

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

Form ACO-1
September 1999
Form Must Be Typed

COPY

Operator: License # #5602
Name: N & B Enterprises, Inc.
Address: P.O. Box 812
City/State/Zip: Chanute, Kansas 66720
Purchaser: _____
Operator Contact Person: Edsel E. Noland
Phone: (620) 431-6424
Contractor: Name: J.R. Burris
License: #5602
Wellsite Geologist: none
Designate Type of Completion:
XXX New Well _____ Re-Entry _____ Workover
_____ Oil _____ SWD _____ SIOW _____ Temp. Abd.
XXX Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
_____ Plug Back _____ Plug Back Total Depth
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Enhr.?) _____ Docket No. _____
7-12-01 7-13-01 7-21-01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 133-25682-0000
County: Neosho
N/2 NE/4 NW/4 Sec. 33 Twp. 27 S. R. 18 ☒ East ☐ West
335 feet from (N (circle one) Line of Section
3440 feet from (E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) XXE NW XXX
Lease Name: Crawford Well #: 2
Field Name: Chanute
Producing Formation: Bartlesville
Elevation: Ground: n/a Kelly Bushing: _____
833
Total Depth: _____ Plug Back Total Depth: 833
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 833
feet depth to 0 w/ BI sx 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. R. _____ ☐ East ☐ West

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 of 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: Edsel E. Noland

Title: Sec/Treas Date: 9-6-01

Subscribed and sworn to before me this 5th day of September

2001

Notary Public: Shari H. Ratliff

Date Commission Expires: November 7, 2004

KCC Office Use ONLY

N Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

N Wireline Log Received

N Geologist Report Received

N UIC Distribution

SHARI G. RATLIFF
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 11-7-04

Operator Name: **N & B Enterprises, Inc.** Lease Name: **Crawford** #2 Well #: **#2**
 Sec. **33** Twp. **27** S. R. **18** ☒ East ☐ West County: **Neosho**

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken
 (Attach Additional Sheets)

☐ Yes ☒ No

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

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	# Sacs Used	Type and Percent Additives
Surface	11½"	7"	20	20	Portland	7	none
Production	6½"	2 7/8"	6.	833	Portland	81	none

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 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	Packer At	Liner Run
	NA			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	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

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) _____