

ORIGINAL

SIDE ONE

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

Operator: License # 5885
Name: Glaze Drlg
Address 22139 S. Victory Rd
City/State/Zip Spring Hill, KS 66083
Purchaser: none
Operator Contact Person: Sue Glaze
Phone 913-592-2033
Contractor: Name: Glaze Drlg
License: 5885
Wellsite Geologist: none

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If ~~OWO~~: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

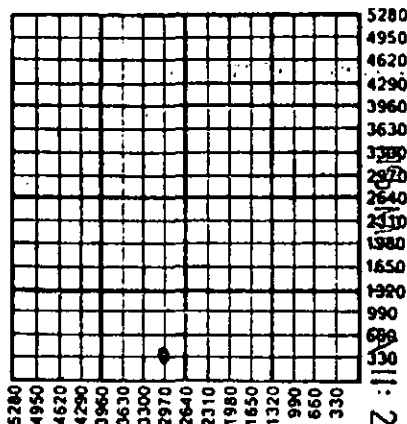
Drilling Method:
 Mud Rotary Air Rotary Cable
9/2/95 9/5/95 9/6/95
Spud Date Date Reached TD Completion Date

API NO. 15- 091-226670000
County Johnson
se se sw Sec. 2 Twp. 15 Rge. 24 East
West

330 Ft. North from Southeast Corner of Section
2970 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name OSBOEN Well # #7
Field Name OSBOEN
Producing Formation Bartlesville

Elevation: Ground _____ KB _____
Total Depth 800' PBDT _____



RECEIVED
KANSAS CORPORATION COMMISSION

Amount of Surface Pipe Set and Cemented at TD Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set n/a Feet
If Alternate II completion, cement circulated from TD
feet depth to SURFACE w/ 148 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Sue Glaze
Title Asst Date 3/5/96
Subscribed and sworn to before me this 5th day of March, 19 96.
Notary Public Sharon S Meek
Date Commission Expires 2-16-2000



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

ORIGINAL

SIDE TWO

Operator Name Glace Drlg Lease Name Osborn Well # #7
Sec. 2 Twp. 15 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.)

GAMMA RAY - NEUTRON

Formation Description

Log Sample

Name _____ Top _____ Bottom _____

Log attached!

CASING RECORD New 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
<u>Surface</u>	<u>8</u>	<u>7'</u>		<u>20</u>	<u>Portland</u>	<u>10</u>	<u>Water</u>
<u>Production</u>	<u>10/4</u>	<u>2 7/8</u>		<u>800</u>	<u>consolidated</u>	<u>well service</u>	

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
<u>41</u>	<u>719-729</u>		

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

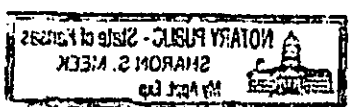
Date of First Production not yet prod. Producing Method Flowing Pumping Gas Lift Other (Explain) not yet prod.

Estimated Production Per 24 Hours Oil _____ Bbls. Gas _____ Mcf Water _____ Bbls. Gas-Oil Ratio _____ Gravity _____

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval _____



102965

TO Jim Osborn
Address _____
City _____ State _____
Ship To Well #7 Occ #2

DATE 9/15/95
CUSTOMER'S ORDER NO. _____
SHIP _____
VIA _____
SALESMAN _____

CASH	CHARGE	C. O. D.	PAID OUT	RETURNED MDSE.	RECEIVED ON ACCOUNT
------	--------	----------	----------	----------------	---------------------

QUANTITY	DESCRIPTION	PRICE	AMOUNT
800'	wt of drill @ 6 ⁵⁰ /per ft		5213.00 ^{IDC}
790'	wt of 2 7/8" product pipe		1580.00
	Surface casing		135.00
	Cement		35.00
	Hardware		200.00
	Consolidated-cementing & pull up		2600.00
11 hrs	rigtime, setting surface, mudding up for loggers, running pipe @ 125 ⁰⁰ /hr		1375.00 ^{IDC}
3 hrs	service rig @ 75 ⁰⁰ /hr		225.00 ^{IDC}
	log & perforation		94.00 ^{IDC}
	Valent to drill		35.00 ^{IDC}
	Well head		300.00
	7789 IDC		
	4850 well		
	<u>total amt due</u>		<u>\$ 12,639.00</u>
	12639		

