POWN ROAT ME TIPES	THE GRE
STATE COMPORATION COMMISSION OF MANSAS	WI W. 15- 191227820000
OIL & GAS CONSERVATION DIVISION WILL COMPLETION FORM	termy johnson
ACO-1 WELL HISTORY	
DESCRIPTION OF WELL AND LEASE	
Opuretors License # 5885	1650c feet from 8/8 (circle era) time of Section
R.S. GLAZE DRILLING CO.	3780 p feet from E/W (direle ene) Line of Section
22139 S. VICTORY ROAD	Postages Salculated from Hearest Dutaids Section Corners ME, ME, NV or BM (circle one)
thy/state/lip Spring Hill us 6608	Conse NoneADAMS Unit # ##
Purchasers	Productor Parentles BARTLESVILLE
Sperater Contact Person: ALVA G. GLAZE	Elevation: Ground 1070 ID
Note (013) 502 2033	Total Depth 880 PETD
Contractor: Name: R S GLAZE DRILLING CO	
Licenses 5885	Amount of Surface Pipe Set and Covented at Feet
Wellsite Seelegists NONE	Ruitiple Stage Committing Coller Used?Yes
Sealgrate Type of Completion	If you, show depth setFeet
X Hou Held Se-Entry Herkover	If Alternate II completion, semant circulated from 880
OIL SIGN SIGN Temp, Abd. ENER SIGN SIGN Temp, Abd. Other (Core, MW, Expl., Cathodic, et	feet thath to surface w 160 as mt. britting fluid Management Plan Al+2-Dig-3/3/6
Dry Other (Core, MW, Expl., Cethodic, et	tes Britting Fluid Hanagement Plan Alta -Dig - 3/3/0
If Workever/Regntry: Sid Well Info as follows:	(Date must be collected from the Roserve Pit)
Operators	Chieride sententpps Fiuld volumbis
Well flows:	Securitaring particul upon
Comp. Data Old Total Depth	Lesetien of fluifiliation Phonist office:
Despening Re-part, Conv. to inj/StD	KANSAS CORPORATION COMMISSION
Plus Book PSTB	Operator Name
Plup dock Completion Booket No. Duni Completion Docket No.	Lease Hame MAR 2 4 2000 License No.
Other (AG or Inj?) Dettet 86.	Buenter Sec Tip 8 Bng E/N
8 10 07 8 11 97 8 17 07 Soud Date Sate Seached ID Completion Sate	CONSERVATION DIVISION TO WICHTA, KC
	Wichilly, Re
ENSTRUCTIONS: An original and two copies of this form the	all be filed with the Kernes Corporation Commission, 130 S. Harket
IRule #2-3-130, #2-3-106 and #2-3-107 apply. Information	the apul date, recompletion, nurhower or personates of a well. On side two of this form will be held perfidently for a period of
is another of requested in writing and subsisted with	the form (see rule \$2-5-107 for confidentiality in excess of 12 it report shall be attached with this form. ALL CEMENTING FICKETS }
MENT ME ATTACHED. Submit CF-4 form with all plumped	wells. Samit CP-111 form with all temperarily mandoned wells.
All requirements of the statutes, rules and reprinting press	ulgeted to regulate the cil and gos industry have been fully compiled
with and the asatements-herein are samplete and correct to	s the best of my inextedge.
Signature	E.C.C. SYFICE USE ONLY
	219190 E Lotter of Confidentiality Attached
Subsected and quarit to before as this 2 day of 10.	
10 III.	Distribution
Botory Malie The The January	CCC SED/Rep MEPA
Bete Camissian Expires	(Apac(fy)
	and the same state of the same

