

ORIGINAL

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

API NO. 15- 001-29030-0000
County Allen
SE NW Sec. 7 Twp. 25 Rge. 19 X E
W

Operator: License # 5602
Name: N&B Enterprises
Address Box 812
City/State/Zip Chanute, Kansas 66720

3700 Feet from S/W (circle one) Line of Section
3700 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Purchaser: _____
Operator Contact Person: J.R. Burris
Phone (316) 365-3181

Lease Name Sherrill Well # 1
Field Name Iola
Producing Formation Bartlesville

Contractor: Name: J.R. Burris RECEIVED
License: 5602 5677 FEB 12 2004

Elevation: Ground na KB _____
Total Depth 1039 PBD _____
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? _____ Yes X No

Wellsite Geologist: none
Designate Type of Completion
X New Well _____ Re-Entry _____ Workover _____

If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1037
feet depth to 0 w/ 150 sx cmt.

X Oil _____ SWD _____ SLOW _____ Temp. Abd.
X Gas _____ ENHR _____ SIGW _____
_____ Dry _____ Other (Core, MSW, Expl., Cathodic, etc) _____

Drilling Fluid Management Plan 11/11/02 26.04
(Data must be collected from the Reserve Pit)

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____
Lessee Name _____ License No. _____
_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

11/04/03 11/06/03 11.6.03
Spud Date Date Reached TD Completion Date

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 partner Date _____

Subscribed and sworn to before me this 9 day of February, 2004.

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 AL Letter of Confidentiality Attached
C AL Wireline Log Received
C AL Geologist Report Received
Distribution
X KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

Operator Name: NWB Enterprises Lease Name: Sherrill Well # 1
 East County: Allen
 Sec. 7 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>lime w/shale streaks</td> <td>0</td> <td>212</td> </tr> <tr> <td>shale w/lime streaks</td> <td>212</td> <td>617</td> </tr> <tr> <td>shale</td> <td>617</td> <td>747</td> </tr> <tr> <td>sand</td> <td>747</td> <td>755</td> </tr> <tr> <td>shale</td> <td>755</td> <td>845</td> </tr> <tr> <td>sand</td> <td>845</td> <td>993</td> </tr> <tr> <td>shale</td> <td>993</td> <td>1026</td> </tr> <tr> <td>lime</td> <td>1026</td> <td>1039</td> </tr> </tbody> </table>	Name	Top	Datum	lime w/shale streaks	0	212	shale w/lime streaks	212	617	shale	617	747	sand	747	755	shale	755	845	sand	845	993	shale	993	1026	lime	1026	1039
Name	Top		Datum																										
lime w/shale streaks	0		212																										
shale w/lime streaks	212		617																										
shale	617		747																										
sand	747	755																											
shale	755	845																											
sand	845	993																											
shale	993	1026																											
lime	1026	1039																											
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
List All E.Logs Run:																													

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> 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	1037'	Portland	150	50/50 posmix

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				

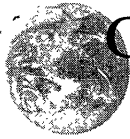
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
	NA	NA

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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

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 _____



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

RECEIVED

FEB 12 2004

KCC WICHITA

ORIGINAL

TICKET NUMBER 23206

LOCATION Chanute

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

FIELD TICKET

Sherrill #1 (11-2)

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
11/6/03	5675	Sherrill #1		7	25	14	AI	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

10 and B
Po Box 812
Chanute KS 66720

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1 well	PUMP CHARGE (concrete pump)		525.00
1118	5 SK	Prem Gel 3 In. tank 2 Ahead of Job		59.00
1111	357	Salt		81.75
1110	15 SK	G Bentonite		391.00
1107	1.5 SK	Cellu. Flocks		56.00
1238	2 Gal	Soyap. For mud flush FSA41		60.00
4404	1	4 1/2 Rubber Plug		27.00
1123	60 Brll	C. T. water		NC
5407	30	BLENDED & HANDLING TON-MILES	MIN.	190.00
5502	3 hr	STAND BY TIME MILEAGE WATER TRANSPORTS VACUUM TRUCKS FRAC SAND		57.00
1124	150 SK ✓	CEMENT 50/100 2 1/2 gal 50 SK 1 1/2 gal cement		967.50
		SALES TAX		93.89
		ESTIMATED TOTAL		2394.29

Revin 2790

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN

CUSTOMER or AGENT (PLEASE PRINT)

DATE

10% DISCOUNT OFFERED.
On ALL NS, B INVOICE S. [Signature]
Dwayne

187498