

CORRECTED

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: 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  PBDT

Commingled  Docket No. \_\_\_\_\_

Dual Completion  Docket No. \_\_\_\_\_

Other (SWD or Inj?)  Docket No. \_\_\_\_\_

\* 8/13/97 Spud Date      \* 8/19/97 Date Reached TD      \* 7/98 Completion Date

API NO. 15- 091-227920000

County Johnson

- 60W - of - CNW Sec. 14 Twp. 15 Rge. 24  E  W

3960 feet from  N (circle one) Line of Section

4020 feet from  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner

NE,  SE, NW or SW (circle one)

Lease Name McKaig Well # 4A

Field Name \* Stilwell

Producing Formation Bartlesville

Elevation: Ground 1060' KB \_\_\_\_\_

Total Depth 880' PBDT \_\_\_\_\_

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 867

feet depth to surface w/ 160 sx cmt.

A142-Dlg - 3/4/09

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. \_\_\_\_\_

KANSAS NEED MORE

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 Geologist Subscribed and sworn to before me this 26<sup>th</sup> day of January, 19 99

Notary Public Susan L. 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 McKaig Well # 4A  
 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 <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: Gamma Ray Neutron	<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 3/4"	2 7/8"		867'	50/50 poz	160	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	726.0' - 742.0'	frac gel with 4000# of sand
2	812.0' - 818.0'	frac gel with 4000# of sand

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Inj. 7/98			Producing Method <input checked="" 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  
 (If vented, submit ACO-18.)

METHOD OF COMPLETION Production Interval

Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_

Other (Specify) \_\_\_\_\_