

* 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. 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 PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
9/13/97 9/15/97 * 7/98
Spud Date Date Reached TD Completion Date

API NO. 15- 091-228010000
County Johnson
- SE - SW - NW Sec. 7 Twp. 15 Rge. 25 E
2330 feet from (S)N (circle one) Line of Section
4290 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 Metcalf Partners Well # 2
Field Name OSBORN
Producing Formation Bartlesville
Elevation: Ground 1075' KB _____
Total Depth 880' PBTD _____
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 *875
feet depth to surface w/ * 162 sx cnt.

Alt-Dlg. 3/5/99

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 # _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

FEB - 3 1999

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 2-3-99
Subscribed and sworn to before me this 3rd day of February, 1999.
Notary Public Susan L. Forward
Date Commission Expires _____

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 Metcalf Partners Well # 2
 Sec. 7 Twp. 15 Rge. 25 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"		876	50/50 poz	162	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	782.0'-792.0'	
2	805.0'-812.0'	

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.		Producing Method		
7/98		<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 20 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) _____