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العامو

perator Name _R_S		DRILLING CO.	Loose Name	ADAMS		_ will #	#2
e. <u>12</u> 74- <u>15</u>	اد ا ــــ 24 ، 18 9	⊠ _{Cest}	CHARTY	_iohnso	n		· . • · ·
STRUCTICAR: Show i	opertant tope o tool open a button hole to	and base of formations of elected flowing a superstance, field rese	and shut-in pres	marak, ahati	her shut-in pre	COURS FOR	thed static ico
ill Stee Teats Take		□ ₇₀₀ ∤□ ₈₀	D Los	Formation	n (Top), Bepth	and Return	D sample
lenellibbA duallA) Block to the select		🗅 🖡 🕸 🐽	Remo		Tep		Petus
ree Taken		□ _{7ee} x52 se		Wett	_ LOG		
ectric Leg Run (Subsit Copy.)		□ ₇₀₀ ×⊠ ₈₀₀ ·		ATTCA			
ist All E.Logn Mens							-
							. •
··· 1 ··· 1 ··· 1 ··· 1 ··· 1 ·· 1 ··· 1	Report of	CASING RECORD (strings set-candu	XXII BON [] U	red ntermediate,	¥X production, et		
Purpose of String	Size Sole Orfiled	Size Casing Set (in 0.5.)	lieight Lim./ft.	Detting Depth	Type of Comment	# Sacks Used	Type and Percen
SURFACE	8	7"		20	portlan	6	water
producti	on 6 1/4	2 7/8		860	consolida	ced	50/50 poz
			<u> </u>	<u> </u>	<u></u>		<u> </u>
Purpose:	Septh Septh	EVENTINA/MARKEZ NZC	<u> </u>				
Perforate	Top Bettes	Type of Count	Macks Used		Type and Percen	t Additive	•
Protect Couling							
Plus Off Zens	ТОИ	YET PERFORA	TED	<u> </u>			
Shots For Faut	PERFORATION Specify Feets	i RECORD - Bridge Pic pe of Each Interval (upe Set/Type Perfereted	Acid, Charant an	frecture, Shot, d Kind of Meter	Coherit Sq (al Used)	poeze Record Depth
					-		_}
		· · · · · · · · · · · · · · · · · · ·					
				 		·	
TUBING RECORD	\$1 ze	Set At	Packer At	Liner men	D , []	tto.	
Date of First, Resu	ned Production	, that or Inj. Prod	Licing Nethod	Levine Da	mping D to L	1ft D on	ther (Explain)
Estimated Production Per 34 Nours	n Gil	Shis. Gas	Mef Note				Arwrity
Disposition of Bas: Ventual Sold Cif ventual, and	D thed on	_	alota Perf.	D mails	comp. Com		

