



KANSAS CORPORATION COMMISSION 1073027  
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: na  
Purchaser: \_\_\_\_\_

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 #: \_\_\_\_\_  
12/19/2011    12/20/2011    12/23/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date    Recompletion Date

API No. 15 - 15-037-22200-00-00  
Spot Description: \_\_\_\_\_  
\_\_\_\_\_ W2 Sec. 29 Twp. 28 S. R. 22  East  West  
2640 Feet from  North /  South Line of Section  
3960 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Crawford  
Lease Name: Hammerbacher Well #: INJ 11  
Field Name: Walnut SE  
Producing Formation: Bartlesville  
Elevation: Ground: 942 Kelly Bushing: 3  
Total Depth: 428 Plug Back Total Depth: 422  
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

(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 Carrico Date: 02/01/2012



1073027

Operator Name: N & W Enterprises, Inc. Lease Name: Hammerbacher Well #: INJ 11  
 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 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>396</td> <td>402</td> </tr> </table>	Name	Top	Datum	Bartlesville	396	402
Name	Top	Datum					
Bartlesville	396	402					

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
Production	6	2.875	6.4	422	Portand #1	69	
Casing	12	8	0	20	Portland #1	6	

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 (Amount and Kind of Material Used)	Depth
20	396-402	10 Sack Sand Frac	396-402

TUBING RECORD: Size: <u>2.875</u> Set At: <u>422</u> Packer At: <u>0</u> Liner Run: <input type="checkbox"/> Yes <input 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 type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**Kepley Well Service, LLC**

19245 Ford Road  
Chanute, KS 66720

Date	Invoice #
12/21/2011	46462

## 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 700  
 (x) Good Cement Returns  
 () Topped off well with \_\_\_\_\_ Sacks  
 (x) Set Float Shoe

TYPE OF TREATMENT: Production Casing  
 HOLE SIZE: 5 5"  
 TOTAL DEPTH: 428

Well Name	Terms	Due Date		
	Net 15 days	12/21/2011	12-21-11	
Service or Product		Qty	Per Foot Pricing/Unit Pricing	Amount
Run and cement 2 7/8"		425	3.00	1,275.00
Sales Tax			7.30%	0.00
<div style="border: 2px solid black; border-radius: 15px; padding: 10px; margin: 10px auto; width: 80%;">                     HammerBachr # INJ # 11                      Crawford County                      Section: 29                      Township: 28                      Range: 22                 </div>				

*Paid*

Hooked onto 2 7/8" casing. Established circulation with 2.5 barrels of water. GEL. MLSD. COFFONSLID head. Blended 60 sacks of 2% cement, dropped rubber plug, and pumped 2.4 barrels of water.

<b>Total</b>	<b>\$1,275.00</b>
<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$1,275.00</b>