

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

Examiner: License # 5602Owner N&B EnterprisesAddress Box 812City/State/Zip Chanute, Kansas 66720Purchaser: N&B EnterprisesOperator Contact Person: J.R. BurrisPhone (316) 365-3181Contractor: Name: J.R. BurrisLicense: 5602Wellsite Geologist: NONE

## Designate Type of Completion

 New Well  Re-Entry  Workover

<input type="checkbox"/> Oil	<input type="checkbox"/> SWD	<input type="checkbox"/> SLOW	<input type="checkbox"/> Temp. Abd.
<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW	
<input type="checkbox"/> Dry	Other (Core, MSW, Expl., Cathodic, etc)		

If Workover/Re-Entry, old well info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth: \_\_\_\_\_

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to Inj/SWD
<input type="checkbox"/> Plug Back	<input type="checkbox"/> PSTD	
<input type="checkbox"/> Casing Milling	<input type="checkbox"/> Docket No. _____	
<input type="checkbox"/> Dual Completion	<input type="checkbox"/> Docket No. _____	
<input type="checkbox"/> Other (SWD or Inj?)	<input type="checkbox"/> Docket No. _____	

10/31/01 1/11/02 1/11/02  
Spud Date Date Reached TD Completion Date

API NO. 15- <u>001-28930-0000</u>	County <u>Allen</u>	<input checked="" type="checkbox"/> E		
3/2 SW NE	Sec. <u>8</u>	Twp. <u>25</u>	Rge. <u>19</u>	<input type="checkbox"/>
3300	Foot from S/W (circle one) Line of Section			
1650	Foot from E/W (circle one) Line of Section			
Footages Calculated from Nearest Outside Section Corner: NE, SE, NW or SW (circle one)				
Lease Name <u>Seifker</u>	Well # <u>5</u>			
Field Name <u>Iola</u>				
Producing Formation <u>Bartlesville</u>				
Elevation: Ground <u>na</u>	na	ft		
Total Depth <u>906</u>	PSTD			
Amount of Surface Pipe Set and Cemented at <u>20</u> Feet				
Multiple Stage Cementing Collar Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, show depth set _____ Feet				
If Alternate II completion, cement circulated from _____				
feet depth to _____ w/ _____ x 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 No. _____				
Quarter <u>Sec.</u> _____ Twp. <u>3</u> Rng. <u>E/W</u>				
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 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 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 J. R. BurrisTitle co-partner Date \_\_\_\_\_Subscribed and sworn to before me this 11 day of February, 2002.Notary Public Mark M. M.Date Commission Expires 3/28/04

K.C.C. OFFICE USE ONLY		
<input type="checkbox"/> F	Letter of Confidentiality Attached	
<input type="checkbox"/> C	Wireline Log Received	
<input type="checkbox"/> C	Geologist Report Received	
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NCPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other (Specify)

Operator Name N&B EnterprisesLease Name Siefker Well # 5  
County Allen East WestSec. 8 Twp. 25 Rge. 19 West

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  
(Attach Additional Sheets.) Yes  No

Samples Sent to Geological Survey

 Yes  No

Cores Taken

 Yes  NoElectric Log Run  
(Submit Copy.) Yes  No

List All E. Logs Run:

 Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
soil	0	3
lime s/shale st.	3	246
shale w/lime st.	246	616
shale	616	887
sand	887	906 TD

## 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
surface	11 1/2"	7 5/8"	20	20'	Portland	5	none
production	6 3/4"	4 1/2"	10	892'	Portland	130	50/50 pos

## 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			NA	

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
	NA	NA	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		na			

Date of First, Resumed Production, SWD or Inj.	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	Hcf	Water	Bbls.	Gas-Oil Ratio	Gravity
			X	15				

## METHOD OF COMPLETION

Production Interval

<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled
	<input type="checkbox"/> Other (Specify) _____