

ORIGINAL

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: 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 _____ PBDT _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
4/15/98 4/21/98 6/12/98
Spud Date Date Reached TD Completion Date

API NO. 15- 091-228460000
County Johnson E
SW - NE - NE - SE Sec. 12 Twp. 15 Rge. 24 _____ W
2260 feet from N (circle one) Line of Section
550 feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner
NE, SE, NW or SW (circle one)
Lease Name KDL Well # 1A
Field Name Stillwell
Producing Formation N/A
Elevation: Ground 1075' KB _____
Total Depth 1430' PBDT _____
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 1110'
feet depth to surface w/ 165 sx cmt.
AH 2 - Dlg 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 ~~Spud~~ Spud hauled offsite:
Operator Name KANSAS CORPORATION COMMISSION
Lease Name _____ License No. _____
MAR 24 2000 Sec. 12 Twp. 15 S Rng. 24 E/W
County _____ Docket No. _____

CONSERVATION DIVISION
WICHITA, KS

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 10-20-98
Subscribed and sworn to before me this 20th day of October, 19 98.
Notary Public Susan A Forward
Date Commission Expires 4-10-02

K.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

SUSAN L. FORWARD
Notary Public
State of Kansas
My Appt. Expires 4-10-02

X

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name KDL Well # 1A
 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 checked="" type="checkbox"/> Yes <input 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: Neutron/Density Porosity and Dual Induction				

Casing Record New 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	10 3/4"	8 5/8"	24.0	20'	Portland	8	None
Production	6 3/4"	4 3/4"	10.5	24.0 1110'	Class 1 Type A Portland	165	3% CaCL2, 3% Kol- seal, 2% gel, 1/4lb flo-seal per sack

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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
	Waiting Completion		

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SWD or Inj. N/A	Producing Method N/A <input 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 SIGW	Mcf	Water N/A	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) SIGW

(If vented, submit ACO-18.)

COPY

* 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: AKAMA 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: Rex Ashlock
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SION Temp. Abd.
 Gas ENHR SION
 Dry Other (Core, NSW, 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. _____
4/15/98 4/21/98 *waiting on completion
Spud Date Date Reached TD Completion Date

API NO. 15- 091-228460000
County Johnson E
SW - NE - SE - SW Sec. 12 Twp. 15 Rge. 24 W
2260 feet from NW (circle one) Line of Section
550 feet from NW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner
NE, SE, NW or SW (circle one)
Lease Name KDL (Devinki) Well # 1A
Field Name Stilwell
Producing Formation N/A
Elevation: Ground 1075' KB _____
Total Depth 1430' PBTD _____
Amount of Surface Pipe Set and Cemented at 10 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set N/A Feet
If Alternate II completion, cement circulated from 1110'
feet depth to surface w/ 165 ex cnt.

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 Storage if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
County Johnson Twp. 15 Rng. 24 E/W
Docket No. _____

CONSERVATION DIVISION
WICHITA, KS

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 4-16-99
Subscribed and sworn to before me this 16 day of April, 19 99.
Notary Public Alice M. Reeves
Date Commission Expires 3-22-2003

ALICE M. REEVES
Notary Public - State of Kansas
My Appt. Expires 3-22-2003

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)

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name KDL Well # 1A
 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 type="checkbox"/> Log	Formation (Top), Depth and Datum	<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 New 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	10 K"	8 5/8"	24.0	20'	Portland	8	None
* Production	6 K"	4 1/2"	10.5	1110.0'	Class 1 Type A Portland	165	3% CaCl ₂ , 3% Kol-seal, 2% gel, 1/4lb flo-seal per sack

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
2	928.0'-934.0'	2% HCl, 15,000lb. of sand	
	Open Hole	waiting on completion	

TUBING RECORD

Size 2 3/8" Set At 865' Packer At 865' Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Waiting on completion Producing Method N/A Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbl. N/A	Gas Mcf N/A	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____

(If vented, submit ACO-18.) Other (Specify) _____

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 SOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, MSW, 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. * D-27.656

4/15/98 4/21/98 * 6/9/99

Spud Date Date Reached TD Completion Date

API NO. 15- 091-22846-0000

County Johnson

SW - NE - NE - SE Sec. 12 Twp. 15 Rge. 24 E W

2260 Feet from N (circle one) Line of Section

550 Feet from W (circle one) Line of Section

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

Lease Name KDL (Devinki) Well # 1A

Field Name Stilwell

Producing Formation N/A

Elevation: Ground 1075' KB N/A

Total Depth 1430' 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 1110'

feet depth to surface w/ 165 sx cmt.

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:

RECEIVED

KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name MAR 24 2000 License No. _____

Quarter 1 Sec. 12 Twp. 15 S Rng. 24 E/W

County CONSERVATION DIVISION Docket No. _____

WICHITA, KS

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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.

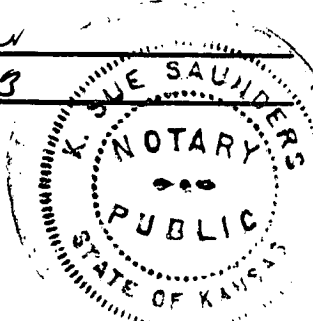
Signature _____

Title Geologist Date 3-23-00

Subscribed and sworn to before me this 23 day of March, 192000

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 Devinki Well # 1A

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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

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

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	1110'	1110'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SLD or Inj.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
* 6/9/99		N/A			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	N/A	N/A	N/A	N/A	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) _____