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JUL 07 2006

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

KCC WICHITA

Form ACO-1
September 1999
Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5602
 Name: N&B Enterprises
 Address: P O Box 812
 City/State/Zip: Chanute, Ks. 66720
 Purchaser: N&B Enterprises
 Operator Contact Person: J R Burris
 Phone: (620) 365 3181
 Contractor: Name: L&S Well Service
 License: 33374
 Wellsite Geologist: none
 Designate Type of Completion:
 _____ New Well _____ Re-Entry _____ Workover
 _____ Oil _____ SWD _____ SLOW _____ Temp. Abd.
 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. _____
11/2/05 12/5/05 1/1/06
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

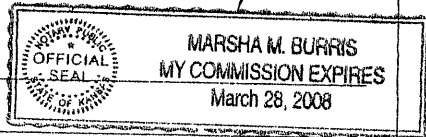
API No. 15-001-29317-00-00
 County: Allen
E₁ - W₁ NW₁ NE Sec. 18 Twp. 25 S. R. 19 East West
4625 feet from S N (circle one) Line of Section
2150 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Tidwell Well #: 2
 Field Name: Iola
 Producing Formation: Bartlesville
 Elevation: Ground: na Kelly Bushing: _____
 Total Depth: 925 Plug Back Total Depth: _____
 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 _____
 feet depth to surface w/ _____ sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit) ALC II W/H
7-25-06
 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: J. R. Burris
 Title: co-partner Date: _____
 Subscribed and sworn to before me this 16 day of February
2006
 Notary Public: Marsha M. Burris
 Date Commission Expires: 3/28/08



KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: N&B Enterprises Lease Name: Tidwell Well #: 2
 Sec. 18 Twp. 25 S. R. 19 East West County: Allen

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 all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum soil 0 3 lime & shale 3 252 shale & lime 252 631 shlae 631 860 sand 860 925 TD
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 <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List All E. Logs Run:		

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	# Sacs Used	Type and Percent Additives
surface	12"	8 5/8"	28	20'	Portland	5	cal. chl.
Production	6 3/4"	4 1/2"	9 1/2	872'	pox mix	118	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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run
			na		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
		<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Specify)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		x 15			

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dualy Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

ORIGINAL

TICKET NUMBER 4963
 LOCATION Ottawa KS
 FOREMAN Fred Mader

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-3-05	5675	Tiddwell #2	18	25	19	AL

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
N&B Enterprises	372	Fred	370	Joe
	164	Rick		
	122	Matt		
	369	Casey		

CUSTOMER	MAILING ADDRESS	CITY	STATE	ZIP CODE
N&B Enterprises	P.O. Box 812	Chanute	KS	66720

JOB TYPE Long string HOLE SIZE 6 1/2 HOLE DEPTH 872' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 872' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 14.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 43 RPM

REMARKS: Wash last joint casing down. Mix & Pump 200# Gel w/ 10 BBL Fresh water Flush. Pump 9 BBL dye ahead of 120 SKS 50/50 Por Mix Cement. 29# Gel. Displace Cement w/ 14.5 BBL Fresh Water Shot in casing

Fred Mader

Let's Drilling
Cous Jones Well Service.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>Cement Pump</u>	164	765 ⁰⁰
5406	50 mi	MILEAGE <u>Pump Truck</u>	164	158 ⁰⁰
5407A	5.1 Ton	<u>Ten Mileage.</u>	122	255 ⁰⁰
5502C	4 hrs	<u>80 BBL Vac Truck</u>	369+370	348 ⁰⁰
1124	118 SKS	<u>50/50 Por Mix Cement</u>		890 ⁹⁰
1118B	8 SKS	<u>Premium Gel</u>		53 ⁰⁰
		<u>Sub Total</u>		2461 ⁹⁴
		<u>Tax @ 6.3%</u>		59.47

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SALES TAX ESTIMATED TOTAL \$ 2521.41