

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

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. _____
08/31/2007 _____ 10/02/2007
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 037-21914-00-00
 County: Crawford
W/2 W/2 NE _____ Sec. 33 Twp. 28 S. R. 22 East West
3960 feet from (S) N (circle one) Line of Section
2310 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 #: 45
 Field Name: Walnut SE
 Producing Formation: Bartlesville
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 406 Plug Back Total Depth: 405
 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 405
 feet depth to TOP w/ 59 sx cmt.

Drilling Fluid Management Plan AH II NUR 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

Notary Public - State of Kansas
VIRGINIA L. NORRIS
 My Appt. Exp. _____

CONSERVATION DIVISION
 WICHITA, KS

Operator Name: N & W Enterprises, Inc. Lease Name: Walsh/Meyer Well #: 45
 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 Top Datum
Bartlesville 380 390

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		5	
Production	5 5/8	2 7/8	6.7	405	Portland #1	59	

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	380 to 390	20 Sack sand frac.	380-390

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8	405	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
10/02/2007		<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		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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 CONSERVATION DIVISION
 WICHITA, KS

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

1 of 1

TICKET NUMBER 15661
 LOCATION Ottawa
 FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-5-07	5624	Walsh / Meyer #45	33	28	22	CR

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
N & W Enterprises 1111 So Margrave Ft. Scott KS 66701	516	Alan M		
	164	Rick A		
	369	Gary A		
	510	Jason H		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 408' CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 405' 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 & pumped 100 gal to flush hole followed by 59 gal OWC. Circulated cement to surface. Flushed pump clean. Pumped 2 1/2 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	840.00
5406	65 hrs	MILEAGE = 4 =	164	53.92
5402	405'	casing footage	164	N/C
5407A		tax miles	510	274.53
5308c	1 1/2	80 vol time	369	135.00
1118B	100 gal	gal		15.00
1126	59	OWC		908.60
4402	1	2 1/2 plug		20.00
			2246.76	2490.13
		Cash Discount - 44.94		59.45
		Subtotal	2201.82	
		TAX	59.45	2261.27
			6.37	
		SALES TAX ESTIMATED TOTAL		

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AUTHORIZATION _____ TITLE _____ DATE _____