

RECEIVED

JUN 23 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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  SIOW  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. \_\_\_\_\_  
4/12/05 5/2/05  
 Spud Date or Date Reached TD Completion Date or  
 Recompletion Date Recompletion Date

API No. 15 - 001 29210 0000  
 County: Allen  
SE NW NE NE Sec. 18 Twp. 25 S. R. 19  East  West  
4725 feet from S N (circle one) Line of Section  
855 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 #: 1  
 Field Name: Iola  
 Producing Formation: Bartlesville  
 Elevation: Ground: na Kelly Bushing: \_\_\_\_\_  
 Total Depth: 920 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 861  
 feet depth to surface w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan ACTIVATION  
 (Data must be collected from the Reserve Pit) 4-17-07  
 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: 20 June 05  
 Subscribed and sworn to before me this 20 day of June  
WOS  
 Notary Public Marsha M. Burris  
 Date Commission Expires: 3/28/08



KCC Office Use ONLY  
NO 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 #: 1  
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	soil	0	3
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	lime & shale	3	250
List All E. Logs Run:		shale & lime	250	632
		shale	632	852
		sand	852	920

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	
Production	6 3/4"	4 1/2"	9 1/2	861	Portland	116	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 <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone			na	

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

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

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 (Explain)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		x 10			

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION:  Open Hole  Perf.  Dualy Comp.  Commingled

Production Interval:  Other (Specify) \_\_\_\_\_

RECEIVED

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

JUN 23 2005

TICKET NUMBER 2068

LOCATION Ottawa

FOREMAN Alan Mader

KCC WICHITA  
TREATMENT REPORT & FIELD TICKET  
CEMENT

ORIGINAL

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
4-15-05	5675	Tidwell #1	18	25	19	AL			
CUSTOMER <u>N+B Enterprise</u>									
MAILING ADDRESS <u>P.O. Box 812</u>									
CITY <u>Chanute</u>		STATE <u>KS</u>	ZIP CODE <u>66720</u>						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		<u>336</u>		<u>A Mader</u>					
		<u>363</u>		<u>F Mader</u>					
		<u>369</u>		<u>C Kennedy</u>					
		<u>195</u>		<u>R Fischer</u>					

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 961' CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 861 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 12 3/8 bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 b/m

REMARKS: Established rate: mixed & pumped 2x gel to condition hole. After circulation was established mixed & pumped 7 bbl dye followed by 115x 50/50 pot 2 3/4 gal. Circulated dye to surface. Displaced casing with 12 3/8 bbl clean water. Circulated cement to surface. Closed valve.

Wanted on pulling unit to slow up 1 3/4 hr

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement casing		750.00
5406	50	MILEAGE pump truck		122.50
5407	min	ton mileage		235.00
5402	861	casing footage		N/C
5502C	5 hr	30 gal		400.00
5404	3	3 men x 1 hr		N/C
111	2	bentonite gel		26.00
111A	4	S-K gel		26.00
1124		150 pot		852.40
	116	50		
				241.79
				58.36
				241.79
				58.36
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

196719 6.3  
Alan Mader