



KANSAS CORPORATION COMMISSION 1095239
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: Tom Norris
Phone: (620) 223-6559
CONTRACTOR: License # 33734
Name: Hat Drilling LLC
Wellsite Geologist: Tom Norris
Purchaser: Plains Marketing

API No. 15 - 15-037-22179-00-00
Spot Description: _____
W2_NW Sec. 33 Twp. 28 S. R. 22 East West
3960 Feet from North / South Line of Section
4620 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Crawford
Lease Name: Walsh/Meyer Well #: 26
Field Name: Walnut SE
Producing Formation: Bartlesville
Elevation: Ground: 969 Kelly Bushing: 971
Total Depth: 408 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: _____
feet depth to: _____ w/ _____ sx cmt.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): dry hole

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 #: _____
12/09/2011 12/09/2011 12/10/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

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: 10/11/2012



1095239

Operator Name: N & W Enterprises, Inc. Lease Name: Walsh/Meyer Well #: 26
Sec. 33 Twp. 28 S. R. 22 [x] 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 [x] No
Samples Sent to Geological Survey [] Yes [x] No
Cores Taken [] Yes [x] No
Electric Log Run [] Yes [x] No
Electric Log Submitted Electronically [] Yes [] No
List All E. Logs Run:

CASING RECORD [x] New [] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: Purpose of String, Size Hole Drilled, Size Casing Set, Weight Lbs. / Ft., Setting Depth, Type of Cement, # Sacks Used, Type and Percent Additives.

ADDITIONAL CEMENTING / SQUEEZE RECORD
Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives.

PERFORATION RECORD - Bridge Plugs Set/Type
Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record, Depth.

TUBING RECORD: Size: Set At: Packer At: 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 Bbbs., Gas Mcf, Water Bbbs., Gas-Oil Ratio, Gravity

DISPOSITION OF GAS: [] Vented [] Sold [] Used on Lease
METHOD OF COMPLETION: [] Open Hole [] Perf. [] Dually Comp. [] Commingled [x] Other (Specify) plugged
PRODUCTION INTERVAL:

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
12/14/2011	46438

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

Prodi
Walsh/Meyer 26
Crawford County

Terms	Due Date
	12/14/2011

Description	Qty	Rate	Amount
Pump Charge Pumped 75 sacks of cement through 1" to get cement to surface.	1	1,140.73	1,140.73T
Cement	75	0.00	0.00T
Sales Tax		7.30%	83.27
<i>PLEASED 12/13/11</i>			
<i>KOLAR - 1/28/2012</i>			

Total	\$1,224.00
Payments/Credits	\$0.00
Balance Due	\$1,224.00