

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 # 5885
Name: R. S. GLAZE DRILLING CO.
Address: 22139 S. VICTORY ROAD
City/State/Zip: SPRING HILL, KS 66083

Purchaser: NONE
Operator Contact Person: ALVA G. GLAZE
Phone (413): 502 3033

Contractor: Name: R. S. GLAZE DRILLING CO.
License: 5885
Wellsite Geologist: NONE

Designate type of completion
 New Well Re-Entry Workover
 Oil Gas Dry
 SIB EMB Other (Core, W.M., Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Comp. Date: _____ Old Total Depth: _____
Beeswing _____ Re-part. _____ Conv. to Inj/SIB _____
Plug Back _____ PSTB _____
Casinghead _____ Socket No. _____
Dual Completion _____ Socket No. _____
Other (SIB or Inj?) Socket No. _____
8-20-97 8-22-97 8-23-97
Spud Date Date Rescued ID Completion Date

API No. 15-091-227940000
County JOHNSON
C - SW - NW - SW Sec. 12 Twp. 15 Rge. 24
1650 feet from S/E (circle one) Line of Section
4950 feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name ADAMS Well # 5
Field Name OSBORN
Producing Formation BARTLESVILLE
Elevation: Ground 1070 TB _____
Total Depth 860 PSTB _____
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 860
feet depth to SURFACE w/ _____ at est.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Downgrading method _____
Location of fluid disposal if hauled offsite:
Operator Name MAR 24 2000
Lease Name _____ License No. _____
Quarter WICHITA KS Twp. _____ S. Ang. _____ E/W _____
County _____ Section No. _____

Alt 2-Dlg-3/309

RECEIVED

KANSAS CORPORATION COMMISSION

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 _____
Title OWNER Date 3/9/00
Subscribed and sworn to before me this 9th day of February
79 28.
Notary Public _____
Date Commission Expires _____

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
Distribution
_____ CCC _____ SIB/Log _____ NCPA
_____ CGS _____ Plug _____ Other
(Specify)

5/23/98

SIDE TWO

Operator Name P. S. GLAZE DRILLING CO. Lease Name ADAMS Well # 5
 Sec. 12 Twp. 15 Rge. 24 East West
 Country 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.)
 List All E-Logs Run:

Log Formation (Top), Depth and Bottom Sample
 Name Top Bottom

DRILLERS LOG ATTACHED

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 Additive
SURFACE	8"	"		20	PORTLAND	6	WATER
PRODUCTION	6"	4 1/2"		844	DEPRESSURIZED CEMENT JOB BY CONSOLIDATED WELL SERV		

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	Sacks Used	Type and Percent Additive
Perforate				
Protect Casing				
Plug Back To				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plug Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth
	NOT YET PERFORATED	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date of First, Resumed Production, B/D or I/A:	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)							
Estimated Production Per 24 Hours	Oil	Wts.	Gas	Wcf	Water	Wbs.	Gas-Oil Ratio	Gravity

Disposition of Well: Ventured Sold Used on Lease (if ventured, submit ACD-12.)

METHOD OF COMPLETION: Open Hole Perf. Quality Comp. Cemented Other (Specify) _____

Production Interval: _____

*CORRECTED

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 _____ PBTB _____

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) Docket No. _____

8/20/97 8/22/97 *waiting on completion
 Spud Date Date Reached TD Completion Date

API NO. 15- 091-227940000

County Johnson

C -SW- NW - SW Sec. 12 Twp. 15 Rge. 24 E W

1650 Feet from (9)N (circle one) Line of Section

4950 feet from (8)W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner

NE, (8)E, NW or SW (circle one)

Lease Name ADAMS Well # 5

Field Name * Stilwell

Producing Formation Bartlesville

Elevation: Ground 1070' KB _____

Total Depth 860' PBTB _____

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 * 847

feet depth to surface w/ * 111 sx cmt.

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

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. S Rng. E/W

County _____ Docket No. _____

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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 [Signature]

Title Geologist Date 1-26-99

Subscribed and sworn to before me this 26 day of January

19 99.
Notary Public Sean Burward

Date Commission Expires 4-10-02

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)

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 Adams Well # 5
 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 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 (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: <p style="text-align: center;">Gamma Ray Neutron</p>	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum
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Casing Record <input 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	6	None
* Production	6 3/4"	2 7/8"		847'	50/50 poz	111	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	810.0-818.0	Frac gel with 4000# of sand

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.			Producing Method				
Waiting on completion			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 15	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 _____
 (If vented, submit ACO-18.) Other (Specify) _____

FORM MUST BE TYPED

* CORRECTED #2

SIDE ONE

ORIGINAL

COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACC-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 091-22794-0000

County Johnson

C - SW - NW - SW sec. 12 Twp. 15 Rge. 24 ^X E W

1650 Feet from (S)N (circle one) Line of Section

4950 Feet from (E)W (circle one) Line of Section

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

Lease Name Adams Well # 5

Field Name Stilwell

Producing Formation Bartlesville

Elevation: Ground 1070' KB N/A

Total Depth 860' PBTD N/A

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from 847

feet depth to surface w/ 111 sx cmt.

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:

RECEIVED
KANSAS CORPORATION COMMISSION

Operator Name

Lease Name MAR 24 2000 License No.

Quarter Sec. Twp. S Rng. E/W

County CONSERVATION DIVISION
WICHITA, KS Docket No.

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 SIOW 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 PBTD
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

8/20/97 8/22/97 * 3/10/98
Spud Date Date Reached TD Completion Date

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 03-23-00

Subscribed and sworn to before me this 23 day of March 19 2000

Notary Public *[Signature]*

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 Adams

Well # 5

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.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

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

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

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
N/A				
Date of First, Resumed Production, SMD or Inj. * 3/10/98	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) N/A			
Estimated Production Per 24 Hours	Oil Bbls. N/A	Gas Mcf 15	Water Bbls. 0	Gas-Oil Ratio N/A Gravity N/A

Disposition of Gas: **METHOD OF COMPLETION**

Vented Sold Used on Lease (If vented, submit ACO-18.)

Open Hole Perf. Quality Comp. Commingled

Other (Specify) _____

Production Interval _____

