

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6766
Name: N & W Enterprises, Inc
Address 1: 1111 S Margrave
Address 2: _____
City: Fort Scott State: KS Zip: 66701 + _____
Contact Person: Tom Norris
Phone: (620) 223-6559
CONTRACTOR: License # 33734
Name: Hat Drilling LLC
Wellsite Geologist: _____
Purchaser: Plains Marketing

Designate Type of Completion:
 New Well _____ Re-Entry _____
_____ Oil _____ SWD _____ SLOW
_____ Gas ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic Protection)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
09/21/09 09/22/2009 10/07/09
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 037-22088-00-00
Spot Description: _____
SE SW NE Sec. 29 Twp. 28 S. R. 22 East West
2805 Feet from North / South Line of Section
2145 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Crawford
Lease Name: Oplotnik Well #: #3
Field Name: Walnut SE
Producing Formation: Bartlesville
Elevation: Ground: 963 Kelly Bushing: _____
Total Depth: 438 Plug Back Total Depth: 432
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
Alternate II completion, cement circulated from: 438
feet depth to: Top w/ 69 sx cmt.

Drilling Fluid Management Plan Att II nr 11-3-09
(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.: _____

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KANSAS CORPORATION COMMISSION
NOV 02 2009
CONSERVATION DIVISION
WICHITA, KS

Rec. Room
11/03/09

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: 10/30/2009
Subscribed and sworn to before me this 30th day of October,
20 09.
Notary Public: Virginia G. Norris
Date Commission Expires: 04/21/13

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution (11/03)

COMMISSIONER - State of Kansas
VIRGINIA L. NORRIS
My Appl. Exp. 4/21/13

Operator Name: N & W Enterprises, Inc Lease Name: Oplotnik Well #: #3
 Sec. 29 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: <p style="text-align: center;">Gamma Ray Neutron</p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Bartlesville</td> <td>420</td> <td>426</td> </tr> </table>	Name	Top	Datum	Bartlesville	420	426
Name	Top	Datum					
Bartlesville	420	426					

CASING RECORD <input checked="" type="checkbox"/> New <input 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 5/8	1.5	20'	Portland #1	6	NA
Production	5 7/8"	2 7/8"	6.4	432'	60/40 poz	69	2%gel 5% salt

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				

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Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	2" DML-RTG	Acid Ball off	420-426
		20 sack sand fracture	420-426

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>432</u> Packer At: <u>na</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr.:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 20130
LOCATION Oxtawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-09	5624	Dplotnik # 3	NE 29	28	22	CR
CUSTOMER <u>N & W Enterprises</u>						
MAILING ADDRESS <u>1111 So. Macgrave</u>						
CITY <u>Fort Scott</u>		STATE <u>Ks</u>	ZIP CODE <u>66071</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>516</u>	<u>Alan M</u>		
			<u>368</u>	<u>Ken H</u>		
			<u>269</u>	<u>Chuck L</u>		
			<u>548</u>	<u>Arley Mc</u>		

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 438 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 432 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established rate. Mixed & pumped 100 # gel to flush hole. Mixed & pumped 68 sk 60/40 poz, 2% gel, 5% salt. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 700 PSI. Set float. Closed valve.

used more cement by weigh back than expected

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		870.00
5406	1/3 of 84	MILEAGE		96.60
5402	432'	casing footage		
5407A	129.31	ten miles		150.00
5502C	1 1/2	SD val		141.00
1111	135 #	salt		41.85
1118B	217 #	gel		34.72
1131	65 sk	60/40 poz		695.50
4402	1	2 1/2 plug		22.00
<u>NO 231513</u>				
SCANNED				
RECEIVED KANSAS CORPORATION COMMISSION NOV 02 2009				
			SALES TAX	30.04
			ESTIMATED TOTAL	2101.71

Ravin 3737

AUTHORIZATION Tom Norris was there

TITLE CONSERVATION DIVISION
WICHITA, KS

DATE _____