

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 SWD SIOW Temp. Adv.
 Gas ENHR SIGW
 Dry Other (Core, WSU, 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. _____

9/01 3/6/01 3/13/01
Spud Date Date Reached TD Completion Date

API NO. 15- 001-28885-0000

County Allen

NW Sw NE - 5 Sec. 25 Twp. 19 Rge. 19 E V
3630 Feet from S/W (circle one) Line of Section

2310 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, Well # 2

Field Name Iola

Producing Formation Bartlesville

Elevation: Ground na KB _____

Total Depth 885 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 cat.

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. _____

CONSERVATION DIVISION

MAX

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rules 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 2001.

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 Henry

Well # 2

East

County Allen

Sec. 5 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 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:

Log Formation (Top), Depth and Datum Sample

| Name | Top | Datum |
|-----------------|-----|--------|
| lime | 0 | 30 |
| shale | 30 | 48 |
| lime w/shale st | 48 | 246 |
| shale | 246 | 420 |
| shale w/lime st | 420 | 612 |
| shale | 612 | 868 |
| sand | 868 | 885 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 | 868' | 50/50 pos | 140 | 3 gel |

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 | | | | |

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

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type | Acid, Fracture, Shot, Cement Squeeze Record |
|----------------|--|---|
| | NA | NA |
| | | |
| | | |
| | | |

TUBING RECORD

Size na Set At na Packer At na 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 | -0 | X | 15 | 0 | 0 | 0 | |

Disposition of Gas:

Vented Sold Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

Production Interval
