

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 \_\_\_\_ SIOW \_\_\_\_ 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>08/31/2007</u>	<u>10/02/2007</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 037-21915-00-00  
County: Crawford  
SW NW NE \_\_\_\_\_ Sec. 33 Twp. 28 S. R. 22  East  West  
4290 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 #: 46

Field Name: Walnut SE  
Producing Formation: Bartlesville

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 408 Plug Back Total Depth: 407  
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 407  
feet depth to TOP w/ 59 sx cmt.

**Drilling Fluid Management Plan** AII 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**

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

CONSERVATION DIVISION  
WICHITA, KS

Operator Name: N & W Enterprises, Inc. Lease Name: Walsh/Meyer Well #: 46  
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <b>Gamma Ray Neutron</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name <u>Bartlesville</u> Top <u>370</u> Datum <u>380</u>
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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	407	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	370 to 380	20 Sack sand frac	370-380

TUBING RECORD	Size <u>2 7/8</u>	Set At <u>407</u>	Packer At <u>N/A</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CONSERVATION DIVISION WICHITA, KS
Date of First, Resumerd Production, SWD or Enh. <u>10/02/2007</u>		Producing Method <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. <u>.50</u>	Gas Mcf <u>N/A</u>	Water Bbls. <u>3</u>	Gas-Oil Ratio	Gravity <u>30</u>

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 \_\_\_\_\_

**RECEIVED**  
 KANSAS CORPORATION COMMISSION  
**OCT 25 2007**

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

3 of 4

TICKET NUMBER 15664  
 LOCATION Ottawa  
 FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-5-07	5624	Walsh/Meyers #46	33	28	22	CR
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
CITY			DRIVER			
STATE			TRUCK #			
ZIP CODE			DRIVER			

J&W Enterprises  
 1111 S Mangrove  
 Fort Scott KS 66701

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 428' CASING SIZE & WEIGHT 2 7/8  
 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 100# gel to flush hole followed by 59.5x OWC cement. Circulated cement to surface. Flushed pump clean. Pumped rubber plug to casing TD. Well held 500 PSI. 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	1	PUMP CHARGE	164	842.00
5406	65 $\div$ 4 =	MILEAGE	164	532
5402	405'	casing footage	164	—
5407A		ten miles	510	274.50
5502C	1 1/2	8D var	369	133.00
RECEIVED KANSAS CORPORATION COMMISSION				
1118B	100#	gel		15.00
1126	59.5x	OWC		908.60
4402	1	2 1/2 plug		20.00
Sub Total				2246.76
Cash Discount				44.99
<del>2201.82</del>				<del>7252.58</del>
TAX				59.95
Total				2261.77

AUTHORIZATION *Alan Mader* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SALES TAX ESTIMATED TOTAL