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MAY 03 2006

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32294
Name: OSBORN ENERGY, LLC
Address: 24850 FARLEY
City/State/Zip: BUCYRUS, KS 66013
Purchaser: AKAWA NATURAL GAS, LLC
Operator Contact Person: JEFF TAYLOR
Phone: (913) 533-9900
Contractor: Name: GLAZE DRILLING
License: 5885
Wellsite Geologist: MEREDITH PEARCE
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

2/22/06 2/24/06 4/3/06
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 121-28162-0000
County: MIAMI
N/2 NE NE Sec. 17 Twp. 16 S. R. 25 East West
330 feet from S / (N) (circle one) Line of Section
660 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: SUTTON Well #: 1
Field Name: _____
Producing Formation: MARMATON AND CHEROKEE
Elevation: Ground: 1078' Kelly Bushing: _____
Total Depth: 980' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 20' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 0
feet depth to 20 w/ 6 sx cmt.

Drilling Fluid Management Plan AH II MH 6-5-08
(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. R. _____ East West
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 of 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: Meredith Pearce
Title: GEOLOGIST Date: 05-03-06
Subscribed and sworn to before me this 3 day of May,
2006
Notary Public: _____
Date Commission Expires: _____
Erin R. Stephenson
Notary Public
State of Kansas
My Appointment Expires 11.24.07

KCC Office Use ONLY
Y Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Side Two

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CONFIDENTIAL # 1

Operator Name: OSBORN ENERGY, LLC Lease Name: SUTTON
Sec. 17 Twp. 16 S. R. 25 [X] East [] West County: MIAMI

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken [] Yes [X] No
Samples Sent to Geological Survey [] Yes [X] No
Cores Taken [] Yes [X] No
Electric Log Run [] Yes [X] No

[X] Log Formation (Top), Depth and Datum [] Sample
Name Top Datum

WELL LOG ATTACHED

List All E. Logs Run:

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Table with 8 columns: 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. Rows include SURFACE and PROD. PIPE.

Table with 5 columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives. Includes checkboxes for Perforate, Protect Casing, Plug Back TD, Plug Off Zone.

Table with 4 columns: 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.

TUBING RECORD table with columns: Size, Set At, Packer At, Liner Run [] Yes [X] No.

Table with Date of First, Resumerd Production, SWD or Enhr. and Producing Method [] Flowing [X] Pumping [] Gas Lift [] Other (Explain).

Table with Estimated Production Per 24 Hours, Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity.

Disposition of Gas METHOD OF COMPLETION Production Interval
[] Vented [] Sold [] Used on Lease [X] Open Hole [] Perf. [] Dually Comp. [] Commingled
[] Other (Specify)

KCC

X
17498

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CONSOLIDATED OIL WELL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 4160
LOCATION Ottawa
FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-3-06	6073	Sutton #1	17	16	25	Mi
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Osborn Energy			386	Alamad		
MAILING ADDRESS			368	Cas Ken		
24850 Farley			122	Mat Mader		
CITY	STATE	ZIP CODE				
Bucyrus	KS	66013				

JOB TYPE long string HOLE SIZE 9 5/8 HOLE DEPTH 980 CASING SIZE & WEIGHT 7"
CASING DEPTH 977 DRILL PIPE _____ TUBING _____ OTHER 967 from gk
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 38 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Mixed + pumped 6 sx gel, pumped + circulated in attempt to condition hole. Circulated for 2 hours with good circulation. Mixed + pumped 33 bbl dye with pit water. Followed by 312 sx 50/50 poz 2% gel. Circulated dye to surface. Displaced casing with 38 bbl clean water with intermittent circulation closed valve.

Customer supplied water

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Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	800.00
5406	40	KCC HIGHITA pump	368	12600
5402	977'	Casing footage	368	D/K
5407	530.4	ton miles		556.92
1118B	924 #	premium gel		12936
1124	305 sx	50/50 poz		269925
		sub		4311.53
		6.55	SALES TAX	185.27
			ESTIMATED TOTAL #	4496.80

AUTHORIZATION _____

TITLE Well 204568

DATE Alan Mader