (If vented, submit ACO-18.)  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_

Other (Specify) \_\_\_\_\_