

ORIGINAL

* Re-entry
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 - 121-28637-0000
Spot Description: N2 NE4 sec. 9 T16S R25E
____ NE NE NE Sec. 16 Twp. 16 S. R. 25 East West
330 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Kircher, Omer Well #: O-43
Field Name: Louisburg
Producing Formation: Marmaton
Elevation: Ground: 1114 Kelly Bushing: _____
Total Depth: 820 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 815
feet depth to: surface w/ 149 sx cmt.

If Workover/Re-entry: Old Well Info as follows:
Operator: Osborn Energy, L.L.C.
Well Name: Kircher, Omer O-43
Original Comp. Date: 8/26/2008 Original Total Depth: 820
____ 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.: _____
12/10/2009 12/17/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

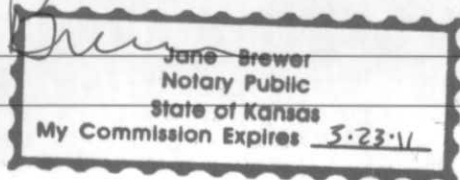
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) REN 2 4-10
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ 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: 1-12-2010
Subscribed and sworn to before me this 12th day of January

20 10
Notary Public: Jane Brewer
Date Commission Expires: _____



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: Kircher, Omer Well #: O-43
 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 <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 type="checkbox"/> Yes <input checked="" 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	9 1/4"	8 5/8"		21	portland	3 sacks	water
Production	7 7/8"	5 1/2"		815	50/50 poz	149	premium 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	620-626	800 gal 7.5 HCL, 200 sx sand, 2000 CSCF N	620-626

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 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
		3			

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: 620-626
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