Thanks, Susie

Ed 9/15/95 John Blaz

ALL Claims and Returned Goods MUST Be Accompanied By This Bill

SIGNATURE _____

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 or 800-467-8676

TICKET NUMBER 2256
 LOCATION Ottawa, KS
 FOREMAN Fred Mader

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	OTR/OTR	SECTION	TWP	RGE	COUNTY	FORMATION
9/6/95	3137	7 Osborn		2	15T	24	JA	
CHARGE TO <u>H.G. Glaze</u>				OWNER				
MAILING ADDRESS <u>22139 Victory Rd</u>				OPERATOR				
CITY <u>Springhill</u>				CONTRACTOR <u>Company Tools</u>				
STATE <u>Ks</u>		ZIP CODE <u>66083</u>		DISTANCE TO LOCATION <u>35</u>				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	6 7/8
TOTAL DEPTH	798
CASING SIZE	2 7/8
CASING DEPTH	795
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input 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

Hole is pre gelled

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Establish Circulation Pump App. 20 BBLs
Fresh water Flush Follow w/ 148 gal 50/50 Ac. Mix
2% Premium Gel Cement to Surface - Pump plug to
bottom w/ app 4.7 BBLs Fresh water Shut in casing
@ 500 PSI

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	200 psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	580 psi
6 MIN SIP	370 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

9-6-95

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE

OSBORN #7
 307 FSL
 2995 FEL

GLAZE DRILLING CO.

WELL OWNER: JIM OSBORN
 COUNTY: JOHNSON
 STATE: KANSAS
 WELL # 7

SEC: 2
 TWP: 15-S
 RNG: 24-E

(API) # _____

"DRILLERS LOG AS FOLLOWS"

(COLUMN-1)

(COLUMN-2)

THICKNESS IN FEET--FORMATION--DEPTH			THICKNESS IN FEET--FORMATION--DEPTH		
22	SHALE	22	4	LIME	559
50	LIME	72	9	SHALE	568
21	SHALE	93	8	SAND	576
12	LIME	105	100	SHALE	676
33	SHALE	138	2	BLK-SLT	678
8	LIME	146	39	SHALE	717
32	SHALE	178	1	LIME	718
2	LIME	180	12	SANDSTONE	730-BIG-GAS
8	SHALE	180	5	SANDSTONE	735 KILL-730'
24	LIME	212	65	SHALE-SNDY	800-T.D.
5	DRK-SHALE	217			
24	LIME	241			
3	BLK-SLT	244			
4	LIME	248			
4	SHALE	252			
9	LIME	261-HERTHA			
5	SHALE	266			
10	SHALE	276			
151	SHALE	427			
1	LIME	428			
10	SHALE	438			
4	REDBED	442			
28	SHALE	470			
10	LIME	480			
15	SHALE	495			
3	LIME	498			
7	SHALE	505			
5	LIME	510			
25	SHALE	535			
3	BLK-SLT	538			
1	LIME	539			
3	SHALE	542			
8	LIME	550			
7	SHALE	557			

RECEIVED
 KANSAS CORP COMM
 1998 NOV 16 P 1:25

15-091-726670000

ORIGINAL

GLAZE DRILLING CO.

