

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

API NO. 15- 163-23,050-00-00
County Rooks
NE SE NW Sec. 7 Twp. 7S Rge. 20 East West
3630 Ft. North from Southeast Corner of Section
2960 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Operator: License # 6111
Name: N-B Company, Inc.
Address P. O. Box 506
Russell, KS 67665-0506

Lease Name Loeffler Well # A-1
Field Name LeSage
Producing Formation Lansing-Kansas City

Purchaser: Koch Oil
Operator Contact Person: Kyle B. Branum
Phone (913) -483-5345

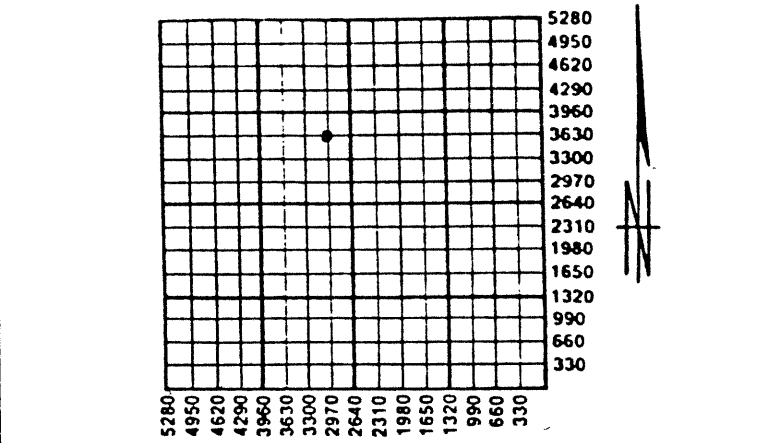
Elevation: Ground 2183' KB 2188'
Total Depth 3715' PBTD

Contractor: Name: Emphasis Oil Operations
License: 8241
Wellsite Geologist: Bill Goff

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWO: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable
7/14/89 7/20/89 8-15-89
Spud Date Date Reached TD Completion Date



Amount of Surface Pipe Set and Cemented at 209 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set (Port Collar) 1721.62 Feet
If Alternate II completion, cement circulated from 1721
feet depth to Surface w/ 450 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Kyle B. Branum President Date 11-2-89

Subscribed and sworn to before me this 2nd day of November, 19 89.

Notary Public Glenda R. Tiffin
Glenda R. Tiffin

Date Commission Expires February 6, 1992 STATE CORPORATION COMMISSION

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)

GLENDAR. TIFFIN
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 2-6-92

NOV 21 1989
11-2-1989
CONSERVATION DIVISION
Wichita, Kansas
11-2-89

SIDE TWO

Operator Name N-B Company, Inc. Lease Name Loeffler Well # A-1
 Sec. 7 Twp. 7S Rge. 20 East County Rooks
 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) <i>Have 2 ST's to state (Janice)</i> <i>11-9-89</i>	<p style="text-align: center;">Formation Description</p> <p style="text-align: center;"><input type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: center;">Top</th> <th style="text-align: center;">Bottom</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td style="text-align: center;">1760'</td> <td style="text-align: center;">1793'</td> </tr> <tr> <td>Topeka</td> <td style="text-align: center;">3171'</td> <td></td> </tr> <tr> <td>Toronto</td> <td style="text-align: center;">3410'</td> <td></td> </tr> <tr> <td>Lansing</td> <td style="text-align: center;">3421'</td> <td></td> </tr> <tr> <td>Base L/KC</td> <td style="text-align: center;">3619'</td> <td></td> </tr> <tr> <td>Arbuckle</td> <td style="text-align: center;">3658'</td> <td></td> </tr> </tbody> </table>	Name	Top	Bottom	Anhydrite	1760'	1793'	Topeka	3171'		Toronto	3410'		Lansing	3421'		Base L/KC	3619'		Arbuckle	3658'	
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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"	20#	200'	60/40	250	
Production	7-7/8"	4-1/2"	10.5	3714'	ASC	150	
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
2	3685'-3688' 3657 1/2'-3663 1/2'			250 gals., 15%		3685'-3663 1/2'	
1	3605' & 3613 1/2'			1000 gals.		3605'-3613 1/2'	
2	3500'-3504'			250 gals., 15%		3500'-3504'	
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Size		Set At		Packer At			
2-3/8				--			
Date of First Production		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
8-17-89							
Estimated Production Per 24 Hours		Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
		30	0	65	--		

Disposition of Gas: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perforation <input type="checkbox"/> Dually Completed <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval 3685'-88' 365 1/2'-63 1/2' 3605' & 3610'
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