

REVD KCC 1-31-05

UPDATED / CORRECTED

11/22/04

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999

Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

C710

Operator: License # 32294
 Name: Osborn Energy, L.L.C.
 Address: 24850 Farley 30' S, 60' W of: NE SW NE
 City/State/Zip: Bucyrus, Kansas 66013
 Purchaser: Akawa Natural Gas, L.L.C.
 Operator Contact Person: Steve Allee
 Phone: (913) 533-9900
 Contractor: Name: Susie Glaze dba Glaze Drilling Co.
 License: 5885
 Wellsite Geologist: Rex Ashlock
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>4/1/03</u>	<u>4/2/03</u>	<u>5/19/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date


API No. 15 - 15-121-27688-0000
 County: Miami (N 38* 41.326', W 94* 39.791')
 Sec. 5 Twp. 16 S. R. 25 East West
3600 feet from N (circle one) Line of Section
1710 feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Truman Investors, L.L.C Well #: 7-5-16-25
 Field Name: Louisburg
 Producing Formation: Anna Shale (Lexington)
 Elevation: Ground: 1072 Kelly Bushing: Not used
 Total Depth: 642 Plug Back Total Depth: ----
 Amount of Surface Pipe Set and Cemented at 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 641.5
 feet depth to surface w/ 105 ^{sx gmt}
Altz Dg - 3/5/09

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content N/A ppm Fluid volume 500+/- bbls
 Dewatering method used evaporation
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 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 of 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: Jeff Taylor
 For Osborn Energy, L.L.C. Date: 1/13/05
 Subscribed and sworn to before me this 13 day of January
2005
 Notary Public: R.R. Ashlock
 Date Commission Expires: _____

 **REX R. ASHLOCK**
 Notary Public - State of Kansas
 My Appt. Exp. 1-10-09

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Osborn Energy, L.L.C. Lease Name: Truman Investors, L.L.C. Well #: 7-5-16-25
 Sec. 5 Twp. 16 S. R. 25 East West County: Miami

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray-Neutron	Log Formation (Top), Depth and Datum Sample Name Top Datum Driller's Log, cmt tickets, GR-N, etc., sent w/ 1st ACO-1
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CASING RECORD New <input type="checkbox"/> Used <input checked="" type="checkbox"/>							
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	11 1/4"	9 5/8"	NA	20	Portland	5	None
Production	7 7/8"	5 1/2"	15.50	641.5	60/40 Poz-mix	105	2% gel, 5% CC, 5% gil., & 1/4 # Flo-seal/sx

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	537-541	100 gal. of 15% HCl 46 sx of 12/20 & 40 sx 20/40 frac sand	537-41

TUBING RECORD	Size 2 3/8"	Set At 637'	Packer At None	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 7/2003	Producing Method Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <input type="checkbox"/>
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Estimated Production Per 24 Hours	Oil Bbls. None	Gas Mcf 22.2	Water Bbls. 99	Gas-Oil Ratio None	Gravity None
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Disposition of Gas Vented **Sold** Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION Open Hole **Perf.** Dually Comp. Commingled

Production Interval 537-541