

ORIGINAL

FEB 00 2000

FORM MUST BE TYPED

SIDE ONE

CONSERVATION DIVISION

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

Operator's License # 5885
Name: P. 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) 592 2032

Contractor's Name: P. S. GLAZE DRILLING CO.
License: 5885
Wellbore Geologist: NONE

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SOW Temp. Abd.
 Gas EMR SICM
 Dry Other (Core, WU, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PSTD
_____ Cementing _____ Sucker No. _____
_____ Dual Completion _____ Sucker No. _____
_____ Other (SWD or Inj?) _____ Sucker No. _____
Spud Date 10/26/97 Date Reached TD 10/28/97 Completion Date 10/29/97

API NO. 15-091-228240000
County JOHNSON
-NW-NW-SE Sec. 14 Twp. 15 Rge. 24
2310 feet from SW (circle one) Line of Section
2310 feet from SW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name BRISKY Well # 1
Field Name OSBORN
Producing Formation BLK. SLATE
Elevation: Ground 1065 KB
Total Depth 840 PSTD
Amount of Surface Pipe Set and Counted at 20 Feet
Multiple Stage Counting Collar Used? Yes No
If yes, show depth set n/a Feet
If Alternate II completion, cement circulated from 840
feet depth to SURFACE w/ _____ SK int.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Souring method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ (License No. _____)
_____ Quarter Sec. _____ Twp. _____ Rge. _____ E/W
County _____ Sucker No. _____

ATZ-DG 2/4/09

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 2/9/98
Subscribed and sworn to before me this 9th day of February
19 1998
Notary Public _____
Date Commission Expires _____

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
Distribution
 KCC SWD/Rep WCPA
 KGS Plug Other
(Specify)

STATE CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WICHITA, KANSAS
8/23/98

SIDE TWO

Operator Name R. S. GLAZE DRILLING CO. Lease Name BRISKY Well # 1

Sec. 14 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 Status Sample

Name _____ Top _____ Status _____

RECEIVED
 KANSAS CORPORATION COMMISSION

WELL LOG ATTACHED

FEB 09 2000

CONSERVATION DIVISION
 WICHITA, KS

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
PRODUCTION	6 1/2"	2 7/8"		821	Pressurized cement job		by Consolidated Well Serv.

ADDITIONAL CEMENTING/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
	NOT YET PERFORATED		

TUBING RECORD		Size	Set At	Factor At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Measured Production, MWD or Inj.		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	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. Sully 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 _____ PBSD

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

10/26/97 10/28/97 *waiting on completion
Spud Date Date Reached TD Completion Date

API NO. 15- 091-228240000

County Johnson

- NW - SE Sec. 14 Twp. 15 Rge. 24 E W

2310 feet from N (circle one) Line of Section

4950 ~~2310~~ feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner

NE, SE, NW or SW (circle one)

Lease Name BRISKY Well # 1

Field Name * Stilwell

Producing Formation * Hushpuckney

Elevation: Ground 1065' KB _____

Total Depth 840' 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 * 820

feet depth to surface w/ 160 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. Rge. E/W

County _____ Docket No. _____

RECEIVED
KANSAS CORPORATION
10-28-97

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 Analyst Date 1-26-99

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

Notary Public Susan A. 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 Brisky Well # 1
 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 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 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	None
Production	6 1/4"	2 7/8"		820'	50/50 poz	160	None

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	754.0-764.0	28% HCl, frac gel with 10,000# 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.			Producing Method					
Waiting on completion			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	Bbl.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	N/A		10		0		0	

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