

RECEIVED  
FEB 15 2002

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: N&B Enterprises

Operator Contact Person: J.R. Burris

Phone ( 316 ) 365-3181

Contractor: Name: J.R. Burris

License: 5602

Wellsite Geologist: none

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SVD  SIOV  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, MSW, 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/SVD  
 Plug Back  PSTD  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SVD or Inj?) Docket No. \_\_\_\_\_

10/29/01 1/14/02 1/14/02  
Spud Date Date Reached TD Completion Date

API NO. 13- 001-28928-0000 ORIGINAL

County Allen NW SW \_\_\_\_\_ Sec. 8 Twp. 25 Rge. 19  E  V

1980 Feet from S/4 (circle one) Line of Section  
4620 Feet from E/4 (circle one) Line of Section

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

Lease Name English Well # 5

Field Name Iola

Producing Formation Bartlesville

Elevation: Ground na KB \_\_\_\_\_

Total Depth 925 PSTD \_\_\_\_\_

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/ \_\_\_\_\_ ex cmt.

Drilling Fluid Management Plan alt II KJR 1/14/02  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Deaerating method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rng. \_\_\_\_\_ E/V

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 11 day of February 2002.

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  SVD/Rep  KSPA  
 KGS  Plug  Other (Specify)

X

Operator Name N&B Enterprises  
 Sec. 8 Twp. 25 Rge. 19  East  West

Lease Name English Well # 5  
 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  Yes  No  
 (Attach Additional Sheets.)  
 Samples Sent to Geological Survey  Yes  No  
 Cores Taken  Yes  No  
 Electric Log Run  Yes  No  
 (Submit Copy.)  
 List All E.Logs Run:

Log Formation (Top), Depth and Datum  Sample

Name	Top	Datum
soil	0	6
lime w/shale st.	6	256
shale w/lime st.	256	644
shale	644	898
sand	898	925 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"	7 5/8"	20	20'	Portland	5	none
production	6 3/4"	4 1/2"	10	905'	Portland	131	50/50 pos.

**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
	NA	NA

**TUBING RECORD** Size \_\_\_\_\_ Set At \_\_\_\_\_ Packer At \_\_\_\_\_ Liner Run  Yes  No

Date of First Resumed Production (SMD 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
		X 10			

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**  
OIL WELL  
SERVICES  
AN INFINITY COMPANY

RECEIVED

ORIGINAL

TICKET NUMBER 15574

211 W. 14TH STREET, CHANUTE, KS 66720 1.5 2002  
620-431-9210 OR 800-467-8676

LOCATION Chanute

KCC WICHITA FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
10-31-01	5675	#35					AL	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401-10	1	PUMP CHARGE		15.75
5402-10	905'	Casing fee charge	NC	116.70
5609-10	1hr	wash		100.00
1118-10	25x5	gal		23.15
		BLENDING & HANDLING		
		TON-MILES		
		STAND BY TIME		
5407-10	20 miles	MILEAGE		190.00
		WATER TRANSPORTS		
5500-10	2 hrs	VACUUM TRUCKS		140.00
		FRAC SAND		
1126-10	131 x 5	CEMENT		1683.35
			SALES TAX	177.78
ESTIMATED TOTAL				2976.83

Ravin 2790

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN

*[Handwritten Signature]*

CUSTOMER or AGENT (PLEASE PRINT)

DATE 10-31-01

1-15547