

* Re-entry

ORIGINAL

CONFIDENTIAL

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

01/12/12

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 _____ SIOW
 Gas _____ ENHR _____ SIGW
 CM (Coal Bed Methane) _____ Temp. Abd.
 _____ Dry _____ Other _____
 (Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 121-28677-0000
 Spot Description: NE4 of Sec. 21 T16S R25E
 _____ NE SW NE Sec. 21 Twp. 16 S. R. 25 East West
3630 Feet from North / South Line of Section
1650 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Miami
 Lease Name: Divine Well #: 2-21
 Field Name: Louisburg
 Producing Formation: Marmaton
 Elevation: Ground: 1030 Kelly Bushing: _____
 Total Depth: 699 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 22.70 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 654.77
 feet depth to: surface w/ 100 sx cmt.

If Workover/Re-entry: Old Well Info as follows:
 Operator: Osborn Energy, L.L.C.
 Well Name: Divine 2-21
 Original Comp. Date: 7/20/2009 Original Total Depth: 699
 _____ 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.: _____
12/22/2009 _____ 12/29/2009
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date

Drilling Fluid Management Plan RENJ 2-4-10
 (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: 1-12-10
 Subscribed and sworn to before me this 12th day of January

20 10
 Notary Public: Jane Brewer
 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

RECEIVED
 JAN 14 2010

KCC WICHITA

Operator Name: Osborn Energy, L.L.C. Lease Name: Divine Well #: 2-21
 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: GRN	<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"		22.70	portland	5	water
Production	6 3/4"	4 1/2"		654.77	owc	100	100# gel

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
4 shots/foot	478-484.5	1000 gal 7.5 HCL, 11750# sand	478-484.5

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method: <input type="checkbox"/> Flowing <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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