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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. _____
4/15/05 4/20/05
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

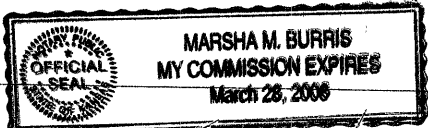
API No. 15 - 001 29211 0000
 County: Allen
 NW SW _____ Sec. 7 Twp. 25 S. R. 19 East West
1980 feet from S N (circle one) Line of Section
4620 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Nelson Well #: 1
 Field Name: Iola
 Producing Formation: Bartlesville
 Elevation: Ground: na Kelly Bushing: _____
 Total Depth: 902 Plug Back Total Depth: 901
 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 surface
 feet depth to surface w/ _____ sx cmt.
ACT II WITH 4 1/2"

Drilling Fluid Management Plan
 (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. 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
2005
 Notary Public Marsha M. Burris
 Date Commission Expires: 3/28/08



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

Operator Name: N&B Enterprises Lease Name: Nelson Well #: 1
 Sec. 7 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
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 & clay	0	7
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	lime & shale	7	280
List All E. Logs Run:		shale & lime	280	667
		shale	667	816
		sand	816	823
		shale	823	902

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	# Sacjs Used	Type and Percent Additives
surface	12"	8 5/8"	28	20	Portland	5	
Production	6 3/4"	4 1/2"	9 1/2	901	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
	not perforated		

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 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	

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

METHOD OF COMPLETION: Open Hole Perf. Dualy Comp. Commingled Other (Specify) _____

Production Interval: _____

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TICKET NUMBER 2080

WELL SERVICES, INC.
21... 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

KCC WICHITA

LOCATION Alan Mader

FOREMAN D+...

TREATMENT REPORT & FIELD TICKET
CEMENT

ORIGINAL

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-05	5675	Nelson #1	7	25	19	AL

CUSTOMER <u>MJB Enterprises</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>368</u>	<u>11 Bockitt</u>		
<u>453 / T90</u>	<u>6 Taylor</u>		
<u>144</u>	<u>R Fisher</u>		

JOB TYPE log string HOLE SIZE 6 3/4 HOLE DEPTH 936 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 901 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 14 DISPLACEMENT PSI 600 MIX PSI 200 RATE 4 bpm

REMARKS: Established rate. Mixed & pumped 4 sk 5.5 gal. After circulation was established, mixed & pumped 9 bbl dye marker followed by 119 sk 50/50 202, 2 3/4 gal. Circulated cement to surface. Flushed pump clean. Pumped 4 1/2 rubber plug to TD of casing. Circulated cement to surface well held 600 PSI. Set float. Checked depth with wireline.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401.20	1	PUMP CHARGE cement casing		750.00
5406.20	50	MILEAGE pump truck		122.50
5407.20	m.m	tax mileage		235.00
5502C.10	2 1/2	80 vac		200.00
5422.20	901	casing footage		NIL
515A.20	9	5-5 gal		58.50
1124.20	116	50/50 202		558.10
44104.20	1	4 1/2 rubber plug		37.00
			SALES TAX	60.10
			ESTIMATED TOTAL	2321.950

1976764
6.37%

AUTHORIZATION _____ TITLE _____ DATE _____