FORM MUST BE TYPED

SIDE ONE

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

RECEIVED
FEB 15 2002
KCC WICHITA

API NO. 15- 001-20932-0000

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

County Allen

approx-NW SW Sec. 4 Twp. 25 Rge. 19 X W

2045 Feet from S/N (circle one) Line of Section

4790 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 Storrer Well # 1

Field Name Iola

Producing Formation Bartlesville

Elevation: Ground na KB

Total Depth 891 PBTD

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? ____ Yes X No

If yes, show depth set ____ Feet

If Alternate II completion, cement circulated from ____

feet depth to ____ w/ ____ sx cmt.

Designate Type of Completion
X New Well ____ Re-Entry ____ Workover

____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
X Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, 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 ____ PBTD
____ Commingled Docket No. ____
____ Dual Completion Docket No. ____
____ Other (SWD or Inj?) Docket No. ____

10/30/01 1/14/02 1/14/02
Spud Date Date Reached TD Completion Date

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 R Burris

Title co-partner Date ____

Subscribed and sworn to before me this 11 day of February, 2002.

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)

Form ACO-1 (7-91)

Operator Name N&B Enterprises Lease Name Storrer Well # 1

Sec. 4 Twp. 25 Rge. 18 ☒ 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.) ☐ Yes ☒ No

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run (Submit Copy.) ☐ Yes ☒ No

List All E.Logs Run:

☒ Log Formation (Top), Depth and Datums ☐ Sample

Name	Top	Datum
soil	0	2
lime w/sh. st.	2	242
shale w/lime st.	242	601
shale	601	865
sand	865	891

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	11¼"	7 5/8"	20	20'	Portland	5	none
production	6 3/4"	4½"	10	867'	Portland	127	50/50 pos

ADDITIONAL CEMENTING/SQUEEZE RECORD

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

Shots Per Foot	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
	NA	NA	

TUBING RECORD Size ___ Set At na Packer At ___ Liner Run ☐ Yes ☒ No

Date of First, Resumed Production, SWD 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
		x 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) ___

Production Interval ___