SIDE ONE

County_

API NO. 15- 091-227820000

Johnson

ORIGINAL

FORM MUST BE TYPED

STATE CORPORATION COMMISSION OF KANSAS
OI& GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY

ACO-1 WELL HISTORY DESCRIPTION OF WELL AND LEASE 1550	WELL COMPLETION FORM	<u>x</u> E
Coperator: 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 X New Well Re-Entry Workover Oil SWD SION Temp. Abd. X Gas ENHR X SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover: Well Name: Comp. Date Old Total Depth Comp. Date Old Total Depth Comp. Date Old Total Depth Commingled Docket No. Quarter Sec. Twp. S Rng. Commingled Docket No. Quarter Sec. Twp. S Rng.		CW/2-SW - NE - SW Sec. 12 Twp. 15 Rge. 24 W
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 X New Well Re-Entry Workover Oil SWD SIOW Temp. Abd. X Gas ENHR X SIOW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover: Operator: Operator: Odd Total Depth Comp. Date Old Total Depth Comp. Date Despening Re-perf. Conv. to Inj/SWD Commingled Docket No. PBTD Lease Name ADAMS Well # 2 Field Name Stilvell Producing Formation Bartlesville Fleavation: Ground 1070' KB Fleid Name Stilvell Total Depth 880' PBTD Amount of Surface Pipe Set and Cemented at 20 Multiple Stage Cementing Collar Used? Yes x If yes, show depth set N/A If Alternate II completion, cement circulated from 8 feet depth to surface w/ 160 Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content ppm Fluid volume Dewatering method used Location of fluid disposal if hauled offsite: Operator Name License No. Quarter Sec. Twp. S Rng.	DESCRIPTION OF WELL AND LEASE	feet from S/N (circle one) Line of Section
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 Well # 2 Producing Formation Bartlesville Elevation: Ground 1070' KB Total Depth 880' PBTD Amount of Surface Pipe Set and Cemented at 20 Multiple Stage Cementing Collar Used? Yes x Multiple Stage Cementing Collar Used? Yes x If yes, show depth set N/A Designate Type of Completion X New Well Re-Entry Workover Oprator: Operator: Operator: Operator: Comp. Date Old Total Depth (Data must be collected from the Reserve Pit) Chloride content ppm Fluid volume Dewatering method used Location of fluid disposal if hauled offsite: Operator Name: License No. Quarter Sec. Twp. S Rng.	Operator: License # * 32294	3780 feet from (E)/W (circle one) Line of Section
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: None Designate Type of Completion X New Well Re-Entry Workover Oil SWD SIOW Temp. Abd. X Gas ENHR X SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover: Operator: Operator: Comp. Date Old Total Depth Despening Re-perf. Conv. to Inj/SWD Commingled Docket No. Quarter Sec. Twp. S Rng.		Footages Calculated from Nearest Outside Section Corner
State Akama Natural Gas, L.L.C. Field Name	Address: * 9401 Indian Creek Pkwy., #40, Suite 440	NE, SE NW or SW (circle one)
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 X New Well Re-Entry Workover: Oprator Other (Core, WSW, Expl., Cathodic, etc) If Workover: Operator: Well Name: Comp. Date Old Total Depth Old Total Depth Despening Re-perf. Conv. to Inj/SWD Pield Name Stilwell Producing Formation Bartlesville Elevation: Ground 1070' KB Total Depth 880' PBTD Amount of Surface Pipe Set and Cemented at 20 Multiple Stage Cementing Collar Used? Yes x If yes, show depth set N/A If Alternate II completion, cement circulated from 8 feet depth to surface w/ 160 Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content ppm Fluid volume Dewatering method used Location of fluid disposal if hauled offsite: Operator Name License No. Quarter Sec. Twp. S Rng.	City/State/Zip * Overland Park, KS 66210	Lease Name ADAMS Well # 2
Producing Formation Bartlesville Phone *(913) 327-1831 Contractor: Name: R. S. Glaze Drilling Co. License: 5885 Wellsite Geologist: None Designate Type of Completion X New Well Re-Entry Workover If Alternate II completion, cement circulated from 8 Oil SWD SIOW Temp. Abd. X Gas ENHR X SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) Well Name: Comp. Date Old Total Depth Core. Core. to Inj/SWD Coperator: Complete Despening Re-perf. Conv. to Inj/SWD Commingled Docket No. Quarter Sec. Twp. S Rng.		Field Name Stilwell
