

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

Form ACO-1
September 1999
Form Must Be Typed

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)

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. _____

01/31/06 02/01/06 02/10/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 121-28147-0000
County: MIAMI
SW NW NE SE Sec. 16 Twp. 16 S. R. 25 East West
990 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:
(circle one) NE SE NW SW
Lease Name: ROSE Well #: 1-16
Field Name: SPRING HILL

Producing Formation: MARMATON AND CHEROKEE
Elevation: Ground: 1080' Kelly Bushing: _____
Total Depth: 660' 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 444
feet depth to 20 surface w/ 114 sx cmt.

Drilling Fluid Management Plan AH, II SB
(Data must be collected from the Reserve Pit) 4-10-08
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: Mar 23, 2006
Subscribed and sworn to before me this 23 day of Mar
06
Notary Public: Erin R. Stephenson
Date Commission Expires: 11/24/07

Erin R. Stephenson
Notary Public
State of Kansas
My Appointment Expires 11/24/07

CONFIDENTIAL
KCC Office Use ONLY **MAR 23 2006**
 Letter of Confidentiality Received **KCC**
If Denied, Yes Date: _____
 Wireline Log Received **RECEIVED**
 Geologist Report Received **MAR 27 2006**
 UIC Distribution
KCC WICHITA

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MAR 23 2006
KCC

Side Two

Operator Name: OSBORN ENERGY, LLC Lease Name: ROSE Well #: 1-16
 Sec. 16 Twp. 16 S. R. 25 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WELL LOG ATTACHED	
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run:			

CASING RECORD <input 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	12"	10"		20	PORTLAND	6	WATER
LINER	9 1/2"	4 1/2"		204.58'			
PROD. PIPE	9 1/2"	7"		444.23'	Consolidated	Ticket 114	Attached

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		10	25		

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	

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CONSOLIDATED OIL WELL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8678

TICKET NUMBER **KCC 5068**
LOCATION Ottawa KS
FOREMAN Fred Madir

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-10-06	6073	Rose # 1-16	16	16	25	M1
CUSTOMER			TRUCK #			
Osborn Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
24850 Farley			DRIVER			
CITY			TRUCK #			
Bucyrus			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66013			DRIVER			

JOB TYPE 3/4" Fillup HOLE SIZE 9 1/2" HOLE DEPTH 7 CASING SIZE & WEIGHT 7" 22#/FT
 CASING DEPTH 432' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 1 BPM

REMARKS: Establish Circulation thru 3/4" Tubing Mix Pump
1 sk. Premium Gel Flush Mix Pump 114 sks 50/50 Por Mix
Cement 270 Gal 1/4" Flo Seal. Cement to surface. Pull 3/4" Tubing
Top off well + wash out Tubing

Customer Supplied Water

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		900.00
5406	40 mi	MILEAGE Pump Truck		126.00
5407	Minimum	Tax Mileage		275.00
1124	112 sks	50/50 Por Mix Cement		890.40
1188B	5 sks	Premium Gel		35.00
1107	1 sk	Flo Seal		44.20
		Sub Total		2174.30
		Tax @ 6.00 6.55%		63.55
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SALES TAX ESTIMATED TOTAL 2234.85

AUTHORIZATION _____

TITLE W# 202961

DATE _____