

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: _____

Operator Contact Person: J.R. Burris

Phone (316) 365-3181

Contractor: Name: J.R. Burris

License: 5602

Geologist: none

Designate Type of Completion

New Well Re-Entry Workover

Oil SVD SIOW 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/SVD

Plug Back PSTD

Commingled Bucket No. _____

Dual Completion Bucket No. _____

Other (SVD or Inj?) Bucket No. _____

1/23/01 3/8/01 3/15/01

Spud Date Date Reached TD Completion Date

API NO. 15- 001-28889-0000

County Allen

60' W/NW-NW NW Sec. 4 Twp. 25 Rge. 19 E V

4950 Feet from S/W (circle one) Line of Section

3790 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 Henry # 6 Well # 6

Field Name Iola

Producing Formation Bartlesville

Elevation: Ground na KB _____

Total Depth 897 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/ _____ ex cnt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Deswating method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. _____ Twp. _____ Rng. _____ E/V

County _____ Docket No. _____

CONSERVATION DIVISION
MAY 10 2001

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 8 day of May

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	<input type="checkbox"/> Letter of Confidentiality Attached	
C	<input type="checkbox"/> Wireline Log Received	
C	<input type="checkbox"/> Geologist Report Received	
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SVD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other
(Specify)		

Operator Name N&B Enterprises

Lease Name Henry

Well # 6

Sec. 4 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		Sample
	Top	Datum	
soil & clay	0	6	
lime w/shale st.	6	262	
shale	262	397	
shale w/lime st	397	627	
shale	627	859	
sand	859	897TD	

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	866'	50/50 Posmix	125	3 gel.

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate Protect Casing Plug Back TB Plug Off Zone			NA	

PERFORATION RECORD - Bridge Plugs Set/Type

Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)

Specify Footage of Each Interval Perforated	Depth
NA	NA

TUBING RECORD Size Set At na Packer At Liner Run Yes No

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

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	10	0	0	

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

METHOD OF COMPLETION

Open Hole Perf. Quality Comp. Commingled
 Other (Specify)

Production Interval