

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. Glaze Drilling Co.
License: 5885
Wellsite Geologist: Rex Ashlock
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR **RECEIVED**
 Dry **KANSAS CORPORATION COMMISSION** etc)

If Workover:
Operator: MAY 10 2000
Well Name: _____
Comp. Date CONSERVATION DIVISION
WICHITA KS
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
2/17/98 2/27/98 5/27/98
Spud Date Date Reached TD Completion Date

API NO. 15- 091-228410000
County Johnson E
CN/2 - NE - SW - NE Sec. 14 Twp. 15 Rge. 24
1278 feet from S (circle one) Line of Section
1623 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner
NE, S, NW or SW (circle one)
Lease Name Tom Meyers Well # 6
Field Name Stillwell
Producing Formation N/A
Elevation: Ground 1121' KB _____
Total Depth 1380' PBSD _____
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 1147
feet depth to surface w/ 150 sx cm.

Alt 2-Dlg - 3/4/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content NA ppm Fluid volume 80 bbls
Dewatering method used Evaporation
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 [Signature]
Title Geologist Date 10-23-98
Subscribed and sworn to before me this 23rd day of October, 19 98.
Notary Public Susan Forward
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 Tom Meyers Well # 6
 Sec. 14 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	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<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	See Log Attachment		
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:	Gamma Ray Neutron			

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	10 3/4"	7 5/8"	24.0	20'	Portland	6	None
Production	6 3/4"	4 1/4"	9.0	1147'	60/40 Poz	150	2% gel, 1/4# gel per sack

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
___ Perforate					
___ Protect Casing					
___ Plug Back TD					
___ 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	304.0-310.0		500 gal 15% HCl		304-310
4	332.0-338.0		500 gal 15% HCl		332-338

TUBING RECORD	Size 2 3/8"	Set At 500'	Packer At	Liner Run	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Date of First, Resumed Production, SWD or Inj. N/A	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)							
Estimated Production Per 24 Hours	Oil N/A	Bbl.	Gas 20	Mcf	Water 25	Bbls.	Gas-Oil Ratio	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) _____

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

API NO. 15- 091-22841-0000

County Johnson

CN/2- NE - SW - NE Sec. 14 Twp. 15 Rge. 24 X E

1278 Feet from (S)N (circle one) Line of Section

1623 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 Tom Meyers Well # 6

Field Name Stilwell

*Producing Formation Hushpuckney

Elevation: Ground 1121' KB N/A

Total Depth 1380' PBDT N/A

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from 1147

feet depth to surface w/ 150 ex cm.

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

Chloride content N/A ppm Fluid volume 80+/- bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

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 **RECEIVED** Temp. Abd.
 Gas ENHR **RECEIVED** KANSAS CORPORATION COMMISSION
 Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover: MAY 10 2000

Operator: _____

Well Name: CONSERVATION DIVISION

Comp. Date Old Total Depth WICHITA, KS

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

2/17/98 2/27/98 * 4/19/98
Spud Date Date Reached TD Completion Date

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 5-8-00

Subscribed and sworn to before me this 8 day of May 1900.

Notary Public Kerry A. Soares

Date Commission Expires 10-25-03

County of Johnson

KERRY A. SOARES
Notary Public - State of Kansas
My Appt. Expires 10-25-03

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 Tom Meyers Well # 6
 Sec. 14 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	<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		
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

List All E.Logs Run:

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

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	304.0-310.0		
4	332.0-338.0		
* 4	585.0-588.0		
	* Bridge Plug @ 1040.0		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
N/A				
Date of First, Resumed Production, SMD or Inj. * 4/19/98		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. N/A	Gas Mcf 20	Water Bbls. 25	Gas-Oil Ratio N/A
				Gravity N/A

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease (if vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____

LOG-TECH, INC.
1011 240th Ave.
HAYS, KANSAS 67601
(785) 625-3858

INVOICE ORIGINAL

5607

Date 9-4-98

CHARGE TO: Osborn Energy, LLC

ADDRESS _____

R/A SOURCE NO. _____

CUSTOMER ORDER NO. 096248

LEASE AND WELL NO. Tom Meyers #6

FIELD _____

NEAREST TOWN _____

COUNTY Johnson

STATE KS

SPOT LOCATION _____

SEC 14

TWP. 15S

RANGE 24E

ZERO Ground level

CASING SIZE 4 1/2

WEIGHT _____

CUSTOMER'S T.D. _____

LOG TECH _____

FLUID LEVEL _____

ENGINEER Schmeidler

OPERATOR ALLEN

PERFORATING

Description	No. Shots	From	Depth To	Amount
<u>Perforate w 3 1/8"</u>	<u>12</u>	<u>585</u>	<u>588</u>	<u>740 00</u>

DEPTH AND OPERATIONS CHARGES

Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
RECEIVED					
KANSAS CORPORATION COMMISSION					
MAY 10 2000					
CONSERVATION DIVISION					
WICHITA, KS					

MISCELLANEOUS

Description	Quantity	Amount
Service Charge		<u>450 00</u>
<u>4 1/2" ALPHA Bridge plug</u>		<u>600 00</u>
<u>Depth charge @ 1040</u>	<u>MIN</u>	<u>480 00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Bob McNew 9/4/98
Customer Signature Date

Sub Total	<u>2270 00</u>
Code Ref.	
Tool Insurance	
Tax	
<u>NET</u>	<u>1255 00</u>