WELL OWNER: JIM OSBORN
 COUNTY: JOHNSON
 STATE: KANSAS
 WELL # 7

SEC: 2
 TWP: 15-S
 RNG: 24-E

(API)# _____

"DRILLERS LOG AS FOLLOWS"

(COLUMN-1)

(COLUMN-2)

THICKNESS IN FEET--FORMATION--DEPTH			THICKNESS IN FEET--FORMATION--DEPTH		
22	SHALE	22	4	LIME	559
50	LIME	72	9	SHALE	568
21	SHALE	93	8	SAND	576
12	LIME	105	100	SHALE	676
33	SHALE	138	2	BLK-SLT	678
8	LIME	146	39	SHALE	717
32	SHALE	178	1	LIME	718
2	LIME	180	12	SANDSTONE	730-BIG-GAS
8	SHALE	180	5	SANDSTONE	735 KILL-730'
24	LIME	212	65	SHALE-SNDY	800-T.D.
5	DRK-SHALE	217			
24	LIME	241			
3	BLK-SLT	244			
4	LIME	248			
4	SHALE	252			
9	LIME	261-HERTHA			
5	SHALE	266			
10	OIL-SAND	276			
151	SHALE	427			
1	LIME	428			
10	SHALE	438			
4	REDBED	442			
28	SHALE	470			
10	LIME	480			
15	SHALE	495			
3	LIME	498			
7	SHALE	505			
5	LIME	510			
25	SHALE	535			
3	BLK-SLT	538			
1	LIME	539			
3	SHALE	542			
8	LIME	550			
7	SHALE	557			

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 or 800-467-8676

J. M. 190

TICKET NUMBER 2256
 LOCATION Ottawa, KS
 FOREMAN Ered Madec

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9/6/95	3137	7 Osborn		2	15	24	So	
CHARGE TO <u>AG Glaze</u>				OWNER				
MAILING ADDRESS <u>22139 Victory Rd</u>				OPERATOR				
CITY <u>Springhill</u>				CONTRACTOR <u>Company Tools</u>				
STATE <u>Ks</u>		ZIP CODE <u>66083</u>		DISTANCE TO LOCATION <u>35</u>				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	<u>6 1/4</u>
TOTAL DEPTH	<u>798</u>
CASING SIZE	<u>2 7/8</u>
CASING DEPTH	<u>795</u>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
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	
	THEORITICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB
Hole is pre Gelled

DESCRIPTION OF JOB EVENTS Establish Circulation Pump App. 20 BBLs
Fresh water Flush Follow w/ 148 SKs 50/50 Pre Mix
2% Premium Gel Cement to Surface - Pump plug to
bottom w/ app 4.9 BRLS Fresh water Skut in casing
@ 500 PSI

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	<u>200</u> psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	<u>500</u> psi
5 MIN SIP	<u>500</u> 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 9-6-95

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

TICKET NUMBER 3266

LOCATION Ottawa, KS

FIELD TICKET

ORIGINAL

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9/6/95	3137	Osborn #7		2	15	24	To	
CHARGE TO <u>A. G. Glaze</u>				OWNER				
MAILING ADDRESS <u>22139 Victory Rd</u>				OPERATOR				
CITY & STATE <u>Springhill, KS 66083</u>				CONTRACTOR <u>Company Tools</u>				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5402	1 well	PUMP CHARGE		450 ⁰⁰
		HYDRAULIC HORSE POWER		
1118	3 sk	Premium Oil	8 ⁰⁰	24 ⁰⁰
4402	1	2 1/2" Rubber Plug		12 ⁰⁰
		STAND BY TIME		
		MILEAGE		1
		WATER TRANSPORTS		
5502	3 hrs	VACUUM TRUCKS	48 ⁰⁰	144 ⁰⁰
		FRAC SAND		1
1124	148 sk	CEMENT 50/50 For mix	6 ³⁵	939 ⁸⁰
		Tax	6.9%	62 ⁴⁵
		NITROGEN		
5407	6.29 T	TON-MILES x 35 mi	.75	165 ⁰⁰
			ESTIMATED TOTAL	1797 ⁸⁵

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN Lud Maden

CUSTOMER or AGENT (PLEASE PRINT)

DATE 9-6-95

NCSO #1507