

ORIGINAL ✓

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACQ-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: _____
Operator Contact Person: ALVA G. GLAZE
Phone (1-3): 502 2072
Contractor: Name: R. S. GLAZE DRILLING CO.
License: 5885
Wellsite Geologist: NONE

Designate Type of Completion
 New Well Re-Entry Workover
 Oil GND SIGW Temp. Abd.
 Gas EMER SIGW
 Dry Other (CO₂, WAG, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Comp. Date: _____ Old Total Depth: _____
Reopening Re-perf. Conv. to In/GND
Plug Back PETS
Casinghead Bucket No. _____
Dual Completion Bucket No. _____
Other (GND or In?) Bucket No. _____
8 23 97 8 24 97 8 25 97
Spud Date Date Reached TD Completion Date

API NO. 15- 091 227930000
County JOHNSON
-NE- Sec 2 Twp 15 Rge. 24 ^{xxx}
2970s. feet from E/W (circle one) Line of Section
1980e feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corners
NE, SE, NW or SW (circle one)
Lease Name ADAMS Well # #4
Field Name OSBORN
Producing Formation BARTLESVILLE
Elevation: Ground 1070 ES
Total Depth 860 PETS
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/ _____ sq. mt.
Drilling Fluid Management Plan ATFZ-Dlg-3/3/09
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Bouncing method used _____
Location of fluid storage RECEIVED KANSAS CORPORATION COMMISSION
Operator Name _____
Lease Name MAR 24 2000 License No. _____
Quarter Sec. _____ Twp. _____ Rge. _____ E/W
County WICHITA, KS Bucket 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 _____
Title OWNER Date 3/9/98
Subscribed and sworn to before me this 9th day of February
19 98.
Notary Public David P. ...
Date Commission Expires _____

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
Distribution
 EOC Sub/Rep MCA
 KCS Plug Other
(Specify)

5/22/98

SIDE TWO

Operator Name R. S. GLAZE DRILLING CO. Lease Name ADAMS Well # 4
 Sec. 12 Twp. 15 Rpt. 24e 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 pressure, 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. Log Run

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 WELL LOG ATTACHED

CEMENT 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"	7"		20	portland	6	water
production	6 1/4"	4"		845	consolidated well serv.		

ADDITIONAL CEMENT/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 Yes No

Date of First, Resumed Production, S&D or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil Mbs. Gas Mcf Water Mbs. Gas-Oil Ratio Gravity

Disposition of Gas: Ventured Sold Used on Lease (if ventured, submit ACC-12.) METHOD OF COMPLETION Open Hole Perf. Shallow 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. _____

8/23/97 8/24/97 *waiting on completion
Spud Date Date Reached TD Completion Date

API NO. 15- 091-227930000
County Johnson
-CS/2- SW - NE Sec. 12 Twp. 15 Rge. 24 E
2970 Feet from N (circle one) Line of Section
1980 feet from W (circle one) Line of Section

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

Lease Name ADAMS Well # 4
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/ * 156 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. _____

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 1-26-99
Subscribed and sworn to before me this 26th day of January, 1999.
Notary Public Susan L Forward
Date Commission Expires 4/002

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 Appl. Expires 4/002

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Adams Well # 4
 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: Gamma Ray Neutron	<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 1/4"	2 1/2"		847'	50/50 poz	156	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
4	774.0-780.0	15% HCl

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. Waiting on completion				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 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.) Production Interval
 Other (Specify) _____

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

ORIGINAL

API NO. 15- 091-22793-0000

County Johnson

-CS/2- SW - NE Sec. 12 Twp. 15 Rge. 24 X E
W

2970 Feet from (S)N (circle one) Line of Section

1980 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 # 4

Field Name Stilwell

Producing Formation Bartlesville

Elevation: Ground 1070' KB N/A

Total Depth 860' PBDT 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/ 156 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 RECEIVED hauled offsite:
KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name MAR 24 2000 License No. _____

Quarter Sec. Twp. S Rng. E/W

CONSERVATION DIVISION
County 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

X New Well Re-Entry Workover

Oil SWD S10W Temp. Abd.

X Gas ENHR S10W

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. _____

8/23/97 8/24/97 * 6/1/98

Spud Date Date Reached TD Completion Date

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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 _____

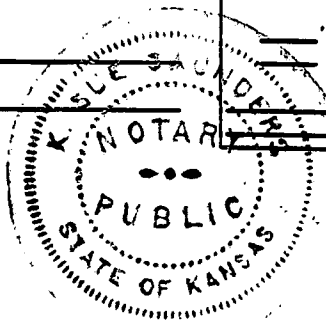
Title Geologist Date 03-23-00

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

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 Adams Well # 4
 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 (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 <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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
N/A							
Date of First, Resumed Production, SUD or Inj. * 6/1/98			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 Bbls. N/A	Gas Mcf 15	Water Bbls. 0	Gas-Oil Ratio N/A	Gravity N/A		

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

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

Production Interval: Other (Specify) _____