

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 # 5602
Name: N & B ENTERPRISES
Address 1: PO BOX 812
Address 2: 1302 S HENRY
City: CHANUTE State: KS Zip: 66720 + _____
Contact Person: J R BURRIS
Phone: (620) 365 9677
CONTRACTOR: License # 33783
Name: MICHAEL DRILLING, LLC
Wellsite Geologist: NONE
Purchaser: CITY OF IOLA

Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
_____ Oil _____ SWD _____ SIO _____
 Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other _____
(Core, WSW, EOP, 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. _____ Conv. to SWD _____
_____ Plug Back: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
11/10/09 3/8/10
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

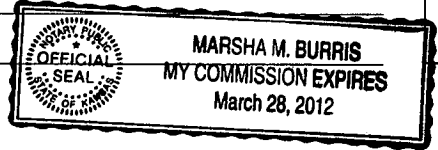
API No. 15 - 001 29955 0000
Spot Description: _____
E1/2 W1/2 NW NE Sec. 18 Twp. 25 S. R. 19 East West
4625 Feet from North / South Line of Section
2150 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ALLEN
Lease Name: TIDWELL Well #: 3
Field Name: IOLA
Producing Formation: WAYSIDE
Elevation: Ground: X Kelly Bushing: _____
Total Depth: 486 Plug Back Total Depth: 486
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: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan AH II NR 5-12-10
(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: J. R. Burris
Title: Partner Date: 9 March 2010
Subscribed and sworn to before me this 9 day of March
20 10
Notary Public: Marsha M. Burris
Date Commission Expires: 3/28/12



KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____
_____ Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

Operator Name: N & B ENTERPRISES Lease Name: TIDWELL Well #: 3
 Sec. 18 Twp. 25 S. R. 19 East West County: ALLEN

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>SOIL</td> <td>0</td> <td>3</td> </tr> <tr> <td>LIME</td> <td>3</td> <td>30</td> </tr> <tr> <td>SHALE & LIME</td> <td>30</td> <td>254</td> </tr> <tr> <td>SHALE</td> <td>254</td> <td>437</td> </tr> <tr> <td>LIME & SHALE</td> <td>437</td> <td>474</td> </tr> <tr> <td>SAND</td> <td>474</td> <td>482</td> </tr> <tr> <td>SHALE</td> <td>482</td> <td>486 TD</td> </tr> </table>	Name	Top	Datum	SOIL	0	3	LIME	3	30	SHALE & LIME	30	254	SHALE	254	437	LIME & SHALE	437	474	SAND	474	482	SHALE	482	486 TD
Name	Top	Datum																							
SOIL	0	3																							
LIME	3	30																							
SHALE & LIME	30	254																							
SHALE	254	437																							
LIME & SHALE	437	474																							
SAND	474	482																							
SHALE	482	486 TD																							

CASING RECORD <input 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	8 5/8"	20'	28	20'	PORTLAND	6	
PRODUCTION	6 3/4"	2 3/8"	4.7	486'			

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>486</u>	Packer At: <u>472</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 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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Note:

Because of the mud in the hay meadow, we did not cement the well. We will cement it as soon as we can get in without ruining the hay meadow. I will send in another completion record as soon as we have cemented the well.

J. R. Burris

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 12 2010

CONSERVATION DIVISION
WICHITA, KS