



KANSAS CORPORATION COMMISSION 1087322
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 # 33286
Name: Lorenz, Barton T.
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 #: _____
6/1/2012 6/2/2012 6/6/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-037-22207-00-00
Spot Description: _____
SW NW SE Sec. 33 Twp. 28 S. R. 22 East West
1650 Feet from North / South Line of Section
2310 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 21
Field Name: Walnut SE
Producing Formation: Bartlesville
Elevation: Ground: 992 Kelly Bushing: 995
Total Depth: 430 Plug Back Total Depth: 424
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 Gantzer Date: 07/23/2012



1087322

Operator Name: N & W Enterprises, Inc. Lease Name: Meyer Well #: INJ 21
 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 |
| Casing | 11 | 8 | 0 | 20 | Portland #1 | 6 | |
| Production | 6.25 | 2.875 | 6.4 | 424 | Portland #1 | 66 | |
| | | | | | | | |

| 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 |
|----------------|---|--|---------|
| 20 | 394-404 | 10 Sac Frac | 394-404 |
| | | | |
| | | | |
| | | | |

| | | |
|--|-----------|--|
| TUBING RECORD: Size: <u>2.875</u> Set At: <u>424</u> Packer At: <u>0</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 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: _____ _____ |
|---|--|--|

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

| | |
|-------------|------------------|
| Date | Invoice # |
| 6/8/2012 | 46889 |

Cement Treatment Report

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

- Landed Plug on Bottom at 800 PSI
- Shut in Pressure
- Good Cement Returns
- Topped off well with _____ sacks
- Set Float Shoe

TYPE OF TREATMENT: Production Casing
HOLE SIZE: 6 1/4"
TOTAL DEPTH: 430

| | | |
|------------------|--------------|-----------------|
| Well Name | Terms | Due Date |
| | Net 15 days | 6/8/2012 |

| 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 |

6-6-12
Myer Injection #21
Crawford County
Section:
Township:
Range:

Hooked onto 2 7/8" casing. Established circulation with 5 barrels of water, GEL, METSO, COTTONSEED ahead, blended 66 sacks of 2% cement, dropped rubber plug, and pumped 2 barrels of water

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