

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 _____ Workover _____
_____ Oil _____ SWD _____ SIOW _____
_____ Gas ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

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WICHITA, KS

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.: _____
10/05/09 10/06/2009 10/07/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 037-22089-00-00
Spot Description: _____
NE NW SE Sec. 29 Twp. 28 S. R. 22 East West
2475 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 #: #4
Field Name: Walnut SE
Producing Formation: Bartlesville
Elevation: Ground: 969 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
If Alternate II completion, cement circulated from: 438
feet depth to: Top w/ 65 sx cmt.

Drilling Fluid Management Plan Air 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.: _____

Per R. Adams
10/3/09

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 K. Norris
Title: President Date: 10/30/2009
Subscribed and sworn to before me this 30th day of October,
2009.
Notary Public: Virginia B. 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)

KANSAS CORPORATION COMMISSION
VIRGINIA B. NORRIS
Notary Public
My Comm. Exp. 4/21/13

Operator Name: N & W Enterprises, Inc Lease Name: Oplotnik Well #: #4
 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 Name <u>Bartlesville</u> Top <u>420</u> Datum <u>428</u>
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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	Conservation Division Wichita, KS 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	65	2%gel 5% salt

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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	2" DML-RTG	Acid Ball off	420-428
		20 sack sand fracture	420-428

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

TICKET NUMBER 20131

LOCATION D77029

FOREMAN Alan Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-09	5624	Dplotnik #41	SE 29	28	22	CR
CUSTOMER N+W Enterprises			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1111 S Mangrove			516	Alan M		
CITY STATE ZIP CODE Fort Scott KS 66071			368	Ken H		
			369	Chuck B		
			548	Arlen M		

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 108
 DISPLACEMENT 2 1/2 DISPLACEMENT PSI 700 MIX PSI 200 RATE 7 bpm

REMARKS: Established rate. Mixed & pumped 68 sk 60/40
po2, 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 Maden

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	400 miles		150.00
5502L	1 1/2	8D wau		141.00
1111	135 #	salt		41.85
1118B	117 #	gel		18.72
1131	655K	60/40 po2		695.50
4402	1	2 1/2 plug		22.00
		WD 2315/4		
			6.3%	SALES TAX ESTIMATED TOTAL
				49.03
				2084.70

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WICHITA, KS

SCANNED

Revin 3737

AUTHORIZATION Tom Norris was there TITLE _____ DATE _____