



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ 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 #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1049288

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**GAMMA RAY
NEUTRON
COMPLETION LOG**

Company N & W ENTERPRISES, INC.		Location: API #: 15-037-22118-00-00		Other Services	
Well MEYER #INJ. 11	Field WALNUT SE	County CRAWFORD	State KANSAS	Permanent Datum SEC 33 TWP 28S RGE 22E	Elevation 989 EST
Location: 1980' FSL & 1980' FEL NW SE	Well MEYER #INJ. 11	Field WALNUT SE	County CRAWFORD	State KANSAS	Elevation 989 EST
Log Measured From GL	Drilling Measured From GL	Elevation 989 EST			
Date 1-3-11	Run Number 1 NW	Elevation 989 EST			
Depth Diller	Depth Logger 425.6'	Elevation 989 EST			
Top Log Interval 0	Bottom Logged Interval 425.6'	Elevation 989 EST			
Fluid Level FULL	Type Fluid WATER	Elevation 989 EST			
Production Casing 2 7/8" @ TD	Max. Recorded Temp.	Elevation 989 EST			
Estimated Cement Top	Calculated Cement Top	Elevation 989 EST			
Amount & Type Cement	Amount & Type Admix	Elevation 989 EST			
Drilling Contractor	Equipment Number 109	Elevation 989 EST			
Location	Recorded By SANBORNI, G	Elevation 989 EST			
Witnessed By	NORRIS, T	Elevation 989 EST			

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All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

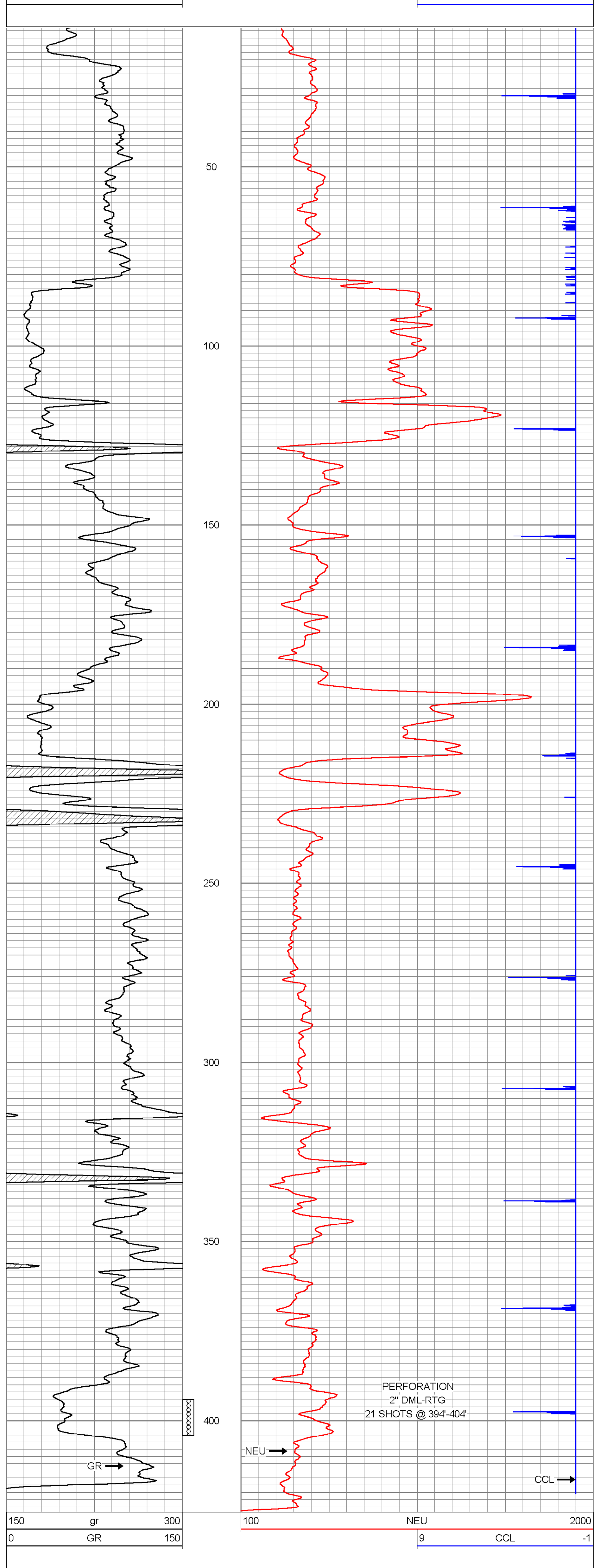
Comments

THANK YOU

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
GR	7.59		GR-TITAN_169 (TIT169_001) Titan 1 11/16" Gamma Ray	4.75	1.69	20.00
CCL	5.05		CCL-TITAN_169 (TIT169) Titan 1 11/16" Logging CCL	1.83	1.69	7.50
NEU	0.63		NEU-TITAN_169 (TIT169_001) Titan 1 11/16" Neutron	4.33	1.69	20.00

Dataset: meyer #inj 11.db: field/well/run1/pass1
 Total Length: 10.92 ft
 Total Weight: 47.50 lb
 O.D.: 1.69 in

Database File: g:\meyer #inj 11.db
 Dataset Pathname: pass1
 Presentation Format: gr-n-ccl
 Dataset Creation: Mon Jan 03 11:32:10 2011 by Log Std Casedhole 09061
 Charted by: Depth in Feet scaled 1:240



Company	N & W ENTERPRISES, INC.
Well	MEYER #INJ. 11
Field	WALNUT SE
County	CRAWFORD SEC. 33 TWP. 28S RGE. 22E
State	KANSAS
Date	1-3-11

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
1/13/2011	A-45712

Cement Treatment Report

N & W Enterprise Inc.
1111 S. Margrave
Fort Scott, KS 66701

(x) Landed Plug on Bottom at 700 PSI
 () Shut in Pressure
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Set Float Shoe

TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 5/8"
 TOTAL DEPTH: 430

Well Name	Terms	Due Date		
	Net 15 days	1/13/2011		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	428	3.00	1,284.00	
Sales Tax		7.30%	0.00	
Pay online at https://paymentnetwork.intuit.com/login/qb				
<div style="border: 2px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p><i>Completed 12-30-10</i> Myers Injection #11 Crawford County Section: 33 Township: 28 Range: 22</p> </div>				

Hooked onto 2 7/8" casing. Established circulation with 2.5 barrels of water. GEL, METSO, COTTONSEED ahead, blended 71 sacks of OWC, dropped rubber plug, and pumped 2.4 barrels of water

Total	\$1,284.00
Payments/Credits	\$0.00
Balance Due	\$1,284.00