

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

Operator: License # 5602
Unit N&B Enterprises
Address Box 812
City/State/Zip Chanute, Kansas 66720
Purchaser: N&B Enterprises
Operator Contact Person: J.R. Burris
Phone (316) 365-3181
Contractor: Name: J.R. Burris
License: 5602
Wellsite Geologist: none
Designate Type of Completion
☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.
☒ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, MSW, Expl., Cathodic, etc)

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

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PSTD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

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

API NO. 15- 001-28930-0000

County Allen
3/2 SW NE Sec. 8 Twp. 25 Rge. 19 ☒ E ☐ V

3300 Feet from S/W (circle one) Line of Section

1650 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Seyfker Well # 5

Field Name Iola

Producing Formation Bartlesville

Elevation: Ground na KB _____

Total Depth 906 PSTD _____

Amount of Surface Pipe Set and Cemented at 20 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 No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

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. P. Burris

Title co-partner Date _____

Subscribed and sworn to before me this 11 day of February.

2002

Notary Public Maria M...

Date Commission Expires 3/28/04

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received

Distribution

_____ KCC _____ SWD/Rep _____ NSPA
_____ KGS _____ Plug _____ Other
(Specify)

Operator Name N&B Enterprises Lease Name Siefker Well # 5
County Allen
Sec. 8 Twp. 25 Rge. 19 ☒ East ☐ 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample
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 (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List All E.Logs Run:		
		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 <input type="checkbox"/> New <input checked="" 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	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
<input type="checkbox"/> Perforate			NA	
<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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
	NA		NA	

TUBING RECORD		Size	Set At	Packer At	Liner Run	Production Interval		
			na		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, (SMD or In.)				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	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
			<input checked="" type="checkbox"/>	15				

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

METHOD OF COMPLETION: ☒ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) _____