



KANSAS CORPORATION COMMISSION 1049288
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 + 2834
Contact Person: Thomas Norris
Phone: (620) 223-6559
CONTRACTOR: License # 33734
Name: Hat Drilling LLC
Wellsite Geologist: n/a
Purchaser: Plains Marketing

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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
 Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

| | | |
|-----------------------------------|-------------------|---|
| <u>12/28/2010</u> | <u>12/28/2010</u> | <u>12/30/2010</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-037-22118-00-00

Spot Description: _____

NE SW NW SE Sec. 33 Twp. 28 S. R. 22 East West
1,964 Feet from North / South Line of Section
2,014 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Crawford

Lease Name: Meyer Well #: INJ 11

Field Name: Walnut SE

Producing Formation: Bartlesville

Elevation: Ground: 990 Kelly Bushing: 3

Total Depth: 430 Plug Back Total Depth: _____

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: 428
feet depth to: 0 w/ 76 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Deanna Garrison Date: 01/18/2011



1049288

Operator Name: N & W Enterprises, Inc. Lease Name: Meyer Well #: INJ 11
 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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron | <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>Bartlesville</td> <td>394</td> <td>404</td> </tr> </table> | Name | Top | Datum | Bartlesville | 394 | 404 |
| Name | Top | Datum | | | | | |
| Bartlesville | 394 | 404 | | | | | |

| 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 | 7 | 8.4 | 20 | Portland #1 | 6 | NA |
| Production | 5.875 | 2.875 | 6.5 | 428 | Portland #1 | 71 | NA |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| ___ Perforate | | | | |
| ___ Protect Casing | | | | |
| ___ Plug Back TD | - | | | |
| ___ 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 |
|----------------|---|--|-----------|
| 2 | 394 - 404 | 12 Sacks Sand Frac | 394 - 404 |
| | | | |
| | | | |
| | | | |

| | | |
|---|-------------------------------|--|
| TUBING RECORD: Size: <u>2.875</u> Set At: <u>428</u> Packer At: _____ | | 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 Bbbs. _____ Gas Mcf _____ | Water Bbbs. _____ 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 <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

ORNISH
WIRELINE SERVICES, INC.
CRAFTSMAN SERVICE CENTER
1000 W. 11th St., Suite 100
Lawrence, KS 66044
Phone: 785-842-2222
Fax: 785-842-2223
E-mail: ornish@ornish.com

**GRAMA 047
REVISION
COMPLETION LOG**

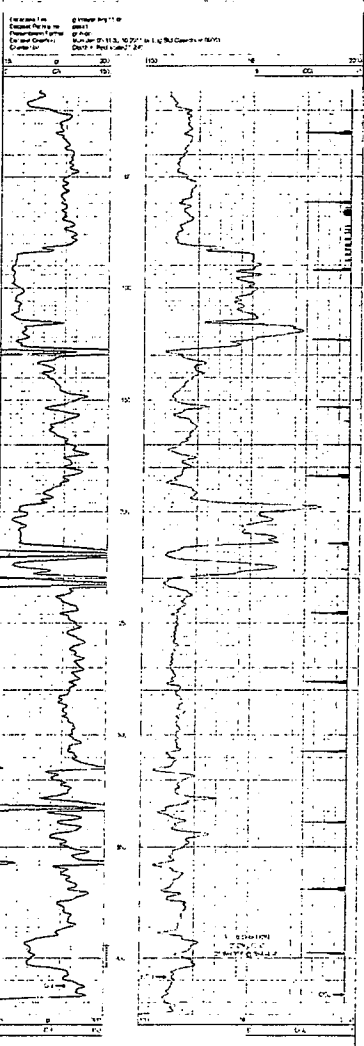
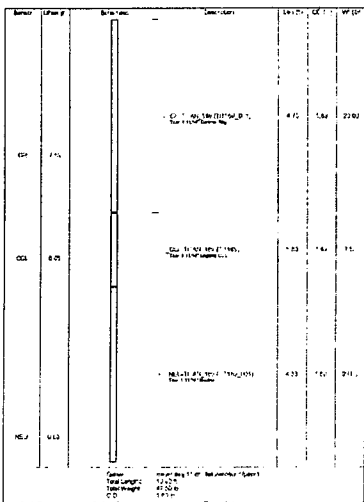
Company: N & W ENTERPRISES, INC.
Well: MEYER #11
Field: WALNUT SE
County: DRAFFORD
State: KANSAS
Operator: ORNISH WIRELINE SERVICES, INC.
Date: 08/23/11

| Time | Depth | Pressure | Temperature | Flow Rate | Surfactant | Surfactant Conc. | Surfactant Type | Surfactant Color | Surfactant Odor | Surfactant pH | Surfactant Viscosity | Surfactant Density | Surfactant Solids | Surfactant Solids Conc. | Surfactant Solids Type | Surfactant Solids Color | Surfactant Solids Odor | Surfactant Solids pH | Surfactant Solids Viscosity | Surfactant Solids Density | Surfactant Solids Solids |
|-------|-------|----------|-------------|-----------|------------|------------------|-----------------|------------------|-----------------|---------------|----------------------|--------------------|-------------------|-------------------------|------------------------|-------------------------|------------------------|----------------------|-----------------------------|---------------------------|--------------------------|
| 00:00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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Comments:

THANK YOU



ORNISH
WIRELINE SERVICES, INC.
CRAFTSMAN SERVICE CENTER
1000 W. 11th St., Suite 100
Lawrence, KS 66044
Phone: 785-842-2222
Fax: 785-842-2223
E-mail: ornish@ornish.com

Company: N & W ENTERPRISES, INC.
Well: MEYER #11
Field: WALNUT SE
County: DRAFFORD
State: KANSAS
Operator: ORNISH WIRELINE SERVICES, INC.
Date: 08/23/11

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

| | |
|-----------|-----------|
| Date | Invoice # |
| 1/13/2011 | A-45712 |

Cement Treatment Report

N & W Enterprise Inc.
1111 S. Margrave
Fort Scott, KS 66701

(x) Landed Plug on Bottom at 700 PSI
() Shut in Pressure
(x) Good Cement Returns
() Topped off well with _____ sacks
(x) Set Float Shoe

TYPE OF TREATMENT: Production Casing
HOLE SIZE: 5 5/8"
TOTAL DEPTH: 430

| Well Name | Terms | Due Date | | |
|--|-------------|-------------------------------|----------|--|
| | Net 15 days | 1/13/2011 | | |
| Service or Product | Qty | Per Foot Pricing/Unit Pricing | Amount | |
| Run and cement 2 7/8" | 428 | 3.00 | 1,284.00 | |
| Sales Tax | | 7.30% | 0.00 | |
| Pay online at https://paymentnetwork.intuit.com/login/qb | | | | |
| <div style="border: 2px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p><i>Completed 12-30-10</i> Myers Injection #11 Crawford County Section: 35 Township: 28 Range: 22</p> </div> | | | | |

Hooked onto 2 7/8" casing. Established circulation with 2.5 barrels of water. GEL, MEPSO, COTTONSFUD ahead. Blended 71 sacks of OWC, dropped rubber plug, and pumped 2.4 barrels of water.

| | |
|------------------|------------|
| Total | \$1,284.00 |
| Payments/Credits | \$0.00 |
| Balance Due | \$1,284.00 |