

* 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: 24850 Farley
~~*9401 Indian Creek Pkwy., #40, Suite 440~~

City/State/Zip * Bucyruss, KS. 66013
~~Overland Park, KS 66210~~

Purchaser: * AKAWA Natural Gas, L.L.C.

Operator Contact Person: * Steve Allee

Phone * (913) ~~327-1831~~ 538-9900

Contractor: Name: R. S. Drilling Co.

License: 5885

Wellsite Geologist: None

Designate Type of Completion

~~X~~ New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

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

If Workover:

Operator: R. S. Glaze Drilling Co.

Well Name: T. Meyers #1

Comp. Date 6-21-97 Old Total Depth 1050

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBTB

Commingled Docket No.

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

6/18/97 Spud Date 6/20/97 Date Reached TD * ~~4-10-98~~ 4-10-98 Completion Date

API NO. 15- ~~091-228180000~~ 22 767-00-01

County Johnson

C - NW - NW - NE Sec. 14 Twp. 15 Rge. 24 E W

4950 feet from S/N (circle one) Line of Section

2310 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 # 1

Field Name * Stilwell

Producing Formation Bartlesville

Elevation: Ground 1000' KB

Total Depth 1050' 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 1049

feet depth to surface w/ 194 sx cmt.

Alt 2-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.

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 1130 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 1-26-98

Subscribed and sworn to before me this 26th day of January, 19 98.

Notary Public Susan Forward
Date Commission Expires 4-10-02

SUSAN L. FORWARD
Notary Public
State of Kansas
My Appl. Expires 4-10-02

K.C.C. OFFICE USE ONLY
F NO Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

X

SIDE TWO

Operator Name Osborn Energy, L.L.C. Lease Name Tom Meyers 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
---	--

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 1/4"	2 7/8"		1050'	50/50 poz	194	2% gel

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 Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3	933.0-938.0		
3	970.0-976.0		
2	1024.0-1034.0		

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. 4/98 Producing Method Flowing Pumping Gas Lift 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) _____