Phone *(913) 327-1831 Contractor: Name: R. S. Glaze Drilling Co. License: 5885 Wellsite Geologist: None Designate Type of Completion X New Well Re-Entry Workover Oil SWD SIOW Temp. Abd. X Gas ENHR X SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover: Operator: Operator: Well Name: Comp. Date Old Total Depth Despening Re-perf. Conv. to Inj/SWD Commingled Docket No. PBTD Total Depth 880' PBTD Amount of Surface Pipe Set and Cemented at 20 Multiple Stage Cementing Collar Used? Yes x If yes, show depth set N/A If Alternate II completion, cement circulated from 8 Feet depth to surface w/ 160 Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content ppm Fluid volume Dewatering method used Location of fluid disposal if hauled offsite: Comp. Date PBTD Lease Name License No. Quarter Sec. Twp. S Rng.		Producing FormationBartlesville
Total Depth	Operator Contact Person:* Steve Allee	Elevation: Ground 1070' KB
Amount of Surface Pipe Set and Cemented at 20 License: 5885 Wellsite Geologist: None Designate Type of Completion X New Well Re-Entry Workover If Alternate II completion, cement circulated from 8 X Gas ENHR X SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover: Operator: Operator: Comp. Date Old Total Depth Despening Re-perf. Conv. to Inj/SWD Despening Re-perf. Conv. to Inj/SWD Commingled Docket No. Quarter Sec. Twp. S Rng.	Phone *(913) 327-1831	
Wellsite Geologist: None Designate Type of Completion X New Well Re-Entry Workover If Alternate II completion, cement circulated from 8 Oil SWD SIOW Temp. Abd. X Gas ENHR X SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover: Operator: Well Name: Comp. Date Old Total Depth Location of fluid disposal if hauled offsite: Deepening Re-perf. Conv. to Inj/SWD Operator Name Plug Back PBTD Lease Name License No. Multiple Stage Cementing Collar Used? Yes x If yes, show depth set N/A If yes, show depth set N/A If yes, show depth set N/A If Alternate II completion, cement circulated from 8 Feet depth to surface w/ 160 F	Contractor: Name: R. S. Glaze Drilling Co.	
Wellsite Geologist: None Designate Type of Completion X New Well Re-Entry Workover If Alternate II completion, cement circulated from 8	License: 5885	
Designate Type of Completion X	Wellsite Geologist: None	l
Oil SWD SIOW Temp. Abd X Gas ENHR	Designate Type of Completion	If yes, show depth setFeet
X Gas ENHR X SIGW	X New Well Re-Entry Workover	If Alternate II completion, cement circulated from 867
X Gas ENHR X SIGW	OilSWDSIOWTemp. Abd.	
Dry Other (Core, WSW, Expl., Cathodic, etc) Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content	i	feet depth to surface w/ 160 sx cmt.
If Workover: Operator: Well Name: Comp. Date Old Total Depth Deepening Re-perf. Conv. to Inj/SWD Plug Back PBTD Commingled Docket No. (Data must be collected from the Reserve Pit) Chloride content ppm Fluid volume Dewatering method used Location of fluid disposal if hauled offsite: Operator Name License No. Quarter Sec. Twp. S Rng.	<u></u>	
If Workover: Operator: Well Name: Comp. Date Old Total Depth Deepening Re-perf. Conv. to Inj/SWD Plug Back PBTD Commingled Docket No. (Data must be collected from the Reserve Pit) Chloride content ppm Fluid volume Dewatering method used Location of fluid disposal if hauled offsite: Operator Name License No. Quarter Sec. Twp. S Rng.		Drilling Fluid Management Plan
Operator: Chloride content ppm Fluid volume Well Name: Dewatering method used Comp. Date Old Total Depth Location of fluid disposal if hauled offsite: Deepening Re-perf. Conv. to Inj/SWD Operator Name Plug Back PBTD Lease Name License No. Commingled Docket No. Quarter Sec. Twp. S Rng.	If Workover:	
Comp. Date Old Total Depth Location of fluid disposal if hauled offsite: Deepening Re-perf. Conv. to Inj/SWD Operator Name Plug Back PBTD Lease Name License No. Commingled Docket No. Quarter Sec. Twp. S Rng.		Chloride contentppm Fluid volumebbls
Comp. Date Old Total Depth Location of fluid disposal if hauled offsite: Deepening Re-perf. Conv. to Inj/SWD Operator Name Plug Back PBTD Lease Name License No. Commingled Docket No. Quarter Sec. Twp. S Rng.	Well Name:	Dewatering method used
Plug Back PBTD Lease Name License No. Commingled Docket No. Quarter Sec. Twp. S Rng.	Comp. Date Old Total Depth	Location of fluid disposal if hauled offsite:
Plug Back PBTD Lease Name License No. Commingled Docket No. Quarter Sec. Twp. S Rng.	Deepening Re-perf Conv. to Inj/SWD	Operator Name
Commingled Docket NoS RngS	Plug Back PBTD	Lease NameLicense No.
Dual Completion Docket No County Docket No	Commingled Docket No.	Quarter Sec. Twp. S Rng. E/W
	Dual Completion Docket No.	County Docket No.
Other (SWD or Inj?) Docket No.	i	
8/10/97 8/11/97 *waiting on completion Spud Date Date Reached TD Completion Date	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. Mark		

