

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM  
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 6111  
Name N-B Company, Inc.  
Address Box 506  
City/State/Twp Russell, KS 67665

Purchaser.....

Operator Contact Person Joe K. Branum  
Phone 913-483-5345

Contractor: License # 8241  
Name Emphasis Oil Operations

Wellsite Geologist D. J. Schultz  
Phone 913-483-5345

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SWD  Temp Abd  
 Gas  Inj  Delayed Comp  
 Dry  Other (Core, Water Supply etc.)

If ONWO: old well info as follows:

Operator .....  
Well Name .....  
Comp. Date ..... Old Total Depth.....

WELL HISTORY

Drilling Method:  
 Mud Rotary  Air Rotary  Cable

3/20/85 Spud Date 3/26/85 Date Reached TD 3/26/85 Completion Date

3445' RTD Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 255' feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set.....feet  
If alternate 2 completion, cement circulated from.....feet depth to.....w/.....SX cmt

API NO. 15-163-22,623 -00 -00

County Rooks

NE NW SE Sec. 14 Twp. 7S Rge. 19  East  West

2310 Ft North from Southeast Corner of Section  
1650 Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

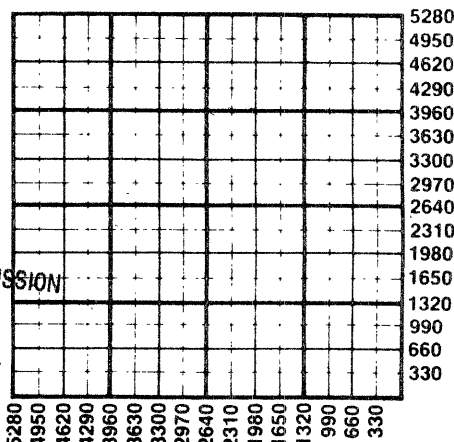
Lease Name Wallace Well # 5

Field Name Grover East

Producing Formation.....

Elevation: Ground 1956' KB 1961'

Section Plat



RECEIVED  
STATE CORPORATION COMMISSION  
APR 18 1985  
APR 18 1985  
CONSERVATION DIVISION  
Wichita, Kansas

WATER SUPPLY INFORMATION

Disposition of Produced Water:  Disposal  Repressuring  
Docket # .....

Questions on this portion of the ACO-1 call:  
Water Resources Board (913) 296-3717

Source of Water:  
Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner (Well) .....Ft West from Southeast Corner of Sec Twp Rge  East  West

Surface Water..700 Ft North from Southeast Corner (Stream, pond etc)..100 Ft West from Southeast Corner Sec 20 Twp 7S Rge 18  East  West

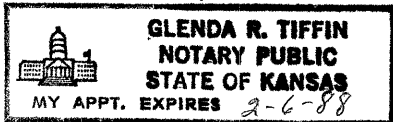
Other (explain).....  
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. 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 [Signature] Title Controller Date 4/15/85

Subscribed and sworn to before me this 15th day of April 1985  
Notary Public Glenda R. Tiffin  
Date Commission Expires February 6, 1988



K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Drillers Timelog Received  
Distribution  
 KCC  SWD/Rep  NGPA  
 KGS  Plug  Other (Specify)

Sec. 14 Twp. 7 Rge. 19E

**SIDE TWO**

Operator Name ..... N-B Company, Inc. ..... Lease Name..... Wallace ..... Well #..... 5 .....

Sec..... 14 ..... Twp..... 7S ..... Rge..... 19 .....  East  
 West ..... County..... Rooks .....

**WELL LOG**

**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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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	<table border="0" style="width:100%"> <tr> <th colspan="3">Formation Description</th> </tr> <tr> <td><input type="checkbox"/> Log</td> <td colspan="2"><input checked="" type="checkbox"/> Sample</td> </tr> <tr> <th>Name</th> <th>Top</th> <th>Bottom</th> </tr> <tr> <td>Anhydrite</td> <td>1456'</td> <td></td> </tr> <tr> <td>Topeka</td> <td>2902'</td> <td></td> </tr> <tr> <td>Heebner</td> <td>3103'</td> <td></td> </tr> <tr> <td>Toronto</td> <td>3127'</td> <td></td> </tr> <tr> <td>Lansing</td> <td>3143'</td> <td></td> </tr> <tr> <td>Base K.C.</td> <td>3365'</td> <td></td> </tr> <tr> <td>Arbuckle</td> <td>3417'</td> <td></td> </tr> <tr> <td>R.T.D.</td> <td>3445'</td> <td></td> </tr> </table>	Formation Description			<input type="checkbox"/> Log	<input checked="" type="checkbox"/> Sample		Name	Top	Bottom	Anhydrite	1456'		Topeka	2902'		Heebner	3103'		Toronto	3127'		Lansing	3143'		Base K.C.	3365'		Arbuckle	3417'		R.T.D.	3445'	
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DST #1 3130-3160' 30-45-30-45 Recovered: 20' OCM (20% oil) IFP 45-45      FFP 45-34 ISIP 136      FSIP 102	(Continued from table above)
DST #2 3260-3325' 30-45-30-45 Recovered 15' SOCM (5% oil) IFP 34-34      FFP 34-22 ISIP 659      FSIP 547	(Continued from table above)
DST #3 3407-3430' 30-45-10-Flush Recovered 10' SOCM IFP 34-34      FFP 22-22 ISIP 637      FSIP none	(Continued from table above)

CASING RECORD <input type="checkbox"/> New <input 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	12-1/4"	8-5/8"	23	255'	60/40 poz	165	2% gel, 3% c.c.
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			Amount and Kind of Material Used			Depth
TUBING RECORD				Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Size	Set At	Packer at				
Date of First Production	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	Gas	Water	Gas-Oil Ratio	Gravity		
	Bbls	MCF	Bbls	CFPB			

**METHOD OF COMPLETION** Production Interval

Disposition of gas:  Vented  Open Hole  Perforation  
 Sold  Other (Specify) .....  
 Used on Lease  Dually Completed .....  
 Commingled

