

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6766
Name: N & W Enterprises, Inc.
Address: 1111 S Margrave
City/State/Zip: Fort Scott, KS 66701
Purchaser: Plains Marketing LP
Operator Contact Person: Tom Norris
Phone: (620) 223-6559
Contractor: Name: Hat Drilling LLC
License: 33734
Wellsite Geologist: NA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

<u>09/04/2007</u>	<u>10/12/2007</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 037-21906 -00-00
County: Crawford
SW - SW - NW - NE Sec. 33 Twp. 28 S. R. 22 East West
4125 feet from S N (circle one) Line of Section
2475 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Walsh/Meyer Well #: Inj 22
 Field Name: Walnut SE
 Producing Formation: Bartlesville
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 407 Plug Back Total Depth: 406
 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 406
 feet depth to Top w/ 56 sx cmt.

Drilling Fluid Management Plan FOR NH 7-22-08
 (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. 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: Thomas A. Powell
Title: President Date: 10/22/07
Subscribed and sworn to before me this 22nd day of October,
2007.
Notary Public: Virginia G. Norris
Date Commission Expires: 3-30-09

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION

copy to uic

A MONEY ORDER - \$100.00
 VIRGINIA G. NORRIS
 Notary Public
 Exp. 3-30-09

OCT 25 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: N & W Enterprises, Inc. Lease Name: Walsh/Meyer Well #: Inj 22
 Sec. 33 Twp. 28 S. R. 22 East West County: Crawford

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 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:

Gamma Ray Neutron

Log Formation (Top), Depth and Datum Sample
 Name **Bartlesville** Top **377** Datum **387**

CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacks Used	Type and Percent Additives
Surface	12	8	7lbs	20	Portland #1	5	N/A
Production	5 5/8	2 7/8	6.7	406	Portland #1	56	N/A

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	377 to 387	10 Sack sand frac	377 to 387

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8	406	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
N/A		<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	Gravity
	N/A	N/A	20	N/A	

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 _____

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 KANSAS CORPORATION COMMISSION

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CONSERVATION DIVISION
 WICHITA, KS

U
CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

288

TICKET NUMBER 15662
 LOCATION Betzburg
 FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-5-07	5624	Walsh / Meyers 122	33	28	22	CR

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
N & W Enterprises	516	Alan M		
	164	rick J		
	369	Gary A		
	510	Jason H		

MAILING ADDRESS
 111 So. Margrave
 CITY Fort Scott STATE KS ZIP CODE 66701

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 408 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 408 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established circulation. Mixed 100# gel to flush
hole followed by 56 gal DWC cement. Circulated
cement to surface. Flushed pump clean. Pumped
plug to casing TD. Well held 500 PSI. Closed valve &
Mixed cement heavier than normal to hold down
formation pressure.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	164	880.00
5406	6.4 =	MILEAGE	164	53.44
5402	408'	casing footage	164	111.12
5407A		ton miles	500	274.53
5408	5502C	80 gal	369	135.00
7118	100#	gel		15.00
1126	56	DWC		909.60
4402	1	2 1/2" plug		20.00
Subtotal			2246.76	59.45
Cash Discount - 4%				
			2201.82	2252.55
Tax			59.45	
			0.310	2261.23
			SALES TAX	
			ESTIMATED	
			TOTAL	

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 CONSERVATION DIVISION
 WICHITA, KS

AUTHORIZATION *Alan Mader*

TITLE _____ DATE _____