

001=28936-0000

ORIGINAL

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FEB 15 2002  
KCC WICHITA

KANSAS 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  SUD  SIOV  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, USV, 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/SUD  
 Plug Back \_\_\_\_\_ PBD  
 Cemented \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Other (SUD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

11/0/2001 1/15/02 1/15/02  
Spud Date Date Reached TD Completion Date

API NO. 15- 001=28936-0000  
County Allen  
SW - SW -     /     Sec. 4 Twp. 25 Rng. 19  E  V  
660 Feet from S/W (circle one) Line of Section  
4620 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 Storrer Well # 3

Field Name Iola

Producing Formation Bartlesville

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

Total Depth 925 PBD \_\_\_\_\_

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 RGR 1/14/08  
(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/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  SUD/Rep  NSPA  
 KGS  Plug  Other (Specify)

X

Operator Name N&B Enterprises

Lease Name Storrer

Well # 3

Sec. 4 Twp. 25 Rge. 19

East

County Allen

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  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:

Name	Formation (Top), Depth and Datum		Sample
	Top	Datum	
soil & clay	0	7	
lime w/shale	743	243	
shale w/lime	243	711	
shale	711	862	
sand	862	900	
shale	900	914	
sand	914	925	

**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	870'	Portland	106	50/50 pos

**ADDITIONAL CEMENTING/SQUEEZE RECORD**

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		Amount and Kind of Material Used	Depth
		NA	NA	

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

Date of First, Resumed Production, SVD or Inj. \_\_\_\_\_ Producing Method  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours Oil \_\_\_\_\_ Bbls. Gas  Mcf 15 Water \_\_\_\_\_ Bbls. Gas-Oil Ratio \_\_\_\_\_ Gravity \_\_\_\_\_

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

**METHOD OF COMPLETION**  Open Hole  Perf.  Dually Comp.  Cemented  Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_



**CONSOLIDATED**  
**OIL WELL**  
**SERVICES**  
 AN INFINITY COMPANY

**ORIGINAL**

TICKET NUMBER **15582**

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

LOCATION Chanute

**FIELD TICKET**

*Stone*

DATE <b>11-20-01</b>	CUSTOMER ACCT # <b>5695</b>	WELL NAME <b>#3</b>	QTR/QTR	SECTION	TWP	RGE	COUNTY <b>AL</b>	FORMATION
CHARGE TO <b>NJB Enterprises</b>				OWNER				
MAILING ADDRESS <b>P.O. Box 812</b>				OPERATOR				
CITY & STATE <b>Chanute KS 66720</b>				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
<b>5401-10</b>	<b>1</b>	<b>PUMP CHARGE cement pump</b>		<b>525.00</b>
<b>5407-10</b>	<b>870'</b>	<b>Casing footage</b>		<b>121.80</b>
<b>1118-10</b>	<b>2565</b>	<b>gel (in fluid)</b>		<del>1000.00</del> <b>23.60</b>
<b>RECEIVED</b>				
<b>FEB 15 2002</b>				
<b>KCC WICHITA</b>				
		<b>BLENDING &amp; HANDLING</b>		
		<b>TON-MILES</b>		
		<b>STAND BY TIME</b>		
<b>5407-10</b>	<b>22 miles</b>	<b>MILEAGE</b>		<b>190.00</b>
		<b>WATER TRANSPORTS</b>		
<b>5502-10</b>	<b>2hrs</b>	<b>VACUUM TRUCKS</b>		<b>140.00</b>
		<b>FRAC SAND</b>		
<b>1124-10</b>	<b>1065x5</b>	<b>CEMENT 50/50 post</b>		<b>853.30</b>
			<b>SALES TAX</b>	<b>60.51</b>
<b>ESTIMATED TOTAL</b>				<b>1914.21</b>

Flavin 2790

CUSTOMER or AGENTS SIGNATURE \_\_\_\_\_

CIS FOREMAN \_\_\_\_\_

*[Handwritten Signature]*

CUSTOMER or AGENT (PLEASE PRINT) \_\_\_\_\_

DATE **11-2-01**

**175651**