

2nd * CORRECTED

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: * Rex Ashlock

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: OSBORN ENERGY, L.L.C (R.S. GLAZE'S)
Well Name: Agnew 1
Comp. Date 10-24-97 Old Total Depth 920'
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
* 3/31/99 10/22/97 waiting on completion
Spud Date Date Reached TD Completion Date

API NO. 15- 091-22823000
County Johnson
C - NW - SE - SW Sec. 12 Twp. 15 Rge. 24 E
990 feet from S/N (circle one) Line of Section
3630 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 Agnew Well # 1
Field Name Stilwell
Producing Formation Hushpuckney
Elevation: Ground 1075' KB _____
Total Depth 920' 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 900
feet depth to surface w/ 166 sx cmt.
WB-DIG-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: KANSAS CORPORATION COMMISSION
Lease Name _____ License No. _____
Quarter Sec. 15 2000 Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

CONSERVATION DIVISION
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 6-16-99
Subscribed and sworn to before me this 16th day of June, 19 99.
Notary Public Sue Annward
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

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Agnew Well # 1
 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	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<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 New 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
* 2	292.0' - 297.0'		
4	744.0' - 748.0'	64 sacks of Portland A	510.0' - 904.0'

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						
Waiting on completion	N/A <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						
Estimated Production Per 24 Hours	Oil N/A	Bbl. 0	Gas 0	Mcf 0	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

Production Interval _____

(If vented, submit ACO-18.) Other (Specify) _____

15A * CORRECTED

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Purchaser: * AKAWA Natural Gas, L.L.C.
Operator Contact Person: * Steve Allee
Phone * (913) 327-1831
Contractor: Name: R. S. GlazeDrilling 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: R.S. GLAZES
Well Name: AGNEW 1
Comp. Date 10-24-97 Old Total Depth 920
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 900' PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
10/20/97 Spud Date 10/22/97 Date Reached TD *waiting on completion Completion Date

API NO. 15- 091-22823000
County Johnson
C - NW - SE - SW Sec. 12 Twp. 15 Rge. 24 E
990 feet from N (circle one) Line of Section
3630 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner
NE, SE NW or SW (circle one)
Lease Name Agnew Well # 1
Field Name * Stilwell
Producing Formation * Hushpuckney
Elevation: Ground 1075' KB
Total Depth 920' PBDT
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 * 900
feet depth to surface w/ * 166 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 [Signature]
Title Geologist Date 1-26-99
Subscribed and sworn to before me this 26th day of January, 19 99.
Notary Public [Signature]
Date Commission Expires 4-00

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 4-00

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Agnew Well # 1
 Sec. 12 Twp. 15 Rge. 24 East County Johnson
 West

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Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run: Gamma Ray Neutron				

Casing Record New 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 1/2"	2 1/2"		900'	50/50 poz	166	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 checked="" type="checkbox"/> Plug Back TD	510.0' - 904.0'	Portland A	64 sacks	
<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	744.0 - 748.0		

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 N/A		<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)		
Waiting on completion								
Estimated Production Per 24 Hours	Oil N/A	Bbl.	Gas 0	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

Production Interval _____

(If vented, submit ACO-18.) Other (Specify) _____