

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: \_\_\_\_\_  
Operator Contact Person: J.R. Burris  
Phone ( 316 ) 365-3181

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

Wellsite Geologist: none **KCC WICHITA**

Designate Type of Completion  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp. 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/SWD  
Plug Back \_\_\_\_\_ PBSD  
Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
Other (SWD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_  
11/03/03 11/05/03 11.05.03  
Spud Date Date Reached TD Completion Date

API NO. 15- 001-29029-0000  
County Allen  
SE - SW - Sec. 7 Twp. 25 Rge. 19  E  W  
660 Feet from  SW (circle one) Line of Section  
3700 Feet from  EW (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or  SW (circle one)  
Lease Name Hampton Well # 1  
Field Name Iola  
Producing Formation Bartlesville  
Elevation: Ground na KB \_\_\_\_\_  
Total Depth 1055 PBSD \_\_\_\_\_  
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 1053  
feet depth to 0 w/ 153 sx cmt.  
Drilling Fluid Management Plan ALL 11/02/04  
(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 9 day of February.  
Boof  
Notary Public Marsha M. Burris  
Date Commission Expires 3/28/04

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)

**MARSHA M. BURRIS**  
Notary Public - State of Kansas  
My Appt. Expires March 28, 2004

ORIGINAL

Operator Name N&B Enterprises Lease Name Hampton Well # 1  
County Allen  
Sec. 7 Twp. 25 Rge. 19  
 East  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  Yes  No  
(Attach Additional Sheets.)  
Samples Sent to Geological Survey  Yes  No  
Cores Taken  Yes  No  
Electric Log Run  Yes  No  
(Submit Copy.)  
List All E.Logs Run:

Name	Formation (Top), Depth and Datum	
	Top	Datum
lime w/shale streaks	0	260
shale w/lime streaks	260	644
shale	644	893
sand	893	1000
shale	1000	1040
lime	1040	1055

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	1053'	Portland	153	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 na Set At na Packer At na 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

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

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

RECEIVED

FEB 12 2004

KCC WICHITA

ORIGINAL

TICKET NUMBER 23207

LOCATION Chanute

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
11/05/03	5675	Hampton		7	25	19	AI	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1 Well	PUMP CHARGE Cement Pump		525.00
1118	10 SK	Phena Gel 3 In head		118.00
		Ⓣ Ahead of Job		
1111	357 #	Sol +		27.00
1110	15 SK	Gelsolite		51.00
1107	1.5 SK	Floccul		26.25
1238	2 Gal	Soap For Mud Flush ESD41		60.00
4404	1	4 1/2 Rubber Plug		21.00
3609		Washdown Chasing		NC
5407	25 mi	BLENDING & HANDLING TON-MILES Delivery	MIN.	190.00
		STAND BY TIME		
		MILEAGE		
	NA	WATER TRANSPORTS		
		VACUUM TRUCKS	Customer provided	NA
		FRAC SAND		
1124	153 SK	CEMENT 50/50 240 SK Gelsolite 5% Sol + 1/4 # Floccul		986.25
			SALES TAX	98.53
			ESTIMATED TOTAL	2142.56

Revin 2790

10% Discount offered for all  
N & B Invoices  
CUSTOMER or AGENT'S SIGNATURE [Signature] CIS FOREMAN [Signature]  
for 10 day payment  
CUSTOMER or AGENT (PLEASE PRINT) [Signature] DATE 1/5/04