

* CORRECTED

ORIGINAL

SIDE ONE

FORM MUST BE TYPED

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 PSTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

2/26/97 2/29/97 3/20/97
Spud Date Date Reached TD Completion Date

API NO. 15- 091-227490000

County Johnson

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

4150 feet from N (circle one) Line of Section

1310 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 # 6

* Field Name Stilwell

Producing Formation N/A

* Elevation: Ground 1082' KB _____

Total Depth 1060' PSTD _____

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 1045

feet depth to surface w/ 135 sx cmt.

Alt 2 - Dg - 3/3/09

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

Chloride content NA 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 [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 SWD/Rep NGPA
 KGS Plug Other
(Specify)

RECD - 11/16/98

Form ACO-1 (7-91)

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. 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 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 1/4" | 7" | | 20' | Portland | 5 | None |
| * Production | 6 1/4" | 4 1/4" | | 1045' | 50/50 Poz mix | 135 | 2% gel, 1% flo-seal |
| | | | | | | | |

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 | 830.0'-832.0' | | |
| | Bridge Plug at 820.0' | | |
| 4 | * 775.0'-783.0' | | |
| 4 | 785.0'-790.0' | | |

| | | | | | | |
|--|--|--------|-----------|-----------|------------------------------|--|
| TUBING RECORD * N/A | Size | Set At | Packer At | Liner Run | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Date of First, Resumed Production, SWD or Inj. * 7/98 | 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 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) _____

R.S. Glaze Drlg
 22139 S. Victory Rd.
 Spring Hill, TN 37083

17152

PURCHASE ORDER

| | |
|-------------------------|------------------|
| TO Jim Osboen | SHIP TO |
| ADDRESS | ADDRESS |
| CITY, STATE, ZIP | CITY, STATE, ZIP |

| | | | | |
|------------------------|---------------|-------|-------------|-----|
| DATE 4/15/97 | DATE REQUIRED | TERMS | HOW SHIPPED | FOR |
|------------------------|---------------|-------|-------------|-----|

| | |
|--|----------|
| 1000' to delg @ 6 ⁵⁰ per ft | 6,890.00 |
| delug pit | 1,500.00 |
| 4" 1000# ball valve | 765.00 |
| G/D Plogtime 31.5 hrs @ 125 ⁰⁰ per hr. | 3937.50 |
| 4" casing w/ hardware | 4075.00 |
| Log & Perforations (Coevish) | 2557.00 |
| Log & Perforations (3 zones) w/ bridge plug (midwest) | 2510.00 |
| Consolidated, cement job, acid job, cement basket, & mud (Bentonite) (polymer) | 3200.00 |
| 22-w/ Plogtime 31 hrs @ 100 ⁰⁰ per hr. | 3100.00 |
| 5 hrs labor 1 man @ 35 ⁰⁰ per hr. | 175.00 |
| Surface Casing | 135.00 |
| 3 Oluph pits | 300.00 |
| Cement for Surface 5 sac | 35.00 |
| Intent. | 35.00 |
| total Amt Due | |
| 29,214.50 | |
| 22739.50 | |
| 6475. | |
| 25114.50 | |

Thanks, *[Signature]*

PAID
 CHECK NO. 1130
 AMOUNT 42014
 DATE 4/15/97

IMPORTANT
 PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES - PACKAGING COSTS PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO COMPLETE ORDER AS SPECIFIED

PLEASE PRINT SERIES OF OUR INVOICES FOR EASY READING

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

TICKET NUMBER 5792

LOCATION Ottawa, KS

FOREMAN Jim Green

TREATMENT REPORT

| | | | | | | | | |
|--|-----------------|-----------------------|---------|--------------------------------|-----|-----|--------|-----------|
| DATE | CUSTOMER ACCT # | WELL NAME | QTR/QTR | SECTION | TWP | RGE | COUNTY | FORMATION |
| 3/11/97 | 3137 | #6 Osborne | | 11 | 15 | 24 | JO. | |
| CHARGE TO <u>R.S. Glaze</u> | | | | OWNER | | | | |
| MAILING ADDRESS <u>22139 Victory Rd.</u> | | | | OPERATOR <u>R.S. Glaze</u> | | | | |
| CITY <u>Springhill</u> | | | | CONTRACTOR <u>R.S. Glaze</u> | | | | |
| STATE <u>Ks.</u> | | ZIP CODE <u>66083</u> | | DISTANCE TO LOCATION <u>70</u> | | | | |
| TIME ARRIVED ON LOCATION | | | | TIME LEFT LOCATION | | | | |

| WELL DATA | |
|------------------|---------------|
| HOLE SIZE | <u>6 1/4"</u> |
| TOTAL DEPTH | <u>1060'</u> |
| CASING SIZE | <u>4 1/2"</u> |
| CASING DEPTH | <u>1045'</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

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Establish circulation out of pit. Circulate for app. 5 min. Run 10 BBI pad of H₂O to flush hole, mix and pump 135 cu yds poe mix cement with 20 gal, 1% FLO-seal. Flush pump clear of cement pump 4 1/2" rubber plug to total depth of 4 1/2" pressure up to 500 PSI check for leaks good, set floor, check plug with wire line plug set at 1043'. Circulated 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