

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: PO Box 812  
City/State/Zip: Chanute, Ks 66720  
Purchaser: City of Iola  
Operator Contact Person: J.R. Burris  
Phone: (620) 365 3181  
Contractor: Name: Michael Drilling, LLC  
License: 33783  
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. \_\_\_\_\_

10/16/07    11/05/07    1/29/08  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15-001-29642 0000

County: Allen

SW - SW - - - - Sec. 12 Twp. 25 S. R. 18  East  West  
660 feet from  N (circle one) Line of Section  
4390 feet from  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE  SE NW SW

Lease Name: Heffern Well #: 1

Field Name: Iola

Producing Formation: Bartlesville

Elevation: Ground: \_\_\_\_\_ 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 \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt

*AH2-Dlg-1/28/09*

Drilling Fluid Management lan  
(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: Partner Date: 14 Feb 08

Subscribed and sworn to before me this 14 day of Feb.

2008  
Notary Public: Marsha M. Burris  
Date Commission Expires: 3/28/2008



KCC Office Use ONLY  
N Letter of Confidentiality Attached  
If Denied, Yes  Date: RECEIVED  
KANSAS CORPORATION COMMISSION  
Wireline Log Received  
Geologist Report Received FEB 1 2008  
UIC Distribution  
CONSERVATION DIVISION  
WICHITA, KS

Operator Name: N&B Enterprises Lease Name: Heffern Well #: 1  
 Sec. 12 Twp 25 S. R. 18  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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	soil & clay 0 10
Electric Log Run <i>(Submit Copy)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	limer & shale 10 287
List All E. Logs Run:	shale 277 452
	shale & lime 452 651
	shale 651 859
	sane 859 925 TD

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"	24	20'	Portland	5	
production	6 3/4"	4 1/2"	10"	879'	Portland	156	pos-mix

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		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		

TUBING RECORD	Size 0	Set At 0	Packer At 0	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enh.		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
		x 10	0	0
				0
				0

Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)
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CONSOLIDATED OIL WELL SERVICES, **LLC**  
 P.O. BOX 884, CHANUTE, KS 66720  
 620-431-9210 OR 800-467-8676

**COPY** TICKET NUMBER 15730  
 LOCATION Ottawa KS  
 FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET  
**CEMENT**

DATE <u>10/25/07</u>	CUSTOMER # <u>5675</u>	WELL NAME & NUMBER <u>Heffern #1</u>	SECTION <u>12</u>	TOWNSHIP <u>25</u>	RANGE <u>18</u>	COUNTY <u>AL</u>
CUSTOMER <u>N&amp;B Enterprises</u>			TRUCK # <u>506</u>	DRIVER <u>Fred</u>	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 812</u>			<u>495</u>	<u>Cassy</u>		
CITY <u>Chanute</u>	STATE <u>KS</u>	ZIP CODE <u>66720</u>	<u>370</u>	<u>Mark</u>		
JOB TYPE <u>Long string</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>879'</u>	<u>503</u>	<u>Ken</u>		
CASING DEPTH <u>879'</u>	DRILL PIPE	TUBING	CASING SIZE & WEIGHT <u>4 1/2</u>			
SLURRY WEIGHT	SLURRY VOL.	WATER gal/sk	OTHER			
DISPLACEMENT <u>14.5 BBL</u>	DISPLACEMENT PSI <u>300*</u>	MIX PSI <u>200*</u>	CEMENT LEFT in CASING <u>5'</u>			

REMARKS: Establish circulation. Mix Pump 150# Premium Gel  
Flush. Mix Pump 156 sacks 50/50 Por Mix Cement  
w/270 Gal. Displace 4 1/2" casing clean w/ 14.5 BBL  
Fresh water. Shut in casing.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		
5406	50mi	MILEAGE Pump Truck	495	840.00
5407A	6.552 Ton	Ton Mileage	495	165.00
5502C	2 1/2 hrs	80 BBL Vac Truck	503	360.36
			370	225.00
1124	153 SKS	50/50 Por Mix Cement		1354.00
1118B	412*	Premium Gel		61.00
		Sub Total		3006.21
		Tax @ 6.3%		89.20

**COPY**

RECEIVED  
 KANSAS CORPORATION COMMISSION  
 FEB 19 2008  
 CONSERVATION DIVISION  
 WICHITA, KS

SALES TAX ESTIMATED TOTAL 3095.41

AUTHORIZATION \_\_\_\_\_ TITLE Watt 217845

DATE \_\_\_\_\_