

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, Inc

Operator Contact Person: J.R. Burris

Phone (316) 365-3181

Contact Name: J.R. Burris

License: 5602

Wellsite Geologist: none

Complete Type of Completion
 New Well Re-Entry Workover

Oil SVD SIGW 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 PBD
Commingle Docket No. _____
Dual Completion Docket No. _____
Other (SVD or Inj?) Docket No. _____

4/01 Spud Date 4/23/01 Date Reached TD 4/27/01 Completion Date

API NO. 15- 001-28908-0000

County Allen

NE .NW - - - - - Sec. 17 Twp. 25 Rng. 19 E W

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

3300 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 Porter B Well # 2

Field Name Iola

Producing Formation Bartlesville

Elevation: Ground na KB _____

Total Depth 915 PBD _____

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes No

_____, show depth set _____ Feet

_____, alternate II completion, cement circulated from _____

_____, depth to _____ v/ _____ sx cmt.

_____, (If Fluid Management Plan must be collected from the Reserve Pit)

_____, chloride content _____ ppm Fluid volume _____ bbls

Desaturation 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

JUN 1 2001

KANSAS CORPORATION COMMISSION

RECEIVED

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. 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 30th 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	<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"/> SWD/Rep <input type="checkbox"/> NSPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other (Specify)

Operator Name N&B Enterprises Lease Name Porter B Well # 2
 Sec. 17 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 (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	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	soil	0	6
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	lime w/shale	6	251
List All E.Logs Run:		shale	251	437
		shale w/lime	437	633
		shale	633	865
		sand	865	915TD

CASING RECORD							
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"	5/8"	20	20'	Portland	5	none
production	6 3/4"	4 1/2"	10	868'	50/50 pos	120	2 sacks 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 <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone			NA	

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	<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	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 _____