

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's 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 (013) 502 2033

Contractor's Name: R. S. GLAZE DRILLING CO.
License: 5885

Wellsite Geologist: NONE

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIM Temp. Abd.
 Gas ENR SIM
 Dry Other (Coro, WSM, 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/SWD
 Plug Back PSTB
 Cemented Bucket No. _____
 Dual Completion Bucket No. _____
 Other (SWD or Inj?) Bucket No. _____

8 22 97 8 24 97 8 24 97
Spud Date Date Reached IS Completion Date

API No. 15- 15 091 227950000

County JOHNSON

-NE Sec. 12 Twp. 15 Rge. 24e

2970s feet from E/W (circle one) Line of Section

980e 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 # 6

Field Name OSBORN

Producing Formation BARTLESVILLE

Elevation: Ground 1070 ES

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/ _____ or int.

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

ATZ-51g-3/3/09

Chloride content _____ ppm Fluid volume _____ Mls

Seawater method used _____

Location US/REGISTRATION IN NAURIC/W/States

Operator Date MAR 24 2000

Lease Name _____ License No. _____

Conservation Division _____ S Reg. _____ 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 CERTAINING 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 2/9/98
Subscribed and sworn to before on this 9th day of February
19 98.
Notary Public David P. ...
Date Commission Expires _____

DAVID P. ...
STATE OF KANSAS
My Comm. Expires 5/23/98

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
Distribution
 KCC SWD/Rep MOPA
 KGS Plus Other
Record - 2/18/98
(Capacity)
Form ACO-1 (7-91)

Side TMD

Operator Name R. S. GLAZE DRILLING CO. Lease Name ADAMS Well # 6
 Sec. 12 Twp. 15 Rge. 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, size 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 Datum Sample
 Name Top Datum
 WELL 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"	7"		20	portland	6	water
product.	6 1/4	2 7/8		820	CONSOLIDATED		WELL JOB

ADDITIONAL OPERATING/SQUEEZE RECORD					
Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth		Type of Cement	Sacks Used	Type and Percent Additive
	Top	Bottom			

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

TUBING RECORD		Size	Set At	Factor At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Suspected Production, BHD 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	Wts.	Gas	McF	Water	Bbls. Gas-Oil Ratio Gravity

Disposition of Well: Vented Sold Used on Lease (if vented, submit ACD-18.)
 METHOD OF COMPLETION: Open Hole Perf. Sully Comp. Cemented
 Production Interval: Other (Specify) _____

*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. _____

8/22/97 Spud Date 8/24/97 Date Reached TD *waiting on completion Completion Date

API NO. 15- 091-227950000

County Johnson

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

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

980 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 # 6

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 _____ Feet

If Alternate II completion, cement circulated from * 822

feet depth to surface w/ 151 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 _____ Date 1-26-99

Title Geologist

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 Appl. Expires 4-10-02

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Adams Well # 6
Sec. 12 Twp. 15 Rge. 24 [X] 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 [] Yes [X] No Log Formation (Top), Depth and Datums [] Sample
Samples Sent to Geological Survey [] Yes [X] No Name Top Datum
Cores Taken [] Yes [X] No
Electric Log Run [X] Yes [] No
List All E.Logs Run: Gamma Ray Neutron

Casing Record [X] New [] Used
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

TUBING RECORD Size Set At Packer At Liner Run [] Yes [X] No
Date of First, Resumed Production, SWD or Inj. Producing Method N/A [] Flowing [] Pumping [] Gas Lift [] Other (Explain)
Waiting on completion
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 [X] Perf. [] Dually Comp. [] Commingled
Production Interval
(If vented, submit ACO-18.) Other (Specify) SIGW

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-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 SOW 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 PBTB

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

8/22/97 8/24/97 * 6/1/98
Spud Date Date Reached TD Completion Date

API NO. 15- 091-22795-0000

County Johnson

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

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

980 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 # 6

Field Name Stilwell

Producing Formation Bartlesville

Elevation: Ground 1070' KB N/A

Total Depth 880' PBTB 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 822

feet depth to surface w/ 151 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume 500+/- bbls

Deaerating 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 Docket No. _____
WICHITA, KS

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.

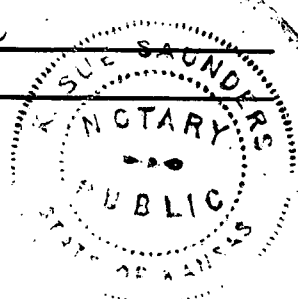
Signature [Signature]

Title Geologist Date 03-23-00

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

Notary Public 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 SLD/Rep NGPA
KGS Plug Other (Specify)

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Adams Well # 6
 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
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) 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** Production Interval

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