

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: \_\_\_\_\_

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>08/30/2007</u>	<u>10/01/2007</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 037-21911-60-00  
County: Crawford  
SE - NE - NW - \_\_\_\_\_ Sec. 33 Twp. 28 S. R. 22  East  West  
4290 feet from (S) / N (circle one) Line of Section  
2970 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 #: 42

Field Name: Walnut SE  
Producing Formation: Bartlesville

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 425 Plug Back Total Depth: 424  
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 424  
feet depth to top w/ 50 sx cmt.

**Drilling Fluid Management Plan** AH II NCR 1-14-09  
(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 L. Norris

Title: President Date: 10/22/07

Subscribed and sworn to before me this 22nd day of October

2007

Notary Public: Virginia L. 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  
**OCT 25 2007**  
CONSERVATION DIVISION  
WICHITA, KS

NOTARY PUBLIC - State of Kansas  
VIRGINIA L. NORRIS  
My Appt. Exp. 3-30-09

Operator Name: N & W Enterprises, Inc. Lease Name: Walsh/Meyer Well #: 42  
 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)

Log Formation (Top), Depth and Datum  Sample  
 Name Bartlesville Top 394 Datum 404

List All E. Logs Run:

**Gamma Ray Neutron**

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	7	20	Portland #1	5	
Production	5 5/8	2 7/8	6.7	424	Portland #1	50	

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	397 to 404	20 Sack sand frac	397-404

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8	424	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enh.		Producing Method			
10/01/2007		<input type="checkbox"/> Flowing <input checked="" 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
	.50	N/A	3.0		30

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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