

*. Re-Entry

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

8/9/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32294

Name: Osborn Energy, L.L.C.

Address 1: 24850 Farley

Address 2: _____

City: Bucyrus State: KS Zip: 66013 + _____

Contact Person: Curstin Hamblin

Phone: (913) 533-9900

CONTRACTOR: License # 32294

Name: Osborn Energy, L.L.C.

Wellsite Geologist: Curstin Hamblin

Purchaser: Akawa Natural Gas, L.L.C.

Designate Type of Completion:

____ New Well Re-Entry ____ Workover

____ Oil ____ SWD ____ SLOW

Gas ____ ENHR ____ SIGW

____ CM (Coal Bed Methane) ____ Temp. Abd.

____ Dry ____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

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

Operator: Osborn Energy, L.L.C.

Well Name: Fischer 5-21

Original Comp. Date: 7/31/2009 Original Total Depth: 738

____ Deepening Re-perf. ____ Conv. to Enhr. ____ Conv. to SWD

____ Plug Back: _____ Plug Back Total Depth

____ Commingled Docket No.: _____

____ Dual Completion Docket No.: _____

____ Other (SWD or Enhr.?) Docket No.: _____

~~8/31/1998~~ 10-5-09 ~~9/8/1998~~ 10/5/2009

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 121-28695-0000

Spot Description: S2 of NW/4 of Sec. 21, T16S R25E

N2 NE SW NW Sec. 21 Twp. 16 S. R. 25 East West

3660 Feet from North / South Line of Section

990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Miami

Lease Name: Fischer Well #: 5-21

Field Name: Lousburg

Producing Formation: Cherokee

Elevation: Ground: 1063 Kelly Bushing: _____

Total Depth: 738 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 22.10 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 727.35

feet depth to: surface w/ 106 sx cmt.

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 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: Curstin Hamblin

Title: Geologist Date: 10-9-09

Subscribed and sworn to before me this 9th day of October

20 09
Notary Public: [Signature]

Date Commission Expires: _____

Jane Brewer
Notary Public
State of Kansas
My Commission Expires 3-23-11

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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OCT 15 2009

KCC WICHITA

Operator Name: Osborn Energy, L.L.C. Lease Name: Fischer Well #: 5-21
 Sec. 21 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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 1/4"	8 5/8"		22.10	portland	540' 5	water
Production	6 3/4"	4 1/2"		727.35	owc	106	200# gel, 7bbl dye

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	657-670	100bbl 15% acid, 3000# sand	657-670

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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KCC WICHITA

Date of First, Resumed 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) _____
Estimated Production Per 24 Hours	Oil Bbls. _____ Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 657-670
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10/9/2009

Kansas Corporation Commission
Conservation Division
130 S Market, Room 2078
Wichita, KS 67202

Dear Commissioners,

Osborn Energy, LLC, a Kansas corporation, having its principal place of business at 24850 Farley, Bucyrus, KS 66013 is requesting that the KCC keep all information including the ACO-1 and well samples if they were required for the following well confidential for the maximum amount of time allowed. Osborn Energy, LLC understands the KCC desires to obtain the confidential and proprietary information for the sole purpose of regulating the gas and oil industry.

LEASE NAME: Fischer WELL #: 5-21
API #: 15-121-28695-0000

Sec	Twn	Rng
<u>21</u>	<u>16S</u>	<u>25E</u>

Sincerely,

Curstin Hamblin

Curstin Hamblin
Geologist
Osborn Energy, LLC.

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