CONFIDENTA

OPERATOR: License # 32294

Contact Person: Curstin Hamblin

CONTRACTOR: License # 32294 Name: Osborn Energy, L.L.C.

Wellsite Geologist: Curstin Hamblin

Designate Type of Completion:

✓ Gas ____ ENHR

____ CM (Coal Bed Methane)

✓ New Well

_. Oil

___ Drv

Operator:

Well Name: _

7/27/2009

Recompletion Date

Spud Date or

Original Comp. Date: ___

__ Plug Back: __

__ Commingled

__ Dual Completion

__ Other (SWD or Enhr.?)

Purchaser: Akawa Natural Gas, L.L.C

____ SWD

__ Other _

if Workover/Re-entry: Old Well Info as follows:

Phone: (913) 533-9900

Address 1: 24850 Farley

Address 2: __

City: Bucyrus

Osborn Energy, L.L.C.

____ State: KS

_____ Re-Entry

____ SIOW

____ SIGW

____ Temp. Abd.

_____Original Total Depth:____

Docket No.: ___

Docket No.:

Docket No.: _

7/28/2009

Date Reached TD

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

Plug Back Total Depth

7/31/2009

Completion Date or

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 October 2008 Form Must Be Typed

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

AUG 07 2009

Workover

API No. 15 - 121-28696-0000 CONFIDENTIAL Spot Description: S2 of NW/4 of Sec. 21, T16S R25E N2 NW Sec. 21 Twp. 16 S. R. 25 Fast West _3660 _____Feet from D North / D South Line of Section 330 __ Feet from __ East / _/ West Line of Section Footages Calculated from Nearest Outside Section Corner: KANSAS CORPORATION COMMISSION □NE □NW □SE ☑SW County:_Miami Lease Name: Fischer ____ Well #: 6-21 Field Name; Louisburg Producing Formation: Marmaton Elevation: Ground: 1099 __ Kelly Bushing: ___ Total Depth: 959 Plug Back Total Depth: _ Amount of Surface Pipe Set and Cemented at: 23.75 Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: ___ If Alternate II completion, cement circulated from: 937.60 feet depth to: surface .w/<u>1</u>26 **Drilling Fluid Management Plan** (Data must be collected from the Reserve Pit) Chloride content:_ __ ppm Fluid volume: _____ bbls _____ Deepening _____ Re-perf. _____ Conv. to Enhr. ____ Conv. to SWD 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 all temporarily abandoned wells. nd gas industry have been fully complied with and the statements herein KCC Office Use ONLY Letter of Confidentiality Received If Denied, Yes Date: Wireline Log Received **Geologist Report Received UIC Distribution**

	Notary Public State of Kansas My Commission Expires 3 23-11
Date Commission Expires:	Jane Brewer
20 Notary Public:	Bin
Subscribed and sworn to before	e me thisday of
Title: Grealogist	Date: <u>\$.7.05</u>
Signature:	Hauben
All requirements of the statutes are complete and correct to the	s, rules and regulations promulgated to regulate the oil at a best of my knowledge.
BE AT TACHED. Submit CP-	4 form with all plugged wells. Submit CP-111 form with