

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

*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. _____

* 8/29/95 * 8/29/95 * 9/11/95
Spud Date Date Reached TD Completion Date

API NO. 15- 091-226560000

County Johnson

- NE - NE - NW Sec. 11 Twp. 15 Rge. 24 E W

4950 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 # 4

* Field Name Stilwell

Producing Formation Knobtown

* Elevation: Ground 1131' KB _____

Total Depth 780' 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 375

feet depth to surface w/ 70 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. _____

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, 19 98.

Notary Public Susan L. Forward

Date Commission Expires 4/002

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)
RECD 11/16/98

SUSAN L. FORWARD
Notary Public
State of Kansas
My Appt. Expires 4/002

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Osborn Well # 4
 Sec. 11 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 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
Surface	8"	7"		20'	Portland	10	None
* Production	6 1/4"	2 7/8"		375'	50/50 Poz-mix	70	2% gel

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
* 2	272.0-282.0		

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. * 4/97	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 25	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) _____