

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 # 6766  
Name: N & W Enterprises, Inc  
Address: 1111 S Margrave  
City/State/Zip: Fort Scott, KS 66701  
Purchaser: Plains Marketing  
Operator Contact Person: Tom Norris  
Phone: (620) 223-6559  
Contractor: Name: McGown Drilling, Inc  
License: 5786  
Wellsite Geologist: N/A

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. \_\_\_\_\_

<u>04/01/05</u>	<u>04/04/05</u>	<u>04/04/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

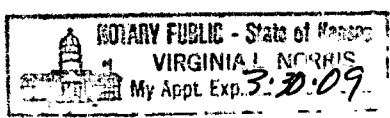
API No. 15 - 037-21672-00-00  
County: Crawford  
SW NE SW Sec. 34 Twp. 28 S. R. 22  East  West  
1650 feet from (S) / N (circle one) Line of Section  
3630 feet from (E) / W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Giefer Well #: 16  
Field Name: Walnut SE  
Producing Formation: Bartlesville  
Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 415 Plug Back Total Depth: 411  
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 411'  
feet depth to top w/ 50 sx cmt.

Drilling Fluid Management Plan *ALT II w/ 8-Ne-07*  
(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: Thomas L. Norris  
Title: President Date: 04/17/2005  
Subscribed and sworn to before me this 17<sup>th</sup> day of April,  
2005.  
Notary Public: Virginia L. Norris  
Date Commission Expires: 3-30-09



**KCC Office Use ONLY**

**NO** Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: N & W Enterprises, Inc Lease Name: Giefer Well #: 16  
 Sec. 34 Twp. 28 S. R. 22  East  West County: Crawford

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  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 <i>(Submit Copy)</i>  List All E. Logs Run:  <b>Gamma Ray Neutron</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border: none;"> <tr> <td style="width:70%;">Name <b>Bartlesville</b></td> <td style="width:15%;">Top <b>386'</b></td> <td style="width:15%;">Datum <b>396'</b></td> </tr> </table>	Name <b>Bartlesville</b>	Top <b>386'</b>	Datum <b>396'</b>
Name <b>Bartlesville</b>	Top <b>386'</b>	Datum <b>396'</b>		

CASING RECORD <input type="checkbox"/> New <input checked="" 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"	8 5/8"	6 lbs	20'	Portland #1	5	None
Production	6 3/4"	2 7/8" 8 rnd	6.5 lbs	411'	Portland #1	50	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				

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
2	386' to 396'	30 Sack Sand Fracs <b>RECEIVED</b>	386-396'
		<b>APR 21 2005</b>	
		<b>KCC WICHITA</b>	

TUBING RECORD		Size <b>2 7/8 8 rnd</b>	Set At <b>411</b>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <b>04/15/2005</b>			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. <b>1 bbl</b>	Gas Mcf	Water Bbls. <b>10</b>	Gas-Oil Ratio	Gravity <b>29.6</b>

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

METHOD OF COMPLETION

Open Hole  Perf.  Dually Comp.  Commingled  
 Other (Specify) \_\_\_\_\_

Production Interval

ORIGINAL

Plat and Certificate of Injection Well Location and Surrounding Acreages

Operator: N & W Enterprises Location of Well: (S) - SW 1/4

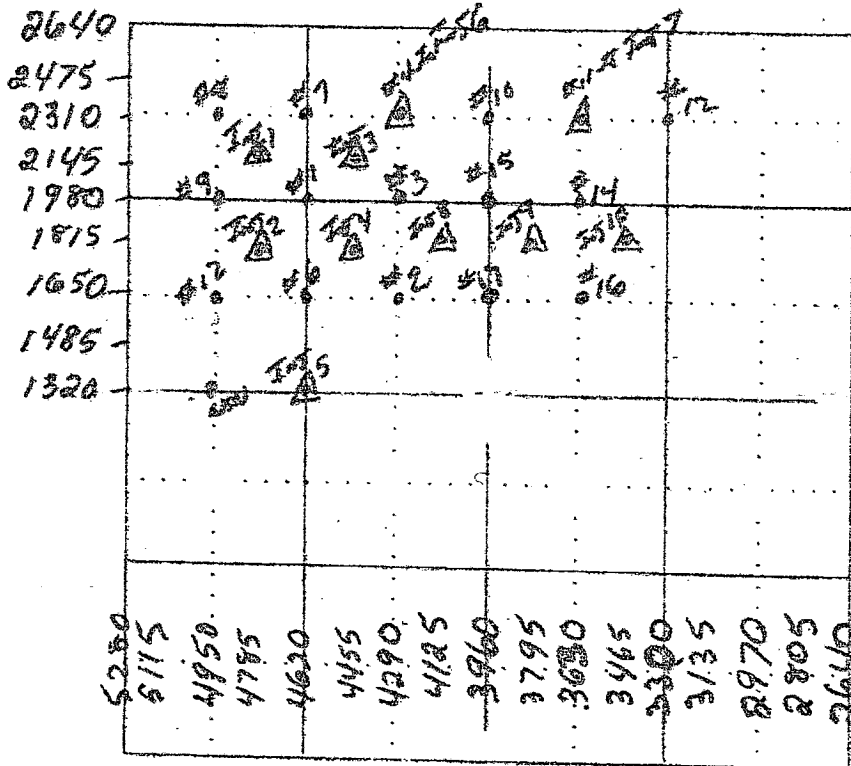
Lease: Giefer Feet from SOUTH Section Line \_\_\_\_\_

Well Number: Plat Map Feet from EAST Section Line \_\_\_\_\_

County: Crawford Sec. 34 Twp. 26 S. R. 22  East  West

Plat

Show the following information: applicant injection well, all producing wells, inactive wells, plugged wells, and other wells within a one-half mile radius, all lease boundaries, lease operators, unleased mineral rights owners, well numbers, and producing wells producing formation tops.



RECEIVED  
APR 21 2005  
KCC WICHITA

- applicant well
- producing well
- plugged injection well
- D & A well
- other injection well
- temporary abandoned well
- plugged producer
- water supply well

The undersigned hereby certifies that he / she is a duly authorized agent for N & W Enterprises Inc., and that all of the information shown herein is true, complete and correct to the best of his / her knowledge.

Thomas L. Howard *Pres.*  
Applicant or Duly Authorized Agent

Subscribed and sworn before me this 17<sup>th</sup> day of April 2005

Virginia L. Norris  
Notary Public

My Commission Expires: 3-30-09

