

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 # 5885
Name: R S GLAZE DRILLING CO.
Address: 22139 S. VICTORY ROAD
City/State/Zip: SPRING HILL, KS 66083

Purchaser: NONE

Operator Contact Person: ALVA G. GLAZE
Phone (City): 502 2033

Contractor: Name: R S GLAZE DRILLING CO.
License: 5885

Wellsite Geologists: NONE

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIGW Temp. Abd.
 Gas EMER SIGW
 Dry Other (CO₂, MSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Comp. Date: _____ Old Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Inf/SWD
_____ Plug Back _____ PSTB
_____ Cemented _____ Socket No. _____
_____ Dual Completion _____ Socket No. _____
_____ Other (SWD or Inf?) _____ Socket No. _____
10 12 97 10 14 97 10 17 97
Spud Date Date Reached TD Completion Date

API NO. 15- 1509122818-0000
County: JOHNSON WICHITA, KS

C NE - NE - SE Sec. 15 Twp. 15 Rge. 24 8
2310 Feet from E/W (circle one) Line of Section
330 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: JMEYERS Well # 1-15

Field Name: STILLWELL (osborn)

Producing Formation: BLACK SLATE

Elevation: Ground 1065

Total Depth 9285 PSTB 9265

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 920

feet depth to surface w/ _____ oz mt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) *A142-Dlg 3/4/09*

Chloride content _____ ppm Fluid volume _____ bbls

Seamting method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S. and _____ E/W

County _____ Socket 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 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 CERTAINING 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: 2/17/00
Subscribed and sworn to before me this 14 day of February
99 99.
Notary Public: David J. ...
Date Commission Expires: _____

K.C.C. OFFICE USE ONLY

Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received

Distribution
 ECC SWD/Rep NEPA
 EGA Plug Other
(Specify)

STATE OF KANSAS
NOTARY PUBLIC
My Appt. Expires: 5/27/98

SINK TND

Operator Name R. S. GLAZE DRILLING CO. Lease Name J. MEYERS Well # 1-15

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 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. Log Runs

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

well log attached

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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	water
prod	6 1/4"	4.5"		898'	portland		consolid.

ADDITIONAL CEMENT/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plug Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	YET TO BE PERE		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, BHD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Mbs.	Gas Mcf	Water Mbs.	Gas-Oil Ratio	Gravity

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

METHOD OF COMPLETION Open Hole Perf. Bully Comp. Comingled _____

Production Interval Other (Specify) _____

*CORRECTED

ORIGINAL

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. 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. _____

* 10/12/97 10/14/97 *waiting on completion
Spud Date Date Reached TD Completion Date

API NO. 15- 091-228180000

County Johnson

C - NE - NE - SE Sec. 15 Twp. 15 Rge. 24 E W

2310 feet from N (circle one) Line of Section

330 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 # 1

Field Name Stilwell

Producing Formation Hushpuckney

Elevation: Ground 1065' 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 see _____ N/A Feet

If Alternate II completion, cement circulated from * 898

feet depth to surface w/ * 117 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. _____

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 _____ Date 1-26-99

Title _____ Date 1-26-99

Subscribed and sworn to before me this 26th day of January 19 99.

Notary Public _____

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 # 1
 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 (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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
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Casing Record <input type="checkbox"/> New <input type="checkbox"/> 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 3/4"	4 1/2"		898'	50/50 poz	117	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
2	798.0' - 815.0'	15% HCl, frac gel with 15,000# of sand

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. 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. N/A	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

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

FORM MUST BE TYPED

*CORRECTED #2

SIDE ONE

ORIGINAL

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: * 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 SOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBDT

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

10/12/97 10/14/97 * 2/6/99
Spud Date Date Reached TD Completion Date

API NO. 15- 091-22818-0002 ⁰⁰⁰⁰

County Johnson

C - NE - NE - SE Sec. 15 Twp. 15 Rge. 24 ^X E _W

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

330 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 Jack Meyers Well # 1

Field Name Stilwell

Producing Formation Hushpuckney

Elevation: Ground 1065' KB N/A

Total Depth 920' PBDT 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 898

feet depth to surface w/ 117 sx 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 off-site:

RECEIVED

KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name MAR 24 2000 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.

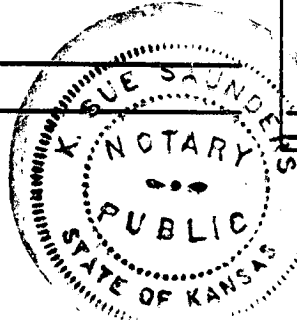
Signature [Signature]

Title Geologist Date 03-23-00

Subscribed and sworn to before me this 23 day of March 19 2000

Notary Public K. Sue Saunderson

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 # 1

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.) Yes No
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run (Submit Copy.) Yes No

Log Formation (Top), Depth and Datum Sample Name Top Datum

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: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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	Set At	Packer At	Liner Run
N/A				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	N/A	* 15	* 20	N/A	N/A

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.) METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Production Interval Other (Specify) _____

