

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACC-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: 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 (13) 502 2032

Contractor: Name: R. S. GLAZE DRILLING CO.

License: 5885

Wellbore Geologist: NONE

Designate Type of Completion
 New Well Re-Entry Workover

Oil SW S/W Temp. Abd.
 Gas ENR W/D
 Dry Other (Core, WU, Expl., Cathodic, etc)

If Workover/Reentry: Did Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date: _____ Old Total Depth: _____

Deepening Re-perf. Conv. to Inj/SW
 Plug Back PTD
 Cemented Bucket No. _____
 Dual Completion Bucket No. _____
 Other (SW or Inj?) Bucket No. _____

11-5-97 11-7-97 11-8-97
Spud Date Date Reached TD Completion Date

API NO. 15- 091 228270000

County JOHNSON

-NW-NW-SE Sec. 15 Twp. 15 Rng. 24 XXE

2310 feet from SW (circle one) Line of Section

2400 feet from SW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corners:
NE, SE, NW or SW (circle one)

Lease Name JACK MEYER'S Well # 2-15

Field Name OSBORN

Producing Formation BLK SLATE

Elevations: Ground 1065 ES n/a

Total Depth 1014 PTD 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 1065

feet depth to SURFACE W OK mt.

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

Chloride content _____ ppm Fluid volume _____ bbls

Seamering method used _____

Location of fluid disposal if hauled offsite: _____

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KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name _____ License No. 24-2000

Quarter Sec. Twp. S Rng. E/W

County _____ Pocket 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 _____

Title OWNER Date 2/19/98

Subscribed and sworn to before me this 19 day of February 19 98.

Notary Public _____

Date Commission Expires _____

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
KCC SW/Rep NCPA
KGS Plus Other
(Specify)

Form ACC-1 (7-91)

My APPT Expires 5/23/98

SIZE TWO

Operator Name R. S. GLAZE DRILLING CO. Lease Name JACK MEYERS Well # 2/15

Sec. 15 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 | <input type="checkbox"/> Log Formation (Top), Depth and Datum | <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 | WELL LOG ATTACHED | |
| Electric Log Run (Submit Copy.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| List All E-Log Runs | | | |

| CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-----------------|---------------|-------------------------|--------------|---------------------------|
| Report all strings set-conductor, surface, intermediates, production, etc. | | | | | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (in O.D.) | Weight Lbs./75' | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additive |
| SURFACE | 8" | 7" | | 20 | Portland | 6 | water |
| PRODUCTION | 6 1/2" | 4 1/2" | | 999 | CONSOLIDATED CEMENT JOB | | |

| ADDITIONAL CEMENTION/SQUEEZE RECORD | | | | |
|--|------------------|----------------|------------|---------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | Sacks Used | Type and Percent Additive |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | NONE | | | NONE |

| 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 | | |
| | | | |
| | | | |

| TIMING RECORD | | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-----|-------|--------|---|-----------|--|
| Date of First, Resumed Production, GSD or IN/. | | | | 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 | Bbls. | Gas | McF | Water | Bbls. Gas-Oil Ratio Gravity |

Disposition of Sacs: Vented Sold Used on Lease (if vented, submit ACD-18.)

METHOD OF COMPLETION: Open Hole Perf. Shallow Comp. Cemented Other (Specify) _____

Production Interval: _____

*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 PBTB

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

11/5/97 11/7/97 *waiting on completion
Spud Date Date Reached TD Completion Date

API NO. 15- 091-228²70000

County Johnson

- NW - NW - SE Sec. 15 Twp. 15 Rge. 24 E
W

2310 feet from N (circle one) Line of Section

2400 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner

NE, SE, NW or SW (circle one)

Lease Name Jack Meyers Well # 2

Field Name * Stilwell

Producing Formation * Hushpuckney

Elevation: Ground 1065' KB _____

Total Depth 1014' 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 1009

feet depth to surface w/ * 144 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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KANSAS CORPORATION COMMISSION

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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, 1999.

Notary Public Susan D. Woodward

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 Jack Meyers Well # 2
 Sec. 15 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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: <p style="text-align: center;">Gamma Ray Neutron</p> | <input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum |
|---|--|

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 1/8" | 4 1/4" | | 1009' | 50/50 poz | 144 | 2% gel |
| | | | | | | | |

ADDITIONAL CEMENTING/SQUEEZE RECORD

| Purpose: | Depth | | Type of Cement | #Sacks Used | Type and Percent Additives |
|---|-------|--------|----------------|-------------|----------------------------|
| | Top | Bottom | | | |
| <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 | 773.0-779.0 | | 591 sacks of sand | |
| | | | | |
| | | | | |

| | | | | | |
|---------------|----------------|----------------|-------------------|-----------|---|
| TUBING RECORD | Size 2 7/8" | Set At 723' | Packer At 720' | Liner Run | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------|----------------|----------------|-------------------|-----------|---|

| | | | | | |
|---|-------------------------|----------------------------------|----------------------------------|-----------------------------------|--|
| Date of First, Resumed Production, SWD or Inj. waiting on completion | Producing Method 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. | Gas 50 | 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) 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 SLOW 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. _____

3/30/99 11/7/97 * 2/6/99

Spud Date 3/30/99 Date Reached TD 11/7/97 Completion Date * 2/6/99

API NO. 15- 091-22877-0002

County Johnson

 - NW - NW - SE Sec. 15 Twp. 15 Rge. 24 ^X E

2310 Feet from (S)M (circle one) Line of Section

2400 Feet from (E)M (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, (SE), NW or SW (circle one)

Lease Name Jack Meyers Well # 2

Field Name Stilwell

*Producing Formation Mineral Coal

Elevation: Ground 1065' KB N/A

Total Depth 1014' PBTD 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 1009

feet depth to surface w/ 144 ex cmt.

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

Chloride content N/A ppm Fluid volume _____ bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite:

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KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name MAR 24 2000 License No. _____

Quarter Sec. Twp. S Rng. E/W

County 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]

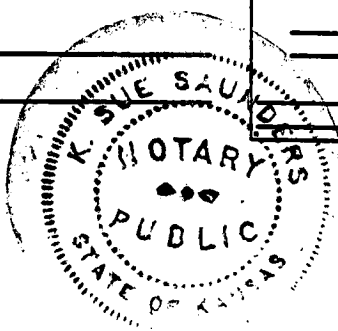
Title Geologist Date 03-23-00

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 SWD/Rep NGPA
KGS Plug Other
(Specify)



SIDE TWO

Operator Name Osborn Energy, L.L.C.

Lease Name Jack Meyers

Well # 2

Sec. 15 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 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

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 |
|----------------|--|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |

TUBING RECORD Size N/A Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. * 2/6/99 Producing Method N/A Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil N/A Bbls. Gas 15 Mcf Water 20 Bbls. Gas-Oil Ratio N/A Gravity N/A

Disposition of Gas: **METHOD OF COMPLETION**

Vented Sold Used on Lease
(If vented, submit ACO-18.)

Open Hole Perf. Dually Comp. Commingled
 Other (Specify)

Production Interval