FORM MUST BE TYPED

SIDE ONE

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5602
Name: N&B Enterprises
Address Box 812
City/State/Zip Chanute, Kansas 66720
Purchaser:
Operator Contact Person: J.R. Burris
Phone (316) 365-3181
Contractor: Name: J.R. Burris
License: 5602
Wellsite Geologist: none

Designate Type of Completion
X New Well ___ Re-Entry ___ Workover
___ Oil ___ SWD ___ SIOW ___ Temp. Abd.
X Gas ___ ENHR ___ SIGW
___ Dry ___ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
Operator:
Well Name:
Comp. Date ___ Old Total Depth ___
___ Deepening ___ Re-perf. ___ Conv. to Inj/SWD
___ Plug Back ___ PBTD
___ Commingled Docket No.
___ Dual Completion Docket No.
___ Other (SWD or Inj?) Docket No.

01/4/01 — Spud Date
3/7/01 — Date Reached TD
3/14/01 — Completion Date

API NO. 15- ~~001-28887-0000~~
County Allen
70's/N½-N½-NE Sec. 5 Twp. 25 Rge. 19 X E ___ W
4880 Feet from S/N (circle one) Line of Section
1320 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner: NE, SE, NW or SW (circle one)
Lease Name Henry # Well # 4
Field Name Iola
Producing Formation Bartlesville
Elevation: Ground na KB
Total Depth 901 PBTD
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? ___ Yes X No
If yes, show depth set ___ Feet
If Alternate II completion, cement circulated from ___
feet depth to ___ w/ ___ sx cmt.

Drilling Fluid Management Plan Alt II KGR 1/7/08
(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 Rng. ___ E/W
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 on 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 8 day of May, 19 2001.
Notary Public Marsha M. Burris
Date Commission Expires 3-28-04

MARSHA M. BURRIS
Notary Public - State of Kansas
My Appt. Expires March 28, 2004

K.C.C. OFFICE USE ONLY
F ___ Letter of Confidentiality Attached
C ___ Wireline Log Received
C ___ Geologist Report Received

Distribution
___ KCC ___ SWD/Rep ___ NGPA
___ KGS ___ Plug ___ Other (Specify)

Form ACO-1 (7-91)

Operator Name N&B Enterprises Lease Name Henry Well # 4

Sec. 5 Twp. 25 Rge. 19 ☒ East ☐ West County Allen

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.) ☐ Yes ☒ No

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run (Submit Copy.) ☐ Yes ☒ No

List All E.Logs Run:

☒ Log Formation (Top), Depth and Datums ☐ Sample

Name	Top	Datum
soil & clay	0	9
lime w/shale st.	9	230
shale	230	460
shale w/lime st	460	631
shale	631	856
sand	856	901

CASING RECORD ☐ New ☒ 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	11½"	7 5/8"	20	20'	Portland	5	none
production	6 3/4"	4½"	10	858'	50/50 POS	130	3 gel

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing			NA	
___ Plug Back TD				
___ 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
	NA	NA	

TUBING RECORD Size Set At na Packer At Liner Run ☐ Yes ☒ No

Date of First, Resumed Production, SWD or Inj. Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	0	0	x	15	0	0	0	

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

CONSOLIDATED INDUSTRIAL SERVICES
AN INFINITY COMPANY
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

TICKET NUMBER 17043

LOCATION Chanute

FIELD TICKET

ORIGINAL

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
1 8 01	5675	Henry #4		5	25	19	AL	

CHARGE TO: Nand B

MAILING ADDRESS: Po Box 812

CITY & STATE: Chanute KS 66720

OWNER:

OPERATOR:

CONTRACTOR:

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1 well	PUMP CHARGE Cement Pump		525.00
5402	853'	Casing Footage		110.87
		HYDRAULIC HORSE POWER		
1118	3 SK	Prem Gel I N Load		33.00
		Paid Ck #16618		
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
		VACUUM TRUCKS Supplied By Customer		
		FRAC SAND		
1124	130 SK	CEMENT 50/50 2%		975.00
		NITROGEN	Tax	69.55
5407	22 mi	TON-MILES Delivery		56.58
			ESTIMATED TOTAL	1800.00

NSCO #15097

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN Duwayne

CUSTOMER or AGENT (PLEASE PRINT)

DATE

170600

CONSOLIDATED
INDUSTRIAL
SERVICES
AN INFINITY COMPANY
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

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CUSTOMER or AGENT (PLEASE PRINT)

DATE

17060

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AN INFINITY COMPANY
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

TICKET NUMBER **17043**

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FIELD TICKET

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