

RCND KCC 1-31-05

UPDATED

11/04

Form ACO-1
September 1999
Form Must Be Typed

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

OR

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: Susie Glaze dba Glaze Drlg 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/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled Docket No. 195,304-C
 Dual Completion Docket No. (C-28,554)
 Other (SWD or Enhr.?) Docket No. _____

<u>5/18/2003</u>	<u>5/19/03</u>	<u>5/22/2003</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-27676-000
 County: Miami (N 38* 41.084', W 94* 42.719')
W/2-NW-SW Sec. 1 Twp. 16 S. R. 24 East West
2010 feet from N (circle one) Line of Section
357 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Hopkins Well #: 11-1-16-24
 Field Name: Paola
 Producing Formation: Lexington, Summit, & Mulky
 Elevation: Ground: 998 Kelly Bushing: ----
 Total Depth: 660 Plug Back Total Depth: ----
 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 504
 feet depth to surface w/ 83 sx cm.
ALTZ-Dlg-3/5/09

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 if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 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 of 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: Jeff Taylor
 For Osborn Energy, L.L.C.
 Title: _____ Date: 1/13/05
 Subscribed and sworn to before me this 13 day of JANUARY
18 2005
 Notary Public: Rex R. Ashlock
 Date Commission Expires: _____

REX R. ASHLOCK
 Notary Public - State of Kansas
 My Appt. Exp. 1-10-09

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Osborn Energy, L.L.C. Lease Name: Hopkins Well #: 11-1-16-24
 Sec. 1 Twp. 16 S. R. 24 East West County: Miami

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>	Log Formation (Top), Depth and Datum Sample Name Top Datum
---	---

List All E. Logs Run: **All logs, cement tickets, etc., sent w/ original ACO-1**

CASING RECORD 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 Additives
Surface	11 1/4	8 5/8	N/A	20	Portland	6	None
Production	7 7/8	5 1/2	15.50	504	60-40 Poz-Mik	83	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
	Not perf'd, open holed from 504-660	None	

TUBING RECORD	Size Set At 2 3/8" set at 630'	Packer At None	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
---------------	--	--------------------------	--

Date of First, Resumed Production, SWD or Enhr. 7/2003	Producing Method Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
--	--

Estimated Production Per 24 Hours	Oil Bbbls. None	Gas Mcf 10-15	Water Bbbls. 40-50	Gas-Oil Ratio	Gravity No Oil
-----------------------------------	---------------------------	-------------------------	------------------------------	---------------	--------------------------

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 504-660
 Other (Specify) _____