

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACC-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 (City) 502 2032

Contractor: Name: R. S. GLAZE DRILLING CO.

License: 5885

Wellsite Geologist: NONE

Designate Type of Completion

New Well Re-Entry Workover

Oil ND S/GW Temp. Abd.
 Gas DMR S/GW
 Dry Other (Core, VAV, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/ND
 Plug Back PSTB
 Cementing Bucket No. _____
 Dual Completion Bucket No. _____
 Other (ND or Inj?) Bucket No. _____

8 10 97 8 11 97 8 12 97
Spud Date Date Reached TD Completion Date

API NO. 15- 091227820000

County Johnson

SW Sec 12 Top 15 Rgn. 24e

1650 feet from S/E (circle one) line of Section

3780 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 # #0

Field Name OSBORN

Producing Formation BARTLESVILLE

Elevation: Ground 1070

Total Depth 880 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 880

feet depth to surface W 160 at int.

Drilling Fluid Management Plan Att 2 - Dlg - 3/3/09
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Spontaneous method used _____

Location of fluids RECEIVED handled offsite:
KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name MAR 24 2000 License No. _____

Quarter _____ Sec. _____ Top _____ S. Rgn. _____ E/W

County WICHITA, KS Section 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 2/19/98

Subscribed and sworn to before me this 9th day of February 19 98.

Notary Public Daniel A. H. [Signature]

Date Commission Expires _____

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
Distribution
 ECC ND/RAD NEPA
 KGS Plug Other (Specify)

5/23/98

SIZE TWO

Operator Name R.S. GLAZE DRILLING CO. Lease Name ADAMS Well # #2

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 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.)

Sample Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E-Log Runs

Log Formation (Top), Depth and Return Sample

Name Top Return

WELL LOG
 ATTACHED

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used <input checked="" type="checkbox"/>							
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	2 7/8		860	consolidated		50/50 poz

ADDITIONAL CEMENT/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	Sacks Used	Type and Percent Additive
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back To <input type="checkbox"/> Plug Off Zone				
NOT YET PERFORATED				

Shots Per Foot	PERFORATION RECORD - Bridge Plug Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Sustained Production, W.D. or Inj.	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	Mbls.	Gas	Mcf	Water	Mbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Ventured Sold Used on Lease (If ventured, submit AED-18.)

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

Production Interval _____

CORRECTED

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: 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. _____

8/10/97 8/11/97 *waiting on completion
Spud Date Date Reached TD Completion Date

API NO. 15- 091-227820000
County Johnson
CW/2- SW - NE - SW Sec. 12 Twp. 15 Rge. 24 E W
1650 feet from N (circle one) Line of Section
3780 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 # 2
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 867
feet depth to surface w/ 160 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, 19 99.
Notary Public Susan L. Forward
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

ORIGINAL

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Adams Well # 2
County Johnson
East
Sec. 12 Twp. 15 Rge. 24

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.)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run (Submit Copy.)
List All E.Logs Run: Gamma Ray Neutron
Log Formation (Top), Depth and Datums
Sample Datum

Casing Record
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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
Table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives

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
* 4 796-802 250 gal. of 15% HCl acid

TUBING RECORD
Table with columns: Size, Set At, Packer At, Liner Run, Estimated Production Per 24 Hours, Oil Bbl., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity

Disposition of Gas: METHOD OF COMPLETION Production Interval
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
Other (Specify) SIGW

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACC-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 SLOW 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. _____

8/10/97 8/11/97 * 6/1/98
Spud Date Date Reached TD Completion Date

API NO. 15- 091-22782-0000

County Johnson

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

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

3780 Feet from (E) (circle one) Line of Section

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

Lease Name Adams Well # 2

Field Name Stilwell

Producing Formation Bartlesville

Elevation: Ground 1070' KB N/A

Total Depth 880' PBTD 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 867

feet depth to surface w/ 160 ex 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 landed offsite:

RECEIVED
KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name MAR 24 2000 License No. _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

CONSERVATION DIVISION
WICHITA, KS 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.

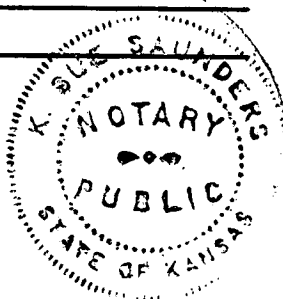
Signature [Signature]

Title Geologist Date 03-23-00

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)

X

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Adams Well # 2
 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
Surface							
Production							

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. * 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

Other (Specify) _____

Production Interval _____