

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

Operator: License # 5602

Name: 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 SIOV Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSV, 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. _____

04/11/03 08/05/03 08/05/03
Spud Date Date Reached TD Completion Date

API NO. 15- 001-28,997-0000

County Allen

SE-SW Sec. 8 Twp 25 Rge. 19 E V

660 Feet from SW (circle one) Line of Section

3300 Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE. or or (circle one)

Lease Name Siefker Well # 2

Field Name Iola

Producing Formation Bartlesville

Elevation: Ground na KB _____

Total Depth 920 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 872

feet depth to 0 w/ 126 ex cmt.

Drilling Fluid Management Plan Allen 08-20-03
(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. _____ 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.R. Burris

Title co-partner Date _____

Subscribed and sworn to before me this 27th day of August, 2003

Notary Public Marsha M. Burris

Date Commission Expires 3/28/04

MARSHA M. BURRIS
Notary Public - State of Kansas
My Appt. Expires March 28, 2004

K.C.C. OFFICE USE ONLY

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

Distribution

KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

Operator Name N&B Enterprises

Lease Name Siefker

Well # 2

Sec. 08 Twp. 25 Rge. 19

East
 West

County Allen

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.)
List All E.Logs Run:

Name	Formation (Top), Depth and Datum		Datum
	Top		
soil/clay	0		5
lime w/shale st.	5		266
shale	266		536
shale w/lime st.	536		640
shale	640		867
sand	867		920 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	872'	Portland	126	none

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			NA	
<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
		na		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Estimated Production Per 24 Hours	Oil Bbl.	Gas Mcf	Water Bbl.	Gas-Oil Ratio	Gravity
		X 15	0	0	

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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Cemented Other (Specify) _____

Production Interval _____