

1372187



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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

| | | | | |
|---|--|------------------------------|----------------------------------|---------------------------------|
| Drill Stem Tests Taken <i>(Attach Additional Sheets)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Electric Log Run | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Geologist Report / Mud Logs | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| List All E. Logs Run: | | | | |

| 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 |
| <input type="checkbox"/> Perforate | | | | |
| <input type="checkbox"/> Protect Casing | | | | |
| <input type="checkbox"/> Plug Back TD | | | | |
| <input type="checkbox"/> Plug Off Zone | | | | |

- Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
- Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
- Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

| | | | | |
|---|--|---------|-------------|-----------------------|
| Date of first Production/Injection or Resumed Production/Injection: | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ | | | |
| 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 <i>(Submit ACO-5)</i> | PRODUCTION INTERVAL: Top _____ Bottom _____ |
|---|---|--|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|----------------|-------|---------|------------|
| TUBING RECORD: | Size: | Set At: | Packer At: |
|----------------|-------|---------|------------|



Operator:
N & W Enterprises, Inc.
Fort Scott, KS 66701

Meyer Inj. 14
Crawford County
33-28-22E
API # 15-037-22366-00-00

| | | | |
|------------------------|------------|-------------------------|------------|
| Spud Date: | 10/27/2017 | Surface Bit: | 9.875" |
| Surface Casing: | 7.0" | Drill Bit: | 5.875" |
| Surface Length: | 20' | Longstring: | 429.60' |
| Surface Cement: | 4 sx | Longstring Date: | 10/30/2017 |
| Longstring: | 2 7/8 EUE | | |

Driller's Log

| Top | Bottom | Formation | Comments |
|----------------|----------------|-------------|--|
| 0 | 2 | Soil | |
| 2 | 7 | Clay | |
| 7 | 12 | Lime | |
| 12 | 28 | Shale | Sandy Shale |
| 28 | 94 | Shale | |
| 94 | 132 | Lime | |
| 132 | 152 | Shale | |
| 152 | 191 | Sandy Shale | |
| 191 | 193 | Coal | |
| 193 | 200 | Shale | |
| 200 | 219 | Lime | |
| 219 | 227 | Shale | |
| 227 | 232 | Lime | |
| 232 | 234 | Shale | Blk |
| 234 | 291 | Shale | |
| 291 | 293 | Coal | |
| 293 | 403 | Sand | Fair bleed, good odor, soft brown sand |
| 403 | 411 | Sand | Soft, good bleed, some blk. Sand |
| 411 | 435 | Shale | |
| 435 | | TD | |

Kepley Well Service, LLC

19245 Ford Road

Chanute, Kansas 66720

| | |
|-------------|------------------|
| Date | Invoice # |
| 11/7/2017 | 48786 |

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

(x) Landed Plug on Bottom at 800 PSI
 () Shut in Pressure psi
 (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: 435

| 48-1103536 | Terms | Due Date | | |
|--------------------------|--------------------|------------------|-------------------------------|----------|
| Crawford | Net 30 days | 12/7/2017 | | |
| Service or Product | | Qty | Per Foot Pricing/Unit Pricing | Amount |
| Cement in new well, 430' | | 1 | 1,050.00 | 1,050.00 |
| Sales Tax | | | 7.50% | 0.00 |

10.27.17
Myers Injection 14
Crawford County
Section: 33
Township: 28
Range: 23E

Paid 11/7/17
ck # 5915

Hooked onto 2 7/8" casing. Established circulation with 1 barrels of water, GEL, METSO, COTTONSEED ahead, blended 61 sacks of 2% cement, dropped rubber plug, and pumped 2.4 barrels of water

| | |
|-------------------------|------------|
| Total | \$1,050.00 |
| Payments/Credits | \$0.00 |
| Balance Due | \$1,050.00 |

| | |
|----------------|-------------------------|
| Phone # | E-mail |
| 620-431-9212 | rustypickle@hotmail.com |