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 formation 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 were the submitted submitted with the submitted submitted submitted submitted with this form.

Signature Alle	
Title <u>Cealogist</u>	Date 1-26-99
Subscribed and sworn to before me this 264 da 19 96.	y of January.
Notary Public Sus Banward	0
Date Commission Expires 410-02	

SUSAN L. FORWARD

Notary Public State of Kansas

My Appt. Expires 410-02

ORIGINAL

SIDE TWO

Operator Name O	sborn Energy,	L.L.C.		Lease Name	Adams		Well	#:	2	
Sec. 12 Twp. 15	Rge. 24	East		County _	Johnson					_
	<u> </u>	☐ West								
NSTRUCTIONS: Show nterval tested, tir ydrostatic pressure heet if more space:	me tool open s, bottom hole	and closed, fl e temperature,	owing a	and shut-in	pressures, wh	ether shut-:	in pressur	e reache	d static 1	leve
		*								
Drill Stem Tests To (Attach Additional		Yes	No.	□⊾⊲	og Formati	on (Top), De	pth and Da	tums	☐ Sample	
Samples Sent to Geo	ological Surve	y 🗌 Yes	ои 🔀	i Name		Тор			Datum	
Cores Taken		☐ Yes 2		i ! !						
Electric Log Run (Submit Copy.)		⊠ _{Yes} [□ №	 						
List All E.Logs Ru	n:			! !						
	Gamma Ray N	eutron		 						
		Casing Record		New [Used					
	Report al	l strings set-c	onductor	r, surface, i	ntermediate,	production,	etc.	1		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D		Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Additive	d Percent es	
Surface	8″	! ! 7″ !			20′	Portland	6	None		
Production	6 %"	2 7/8"			867′	50/50 poz	160	2% ge	1	
			<u> </u>			i !	<u>i</u> !	<u> </u>		
	<u> </u>	<u> </u>				<u>i</u>	<u>i </u>	<u>i </u>		
		ADI	DITIONAL	CEMENTING/S	QUEEZE RECORD					
Purpose:	Depth	Towns of Constant	40.	acks Used	Time	and Bargant	Addition			
Perforate	l Top Bottom	Type of Cement	#50	acks Used	Type	and Percent	Additives			
Protect Casing	}	 								
Plug Back TD	!	! 			-					
Plug Off Zone	! !	!								
Shots Per Foot		RECORD - Bridge ge of Each Inte				acture, Shot nd Kind of M			ecord Depth	
* 4	796-802			· · ·	250 gal. o	f 15% HCl ac:	id	1		
				- "	!					
	<u></u>							-		
		<u>.</u>		181811111111111111111111111111111111111						
TUBING RECORD	Size	Set At		Packer At	Liner Run	Yes	⊠ _N	ro		
Date of First, Resu		, SWD or Inj.		ing Method /A	Flowing [Pumping	Gas Lift	;	her (Explai	n)
Estimated Production Per 24 Hours	n Oil	Bbl. Gas	15	Mcf Wat	er Bbls.	Gas-O	il Ratio 0		Gravity	
Disposition of Gas:	METHOD OF C	OMPLETION		Producti	on Interval	· · · · · · · · · · · · · · · · · · ·				
□Vented □Sold	Used on L	ease 🔲	Open Ho	le 🛛 Perf	Dually	Comp.	Comming	rled		
(If vented, submit	ACO-18.)	2	am /5::	aif\ a=a-						
		Oth	er (Spe	cify) SIGW						

