* CORRECTED

County___

API NO. 15- 091-228130000

Johnson

S2 - SW - NW - SW Sec. 7 Twp. 15 Rge. 25

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

| DESCRIPTION OF WELL AND LEASE | 1670 feet from S'N (circle one) Line of Section |
|---|---|
| | 4950 feet from @/w (circle one) Line of Section |
| Operator: License # 32294 | l 4950 reet from (g/w (circle one) Line of Section |
| Name: OSBORN ENERGY L.L.C | Footages Calculated from Nearest Outside Section Corner |
| Address: 9401 Indian Creek Pkwy., #40, Suite 440 | NE, GE, NW or SW (circle one) |
| City/State/Zip Overland Park, KS 66210 | Lease Name Metcalf Partners Well # 5 |
| Purchaser: AKAWA Natural Gas, L.L.C. | * Field Name Stilwell |
| Operator Contact Person: Steve Allee | Producing Formation Bartlesville |
| Phone (913) 327-1831 | Elevation: Ground 1075' KB |
| Contractor: Name: R.S. Glaze Drilling Co. | Total Depth 840' PBTD |
| License: 5885 | Amount of Surface Pipe Set and Cemented at 20 Feet |
| Wellsite Geologist: None | Multiple Stage Cementing Collar Used? Yes X No |
| | If yes, show depth set N/A Feet |
| New Well Re-Entry Workover | * If Alternate II completion, cement circulated from 839 feet depth to surface w/ 155 sx cmt. |
| INSTRUCTIONS: An original and two copies of this form shall be Room 2078, Wichita Kansas 67202, within 120 days of the spu 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 form (see rule 82-3-107 for confidentiality in excess of 12 report shall be attached with this form ALL CREATING TROUBLES |

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.

| complied with and the statements herein are complete and correct to the best | of my knowledge. |
|--|---|
| | K.C.C. OFFICE USE ONLY F Letter of Confidentiality Attached |
| Signature ff film | C Wireline Log Received C Geologist Report Received |
| Title Ceologist Date 11-10-98 | Distribution |
| Subscribed and sworn to before me this 10h day of November, | KCC SWD/Rep NGPA Plug Other |
| Notary Public Sua & Inward | (Specify) |
| Date Commission Expires 4-10-0Z | |
| *************************************** | <u> </u> |

SUSAN L. FORWARD
Notary Public

State of Kansas

My Appt. Expires _____40-02

SIDE TWO

| Operator Name | Osborn Energy, | L.L.C. | Lease Nam | e Metcalf | Partners | We | ell # <u>5</u> | |
|---|---------------------------------|--|---------------------------------------|--|--------------------------------|----------------------------|------------------------------|-------------|
| | | 🔀 East | County _ | Johnson | | | | |
| ec. 7 Twp. 15 | Rge. <u>25</u> | West | | | | | | |
| NSTRUCTIONS: Show nterval tested, to ydrostatic pressur heet if more space | ime tool open es, bottom hol | and closed, flow le temperature, fl | ring and shut-in Luid recovery, an | pressures, w | hether shut- | in pressur | re reached statio | : lev |
| Drill Stem Tests | | □Yes 🏻 | no 🛛 L | og Format | ion (Top), De | epth and Da | itums Sampl | .e |
| (Attach Additions | · | □ • | Name | | Top | | Datum | |
| Samples Sent to Ge | sological Surve | ey □Yes 🏻 □Yes 🛣 | ļ. | D=411 1- | | | | |
| Electric Log Run | | ⊠Yes □ | 1 | Drillers Lo | g Attached | | | |
| (Submit Copy.) | | <u> </u> | | | | | • | |
| List All E.Logs Ru | ın: Gamma Ray Neut | ron | | | | | | |
| | | | | | | | | |
| | | Casing Record | New [| Used | | | | |
| | Report al | l strings set-con | ductor, 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 Percen Additives | t |
| Surface | 8" | 7" | | 20' | Portland | 6 | None | |
| Production | 6 1/4" | 2 7/8" | | 839 | 50/50 poz | 155 | 2% gel | |
| | | | | | | | I I | |
| | | ADDIT | IONAL CEMENTING/S | OUEEZE RECORI |) | L | J | |
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | | and Percent | Additives | | |
| Perforate |] | | | | | | | |
| Protect Casing | i | | | | | | | |
| Plug Back TD Plug Off Zone | 1 | | | | | | | |
| Plug Off Zone | <u>i</u> | | | ! | | | | |
| | | | | | | | | |
| Shots Per Foot | | RECORD - Bridge Pl ge of Each Interva | | Acid, Fr (Amount a | acture, Shot, nd Kind of Ma | Cement So | queeze Record ed) Depth | - |
| * 2 | 769.0-779.0 | | | | | | | |
| | | | | | | | | |
| | - <u></u> | | | | | | | |
| UBING RECORD | Size | Set At | Packer At | Liner Run | | | <u> </u> | |
| | | 333 | rucher at | DINGI KUN | Yes 🗌 | ио 🛛 | | |
| ate of First, Resum 6/97 | | SWD or Inj. Pr | oducing Method | Flowing D | umping Ga | s Lift [| Other (Explain) | |
| stimated Production Per 24 Hours | oil N/ | Bbl. Gas | Mcf Wat | er Bbls. | Gas-Oi 0 | .1 Ratio | Gravity | |
| sposition of Gas | <u> </u> | METHOD OF COM | IPLETION | Prod | uction Interv | | | |
| | Used on Leas | | Hole Perf. | Dually Con | | commingled | | |
| f vented, submit AC | 0-18.) | - | | - | _ _ | • | | _ |
| | | Other (S | pecify) | | | • | | |

