

*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 _____ PBTD _____

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) Docket No. _____

8/19/97 8/20/97 * 4/1/98
 Spud Date Date Reached TD Completion Date

API NO. 15- 091-227910000

County Johnson

CN/2- NE - NE - SW Sec. 12 Twp. 15 Rge. 24 E

2490 S Feet from S/N (circle one) Line of Section

2970 E 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 # 3

Field Name Stilwell

Producing Formation Bartlesville

Elevation: Ground 1070' KB _____

Total Depth 880' PBTD _____

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 855

feet depth to surface w/ * 112 sx cmt.

Alt 2-Dlg - 3/3/09

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, 19 99.

Notary Public Susan L Forward
Date Commission Expires 4-10-02

SUSAN L. FORWARD
 Notary Public
 State of Kansas
 My Appt. 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)

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Adams Well # 3
 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"	4 1/2"		855'	50/50 poz	112	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	720.0-726.0	Frac gel with 4000# of sand
* 4	795.0-805.0	

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		
4/1/98			<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbl. N/A	Gas 50 Mcf	Water 0 Bbls.	Gas-Oil Ratio 0	Gravity

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, submit ACO-18.) Other (Specify) _____

RECEIVED
 ANSAS CORP. CO.