

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

Operator License # 5602

Name N&B EnterprisesAddress Box 812City/State/Zip Chanute, Kansas 66720Purchaser: N&B EnterprisesOperator Contact Person: J.R. BurrisPhone (316) 365-3181Contractor Name: J.R. BurrisLicense: 5602Wellsite Geologist: none

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.☒ Gas ☐ ENHR ☐ SIGW☐ Dry ☐ Other (Core, VSV, 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 ☐ PBDT☐ Commingled ☐ Docket No. _____☐ Dual Completion ☐ Docket No. _____☐ Other (SWD or Inj?) Docket No. _____

10/26/01

1/11/02

1/11/02

Spud Date

Date Reached TD

Completion Date

API NO. 15-

001-28930-0000

County AllenSE NW Sec. 17 Twp. 25 Rge. 19

3630

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 # 3Field Name IolaProducing Formation BartlesvilleElevation: Ground na KB Total Depth 935 PBDT Amount of Surface Pipe Set and Cemented at 20 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ ex cmt.

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. BurrisTitle co-partner Date _____Subscribed and sworn to before me this 11 day of February

2002

Notary Public Marsha M. BurrisDate 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 ☐ NSPA
KCS ☐ Plug ☐ Other ☐
(Specify)

Woll # 3

☒ East
☐ West

County Allen

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:

X Log Formation (Top). Depth and Datums

Sample

Name _____

Top

Datum

soil & clay...

0

8

shale

g

8
10

lime w/shale st.

18

18
276

shale w/lime st.

276

276
643

shale

643

043
007

sand

043
997897
825 --☐ New ☒ Used

Report all strings set-conductor, surface, intermediate, production, etc.

ADDITIONAL CEMENTING/SQUEEZE RECORD

TUBING RECORD		Size	Set At	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	
		x 20				

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

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

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