

Note: Well intended as "Kircher" #5-9-16-25

UPDATED / REVISED

8/24/05

Form ACO-1
September 1999
Form Must Be Typed

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AUG 29 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

(N 38* 40.358', W 94* 39.224')

Operator: License # 32294
Name: Osborn Energy, L.L.C.
Address: 24850 Farley 102' N of:
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 Drilling Co.
License: 5885
Wellsite Geologist: (s) 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/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 (C-28,554)
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

6/17/2005 8/16/05 8/18/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 121-28081 - 00-00
County: Miami
SE SW NW Sec. 9 Twp. 16 S. R. 25 East West
2208 feet from S / N (circle one) Line of Section
990 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Abney Well #: 5-9-16-25

Field Name: Louisburg
Producing Formation: (s) South Mound, Summit, & Mulky

Elevation: Ground: 1075 Kelly Bushing: _____
Total Depth: 620' 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 None Feet
If Alternate II completion, cement circulated from 468'
feet depth to Surface w/ 155 ^{sq 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 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: Brian Schurb
For Osborn Energy, L.L.C.
Title: _____ Date: 8-24-05

Subscribed and sworn to before me this 24 day of August
20 05

Notary Public: R. R. Ashlock
Date Commission Expires: _____

REX R. ASHLOCK
Notary Public - State of Kansas
My Appt. Exp. 1/16/09

KCC Office Use ONLY
N/D Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

ORIGINAL

Operator Name: Osborn Energy, L.L.C. Lease Name: Abney Well #: 5-9-16-25
 Sec. 9 Twp. 16 S. R. 25 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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: None	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Log Name</td> <td style="width:40%;">Formation (Top), Depth and Datum</td> <td style="width:30%;">Sample Datum</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Log Name	Formation (Top), Depth and Datum	Sample Datum			
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Driller's log attached

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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	12 1/2"	10 1/2"	NA	20'	Portland	6	None
Production	8 3/4"	5 1/2"	15.50	468'	Portland	155	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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
None	None		None	

TUBING RECORD		Size	Set At	Packer At	Liner Run
Will run 2 3/8" tubing and set at 505' +/-				None	<input checked="" type="checkbox"/> Yes 4 1/2" perf'd liner from 453-620
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
		Flowing		<input checked="" type="checkbox"/> Pumping	Gas Lift Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	None	NA	NA		None

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 468-620
 Other (Specify) _____

Gas to be sold as soon as gas line in place.

Driller's Log

ORIGINAL

Abney #5-9-16-25

2208 FNL, 990 FWL

Section 9-T16S-R25E

Miami Co., KS

API #15-121-28081

Elevation 1075 (Est. from Topo Map)

Surface: 10 1/2" set at 20', cmt'd w/ 6 sx

TD on 620' on 8/16/05

Production casing: 5 1/2" at 468', cmt'd w/ 155 sx

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SURFACE	20	SH	537
LS	49	LS	538
SH	104	LMY SH	546
LS	112	LS	556
SH	146	SH	565
LS	150	BLK-SLT	567
SH	196	SH	570
LS	205	LS	577
SH	217	SH	588 Tst @ 580' No Inc
LS	245	LS	590
SH	248	BLK-SLT	599
BLK-SLT	250	SH	602 Tst @ 600' No Inc
SH	252 Tst @ 260' "0"	SNDY SH	620
LS	273	RTD	620 Tst @ 620' No Inc
SH	276		
BLK-SLT	277		
LS	280 Tst @ 280' "0"		
SH	284		
LS	292		
SH	321		
SAND	326 Tst @ 340' "0"		
SH	415		
BLK-SLT	416 Tst @ 420' "0"		
SH	469		
BLK-SLT	472 Tst @ 480' 16 MCF		
SH	502		
SNDY SH	509		
BLK-SLT	510		

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 4051
 LOCATION Ottawa
 FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
8.18.05		Abney #5.9.16.25	9	16	25	Mi																
CUSTOMER Canary Resources			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>386</td> <td>Alamad</td> <td></td> <td></td> </tr> <tr> <td>368</td> <td>Casper</td> <td></td> <td></td> </tr> <tr> <td>122</td> <td>Richis</td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	386	Alamad			368	Casper			122	Richis		
TRUCK #	DRIVER	TRUCK #					DRIVER															
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122	Richis																					
MAILING ADDRESS % Osborn Energy																						
CITY	STATE	ZIP CODE																				

JOB TYPE fill up HOLE SIZE 9 3/8 HOLE DEPTH 8 3/4 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 4165 DRILL PIPE _____ TUBING 1" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 BPM

REMARKS: Established rate. Mixed & pumped 20x gel down
1" casing followed by 1555x Portland "A" 29 gel
circulated cement to surface pulled 1" out & topped
off hole. 1555x total.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE #368		765.00
5406	35	MILEAGE #368		87.50
5407	min	Don mileage #122		240.00
				53.04
1118 B	8	Premium gel		1482.00
110W	152	Portland "A"		
PAID #44319.72108				
OVER PAID BY \$31.16				
				2627.54
			6.55	SALES TAX 100.55
				ESTIMATED TOTAL 2728.09

AUTHORIZATION _____ TITLE Alan Mader