

RCVD KCC 1-31-05

UPDATED / CORRECTED

1/05/05

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIG

Operator: License # 32294
Name: Osborn Energy, L.L.C.
Address: 24850 Farley 21' W & 114' S of: NE SW NW
City/State/Zip: Bucyrus, Kansas 66013
Purchaser: Akawa Natural Gas, L.L.C.
Operator Contact Person: Steve Allee
Phone: (913) 533-9900
Contractor: Name: Layne Christensen Canada Limited
License: 32999
Wellsite Geologist: (s) Rex Ashlock, Dean Seeber, Bill Stout

API No. 15 - 121-27635-00-00
County: Miami (N 38* 40.445', W 94* 40.405')
Sec. 8 Twp. 16 S. R. 25 East West

1764 feet from S / N (circle one) Line of Section
681 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Sanders Well #: 3-8

Field Name: Louisburg

Producing Formation: (s) Lexington & "Scammon" Coals

Elevation: Ground: ----- Kelly Bushing: 1058'

Total Depth: 1082 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 1081

feet depth to surface w/ 160 sx cmt.
APZ-Dg 3/5/09

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. _____

5/21/02 5/22/02 7/24/02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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: [Signature]
For Osborn Energy, L.L.C.


Title: _____ Date: 1/31/05

Subscribed and sworn to before me this 13 day of January

20 05

Notary Public: [Signature]

Date Commission Expires: _____

 **REX R. ASHLOCK**
Notary Public - State of Kansas
My Appt. Exp. 1-10-07

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: Sanders Well #: 3-8
 Sec. 8 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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes No <i>(Submit Copy)</i> List All E. Logs Run: IES / CDL Cmt Bond / GR / CCL (sent w/ this ACO-1)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input checked="" type="checkbox"/> Log</td> <td style="width:55%;">Formation (Top), Depth and Datum</td> <td style="width:30%;">Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> </table> <p>OH Log(s), Cmt ticket(s), Drlg's Log, etc., sent w/ 1st ACO-1</p>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	Sample	Name	Top	Datum
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	Sample					
Name	Top	Datum					

CASING RECORD <input checked="" type="checkbox"/> 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	13 1/8"	10 3/4"	32.75	21'	Portland	13	3% CaCl ₂
Production	7 7/8"	5 1/2"	15.50	1081'	"Thixotropic"	160	2% CaCl ₂

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
4	560-564	200 gal. 15.5 HCl acid 73 sx 20/40 frac sand 40 sx 12/20 frac sand		560-564
4	750-754	450 gal. 15% HCl acid 85.5 sx 20/40 frac sand 24 sx 12/20 frac sand		750-754

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No
		2 7/8" set at 825' +/-		None			
Date of First, Resumed Production, SWD or Enhr.		Producing Method					
8/2002		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	Avg. 19.23	Avg. 136.4		No Oil		

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

_____ **560-564**
 _____ **750-754**