



KANSAS CORPORATION COMMISSION 1087320
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 #: _____

<u>6/4/2012</u>	<u>6/5/2012</u>	<u>6/6/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-037-22208-00-00
Spot Description: _____
N2 N2 S2 Sec. 33 Twp. 28 S. R. 22 East West
2310 Feet from North / South Line of Section
2640 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 L2
Field Name: Walnut SE
Producing Formation: Bartlesville
Elevation: Ground: 996 Kelly Bushing: 3
Total Depth: 430 Plug Back Total Depth: 401
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 Gamao Date: 07/23/2012



1087320

Operator Name: N & W Enterprises, Inc. Lease Name: Meyer Well #: INJ L2

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 Yes No
(Attach Additional Sheets)

Log Formation (Top), Depth and Datum Sample

Samples Sent to Geological Survey Yes No

Name Top Datum
Bartlesville 395 411

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Gamma Ray Neutron

CASING RECORD New 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	401	Portland #1	65	

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
0	401-430	10 sac frac	401-430

TUBING RECORD: Size: 2.875 Set At: 401 Packer At: 0 Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours: Oil Bbls. _____ Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. (Submit ACO-5) Commingled (Submit ACO-4) Other (Specify) _____

PRODUCTION INTERVAL: _____

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date

6/8/2012

Invoice #

46887

Cement Treatment Report

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

- (x) Landed Plug on Bottom at 800 PSI
- () Shut in Pressure
- (x) Good Cement Returns
- () Topped off well with _____ sacks
- (x) 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 line #2
Crawford County
Section:
Township:
Range:

Total \$1,284.00

Payments/Credits \$0.00

Balance Due \$1,284.00

Hooked onto 2 7/8" casing. Established circulation with 5 barrels of water, GEL, METSO, COTTONSEED ahead, blended 65 sacks of 2% cement, dropped rubber plug, and pumped 2 barrels of water