

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ADD-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

Operator: License # 32294  
Name: Osborn Energy, L.L.C.  
Address 24850 Farley  
City/State/Zip Bucyrus, KS 66013  
Purchaser: Akawa Natural Gas, L.L.C.  
Operator Contact Person: Steve Allee  
Phone (913) 533-9900  
Contractor: Name: R. S. Glaze Drilling Co.  
License: 5885  
Wellsite Geologist: Rex Ashlock

Designate Type of Completion  
 New Well  Re-Entry  Workover  
 Oil  SLD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, USW, EXPLOSION, etc.)

If Workover:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_  
 Deepening  Re-perf.  Conv. to Inj/SLD  
 Plug Back \_\_\_\_\_ PBTB  
 Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Other (SLD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

6/13/99 \_\_\_\_\_ 6/18/99 \_\_\_\_\_ waiting on completion  
Spud Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date \_\_\_\_\_

API NO. 15- 15-091-22897-0000  
County Johnson  
SE - NE - NW - NW Sec. 20 Twp. 14 Rge. 24  E  
 W  
4785 Feet from  N (circle one) Line of Section  
4115 Feet from  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
NE,  SE, NW or SW (circle one)  
Lease Name Russell/Osborn Well # 1A  
Field Name Stilwell  
Producing Formation Squirrel  
Elevation: Ground 1040' KB N/A  
Total Depth 1032' PBTB N/A  
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 907  
feet depth to surface w/ 164 ex cmt.

Drilling Fluid Management Plan  
Data must be collected from the Reserve Pit

Chloride content N/A ppm Fluid volume 500+/- bbls  
Deustering method used Evaporation  
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, 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 12-15-99  
Subscribed and sworn to before me this 15<sup>th</sup> day of December, 19 99.  
Notary Public [Signature]  
Date Commission Expires 4/10/02

K.C.C. OFFICE USE ONLY  
 Letter of Confidentiality Attached  
 Wireline Log Received  
 Geologist Report Received  
Distribution  
 KCC  SLD/Rep  NGPA  
 KGS  Plug  Other (Specify)

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

Operator Name Osborn Energy, L.L.C. Lease Name Russel/Osborn Well # 1A  
 Sec. 20 Twp. 14 Rge. 24  East  West  
 County Johnson

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  Yes  No  
 (Attach Additional Sheets.)  
 Samples Sent to Geological Survey  Yes  No  
 Cores Taken  Yes  No  
 Electric Log Run  Yes  No  
 (Submit Copy.)  
 List All E.Logs Run: Gamma Ray Neutron Logs

Log  Sample  
 Formation (Top), Depth and Datum  
 Name Top Datum  
 Drillers Log Attached

| 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 5/8"            | 7"                        |                 | 20'           | Portland       | 6            |                            |
| Production  | 6 3/4"            | 4 1/2"                    |                 | 907'          | 50/50 Poz      | 164          | 5% salt, 2% gel            |
|   |                   |                           |                 |               |                | 10%          | gilsenite, 1% flo-seal     |

ADDITIONAL CEMENTING/SQUEEZE RECORD 1/2% Diacel FL, 1/2 Lamar D

| 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  |  | Acid, Fracture, Shot, Cement Squeeze Record |       |
|----------------|---|--|---|-------|
|                | Specify Footage of Each Interval Perforated |  | (Amount and Kind of Material Used)          | Depth |
|                |   |  |   |       |
|                |   |  |   |       |
|                |   |  |   |       |

| TUBING RECORD                                  | Size  | Set At  | Packer At   | Liner Run   |
|--|---|---------|-------------|---|
| N/A  |   |         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SMD or Inj. | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) |         |             |   |
| Waiting on completion                          | N/A   |         |             |   |
| Estimated Production Per 24 Hours              | Oil N/A Bbls.   | Gas Ncf | Water Bbls. | Gas-Oil Ratio N/A Gravity N/A                                       |

Disposition of Gas: **METHOD OF COMPLETION** **Production Interval**  
 Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  
 (if vented, submit ACO-18.)  Other (Specify) SIGW



