

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

API NO. 15- 001-28910-0000

ORIGINAL

County AllenNW SW Sec. 21 Twp. 24 Rge. 19 X E V

1970 Feet from S/W (circle one) Line of Section

4680 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 Heigele Well # 2Field Name IolaProducing Formation BartlesvilleElevation: Ground na KBTotal Depth 895 PBDAmount of Surface Pipe Set and Cemented at 20 FeetMultiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ ex cmt.

Drilling Fluid Management Plan Alt II KGR 1-9-08
(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. _____

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

Designate Type of Completion

X New Well _____ Re-Entry _____ WorkoverX Oil _____ SWD _____ SIOW _____ Temp. Abd.X Gas _____ ENHR _____ SIGWX 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? SWDPlug Back _____ PBDCommingle _____ Docket No. _____Dual Completion _____ Docket No. _____Other (SWD or Inj?) _____ Docket No. _____Spud Date 04/05/01 Date Reached TD 04/19/01 Completion Date 04/23/01

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 confidentially 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. BurrisTitle co-partner Date _____Subscribed and sworn to before me this 30th day of MayNotary Public Marsha M. BurrisDate Commission Expires 3/29/04

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)

Operator Name N&B Enterprises Lease Name Heigele Well # 2☒ EastCounty AllenSec. 21 Twp. 24 Rge. 19 ☐ West

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	☒ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes ☒ No	Name	Top	Datum
Cores Taken	☐ Yes ☒ No	soil	0	3
Electric Log Run (Submit Copy.)	☐ Yes ☒ No	lime w/shale	3	290
List All E.Logs Run:		shale	290	425
		shale w/lime	425	622
		shale	622	835
		sand	835	895 TD

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	11 1/2"	8 5/8"	20	20'	Portland	5 none	
production	6 3/4"	4 1/2"	10	843'	50/50 pos	120	2 sacks 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	Packer At	Liner Run ☐ Yes ☒ No			
					na					
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	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

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

ORIGINAL

TICKET NUMBER 13726

LOCATION *Chamute*

TICKET NUMBER

13726

LOCATION

Charlotte

FIELD TICKET

DATE 4/6/01	CUSTOMER ACCT # 5675	WELL NAME Heigle #2	QTR/QTR	SECTION 26	TWP 24	RGE 19	COUNTY AT	FORMATION
CHARGE TO 10 and 13				OWNER				
MAILING ADDRESS PO Box 812				OPERATOR				
CITY & STATE Chanute KS 66720				CONTRACTOR				

[illegible]

NSCO #15097

ESTIMATED TOTAL

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN

CUSTOMER or AGENT (PLEASE PRINT)

DATE _____

171646