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

ticket NUMBER 09290 LOCATION <u>0+7awg</u> FOREMAN <u>Alan Mader</u>

TREATMENT REPORT

| DATE C CUSTOMER ACCT # M WELL NAME HE OTRIVOTR | SECTION | TWP | RGE 2 | COUNTY | FORMATION | | |
|--|--|---|--------------|------------------------------|--|--|--|
| 10-3-47 3137 WILLEAT | 2762 7870 227 378 | 5302.542 | | 1645 CA S. KARRAS | | | |
| CHARGE TO B. S. Colary | OWNER | | | | | | |
| - 1 | 36年,1945年1987年1987年1987年1987年1987年1987年1987年1987 | | | | | | |
| MAILING ADDRESS 22139 Victory Nd | OPERATOR | | | | | | |
| | | | | | | | |
| CITY Spring hill | CONTRACTO | | GZE | TOTAL A LANGE TO FREE PARTY. | NAMES OF STREET OF STREET OF STREET | | |
| STATE K.S ZIP CODE 66083 | DISTANCE TO LOCATION 40 | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | |
| TIME ARRIVED ON LOCATION 4:30 TIME LEFT LOCATION 3:30 | | | | | | | |
| WELL DATA | TYPE OF TREATMENT | | | | | | |
| TOTAL DEPTH 846 | 1 3 8115 | RFACE PIPE | | I LACID BE | REAKDOWN | | |
| TOTAL SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE | | _ | | , , | | | |
| CASING SIZE | J-J-PAC | DUCTION C | CASING | [] ACID ST | rimulation | | |
| CASING DEPTH 839 | [] SQL | JEEZE CEME | ENT | [] ACID SF | POTTING | | |
| CASING WEIGHT CASING CONDITION | [] PLU | G & ABAND | ON | [] FRAC | | | |
| CASING CONDITION | 1 | | | | NITROGEN | | |
| TUBING SIZE | 1 JPLU | G BACK | | []FRAC+ | 1 | | |
| TUBING DEPTH | [] MIS | C PUMP | | [] FOAM F | RAC | | |
| TUBING WEIGHT TUBING CONDITION | [] OTI- | IER | | [] NITRÓG | EN | | |
| (1) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | <u> </u> | | S. Sala | | |
| PACKER DEPTH | | | DDEC | SURE LIMITATIONS | | | |
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| PERFORATIONS SHOTS/FT | SURFACE | | | | 6 - 1 C.C.C. | | |
| OPEN HOLE | TUBING | LONG STRIN | IG | | AMI CALL TO THE TOTAL CALL THE TOTAL | | |
| · · · · · · · · · · · · · · · · · · · | 100110 | | | 60 | 75-100 35-01 10-1 10 10-1 10 | | |
| TREATMENT VIA | | | | | | | |
| INSTRUCTIONS PRIOR TO JOB | | | | | <u> </u> | | |
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| | | | | | | | |
| $E_{i} = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1$ | IMMARY | | <i>.</i> . | .1 | 440 X 4 | | |
| DESCRIPTION OF JOB EVENTS FSTablish Circul | at:00 | 1 0; | Th | clean | water | | |
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| water. Mired + pumped | 155 S | × 50 | 150 | poz 2º | 70601 | | |
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| Closed value | , <i>v</i> , | | | | <u> </u> | | |
| Closed out to | | | | | | | |
| DDECCUDE CUMMARY | | | | TATALENT DATE | | | |
| PRESSURE SUMMARY | 0.03/562 | | | EATMENT RATE | | | |
| BREAKDOWN or CIRCULATING psi | BREAKDO | WN BPM | | | ************************************** | | |
| FINAL DISPLACEMENT psi ANNULUS psi | INITIAL BPM FINAL BPM | | | | | | |
| MAXIMUM psi | MINIMUM BPM | | | | | | |
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| 15 MIN SIP psi | | = RATE x PF | RESSURE | | | | |
| AUTHORIZATION TO PROCEED T | ITLE | | | DATI | - | | |

| NAME IN OSBORN SHIP TO GAZE. Dr | 1a Co |). | |
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