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API NO. 15- 091-22782-0000

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

ACD-1 WELL HISTORY	County Johnson
DESCRIPTION OF WELL AND LEASE	CW/2- SW - NE - SW sec. 12 Twp. 15 Rge. 24 x E
Operator: License # 32294	
Name: Osborn Energy, L.L.C.	
	_
Address <u>* 24850 Farley</u>	Footages Calculated from Nearest Outside Section Corner: NE, SE, NW or SW (circle one)
City/State/Zip * Bucyrus, Kansas 66013	Lease Name Adams Well # 2
Purchaser: Akawa Natural Gas, L.L.C.	Field Name Stilwell
Operator Contact Person: Steve Allee	Producing Formation Bartlesville
Phone (913) * 533-9900	Elevation: Ground 1070' KB N/A
Contractor: Name: R. S. Glaze Drilling Company	Total Depth 880' PBTD N/A
License:5885	Amount of Surface Pipe Set and Cemented at 20 Feet
Wellsite Geologist: Rex Ashlock	Multiple Stage Cementing Collar Used? Yes _X No
	If yes, show depth set Feet
Designate Type of CompletionXNew Well Re-Entry Workover	If Alternate II completion, cement circulated from 867
Oil SWD SIOW Temp. Abd. X Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc)	feet depth to surface w/ 160 sx cmt.
.	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
If Workover:	
Operator:	Chloride content N/A ppm Fluid volume 500+/- bbls
Well Name:	Dewatering method usedevaporation
Comp. Date Old Total Depth	Location of fluid disposatify hapled offsite:
Deepening Re-perf Conv. to Inj/SMD	KANSAS CORPORATION COMMISSION
Plug Back PBTD Commingled Docket No.	Operator Name
Dual Completion Docket No.	Lease Name MAR 2.4 2000 License No.
Other (SWD or Inj?) Docket No.	Quarter Sec Twp \$ RngE/W
8/10/97 8/11/97 * 6/1/98 Spud Date Date Reached TD Completion Date	County CONSERVATION DIVISION WIGHTA. K. Bocket No.
	Widinity, NO
Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 12 months if requested in writing and submitted with the months). One copy of <u>all</u> wireline logs and geologist well results. Submit CP-4 form with all plugged well	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 eport shall be attached with this form. ALL CEMENTING TICKETS is. Submit CP-111 form with all temporarily abandoned wells.
with and the statements herein are complete and correct to the	ated to regulate the oil and gas industry have been fully complied a best of my knowledge.
Signature Signature	
	K.C.C. OFFICE USE ONLY F Letter of Confidentiality Attached
Subscribed and sworn to before me this 23 day of Man	C Wireline Log Received
192000	Distribution
Notary Public K. Sue Saunda	KCC SMD/Rep NGPA KGS Plug Other
Date Commission Expires 4-19-2003	(Specify)
Artic Section.	
The state of the original state of the origi	TARY (7-91)
The state of the s	TARY 7. Form ADD-1 (7-91)
	TARY (7-91) BLIC
	BLIC
A PARTITION OF THE PROPERTY OF THE PARTITION OF THE PARTI	BLIC

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SIDE TWO

Operator Name Osb	orn Energy, L.	L.C.	Lease Name	• Ada	ıms	Well #	2
Sec. 12 Tup. 15	_ Rge <u>24</u> _	East West	County	Johnson			
INSTRUCTIONS: Show interval tested, time hydrostatic pressure if more space is nee	me tool open a s, bottom hole	ind closed, flowi temperature, flui	ng and shut-in pre	ssures. Whet	her shut-in pro	ssure rea	ched static lave
Drill Stem Tests Tak (Attach Additiona		□ Yes 🗵 No	Log	Formatio	n (Top), Depth	and Datum	Sample
Samples Sent to Geol	ogical Survey	☐ Yes ☒ No	Name		Тор		Datum
Cores Taken		☐ Yes 🗵 No					
Electric Log Run (Submit Copy.)		☐ Yes ☒ No					
List All E.Logs Run:							
		CASING REC	ORD X New D U				
	Report a	ll strings set-co	ں لے New کے nductor, surface, i	sed ntermediate,	production, et	c.	
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							
Production							
	ADDITIONAL						
Purpose:	Depth	EMENTING/SQUEEZE	RECORD				
Perforate	Top Bottom	Type of Cement	#Sacks Used		Type and Percen	t Additive	\$
Protect Casing Plug Back TD Plug Off Zone							
	<u></u>						
Shots Per Foot	PERFORATION Specify Footag	RECORD - Bridge e of Each Interv	Plugs Set/Type al Perforated	Acid, (Amount an	Fracture, Shot, d Kind of Mater	Cement Sq ial Used)	peeze Record Depth
		<u></u>				1#	
·					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		•					
TUBING RECORD N/A	Size	Set At	Packer At	Liner Run	🗆 Yes 🗵	No	
ate of First, Resume * 6/1/9		SWD or Inj. Pr	oducing Method F	lowing Deur	mping Gas L	ift Ot	her (Explain)
stimated Production Per 24 Hours	oil N/A	Bbls. Gas	Mcf Water	Bbls.	Ges-Oil N/A	Ratio	Gravity N/A
sposition of Gas:	NETHOD OF	COMPLETION		Pro	oduction Interv		N/A
Vented Sold (If vented, subm	Used on Latt ACO-18.)	••••	en Hole X Perf.				
		□ ₀₁	her (Specify)				