CONSOLIDATED INDUSTRIAL SERVICES, INC.  
 211 W. 14TH STREET, CHANUTE, KS 68720  
 316-431-9210 or 800-467-8678

TICKET NUMBER **09408**  
 LOCATION *Ottawa, Ks*  
 FOREMAN *Jim Green*

**P.O. # 98361**

**TREATMENT REPORT**

|   |                                |   |         |  |                  |                  |                     |           |
|---|--------------------------------|---|---------|--|------------------|------------------|---------------------|-----------|
| DATE<br><i>6-18-99</i>                              | CUSTOMER ACCT #<br><i>6073</i> | WELL NAME<br><i>Russell/Dobson #1-A</i> | QTR/QTR | SECTION<br><i>20</i>                   | TWP<br><i>18</i> | RGE<br><i>24</i> | COUNTY<br><i>30</i> | FORMATION |
| CHARGE TO<br><i>Osborn Energy LLC.</i>              |                                |   |         | OWNER                                  |                  |                  |                     |           |
| MAILING ADDRESS<br><i>9401 Indian Creek Parkway</i> |                                |   |         | OPERATOR<br><i>Rex Aslock</i>          |                  |                  |                     |           |
| CITY<br><i>Overland Park</i>                        |                                |   |         | CONTRACTOR<br><i>CS Glass Drilling</i> |                  |                  |                     |           |
| STATE<br><i>Ks.</i>                                 |                                | ZIP CODE<br><i>66210-2007</i>           |         | DISTANCE TO LOCATION                   |                  |                  |                     |           |
| TIME ARRIVED ON LOCATION                            |                                |   |         | TIME LEFT LOCATION                     |                  |                  |                     |           |

| WELL DATA                    |  |
|------------------------------|--|
| HOLE SIZE<br><i>6 7/8"</i>   | TOTAL DEPTH<br><i>1035'</i>                              |
| CASING SIZE<br><i>4 1/2"</i> | CASING DEPTH<br><i>(907' OR) 913' - 6 3/4" JOINT</i>     |
| CASING WEIGHT                | CASING CONDITION   |
| TUBING SIZE<br><i>2 3/8"</i> | TUBING DEPTH   |
| TUBING WEIGHT                | TUBING CONDITION<br><i>DIC 17 1000</i>                   |
| PACKER DEPTH                 | PERFORATIONS<br><i>CONSERVATION DIVISION WICHITA, KS</i> |
| SHOTS/FT                     | OPEN HOLE  |
| TREATMENT VIA                |  |

| TYPE OF TREATMENT                                     |   |
|---|---|
| <input type="checkbox"/> SURFACE PIPE                 | <input type="checkbox"/> ACID BREAKDOWN   |
| <input checked="" type="checkbox"/> PRODUCTION CASING | <input type="checkbox"/> ACID STIMULATION |
| <input type="checkbox"/> SQUEEZE CEMENT               | <input type="checkbox"/> ACID SPOTTING    |
| <input type="checkbox"/> PLUG & ABANDON               | <input type="checkbox"/> FRAC             |
| <input type="checkbox"/> PLUG BACK                    | <input type="checkbox"/> FRAC + NITROGEN  |
| <input type="checkbox"/> MISC PUMP                    | <input type="checkbox"/> FOAM FRAC        |
| <input type="checkbox"/> OTHER                        | <input type="checkbox"/> NITROGEN         |

|                     | PRESSURE LIMITATIONS |            |
|---------------------|----------------------|------------|
|                     | THEORETICAL          | INSTRUCTED |
| SURFACE PIPE        |                      |            |
| ANNULUS LONG STRING |                      |            |
| TUBING              |                      |            |

INSTRUCTIONS PRIOR TO JOB  
*Cement on well*

DESCRIPTION OF JOB EVENTS  
**Establish circulation with H<sub>2</sub>O, Mix and pump 164 sacks Repor Mix Cement with 5% salt, 2% gel, 10% Gilscrete, 1% FN-Seal, 1/2% Biocel EL, 3% Lomer D. Flush pump clear of cement. Pump 1 1/2" Rubber plug to total depth of casing leaving 100 PSI on plug leaving it at 907' circulating cement to surface.**

| PRESSURE SUMMARY         |     |
|--------------------------|-----|
| BREAKDOWN or CIRCULATING | psi |
| FINAL DISPLACEMENT       | psi |
| ANNULUS                  | psi |
| MAXIMUM                  | psi |
| MINIMUM                  | psi |
| AVERAGE                  | psi |
| 5 MIN SIP                | psi |
| 15 MIN SIP               | psi |

| TREATMENT RATE                   |  |
|----------------------------------|--|
| BREAKDOWN BPM                    |  |
| INITIAL BPM                      |  |
| FINAL BPM                        |  |
| MINIMUM BPM                      |  |
| MAXIMUM BPM                      |  |
| AVERAGE BPM                      |  |
| HYD HHP = RATE x PRESSURE x 40.8 |  |

AUTHORIZATION TO PROCEED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_