

19-14-22E

COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE
04567

Operator: License # _____

Name: Douglas G. Evans

Address 401 S. Main, Ste. 11

City/State/Zip Ottawa KS 66067

Purchaser: EOTT

Operator Contact Person: Douglas G. Evans

Phone (918) 242-5733

Contractor: Name: Evans Energy Development, Inc.

License: 08509

Wellsite Geologist: _____

Designate Type of Completion

XX New Well _____ Re-Entry _____ Workover _____

Oil _____ SWD _____ S10W _____ Temp. Abd.
 Gas _____ ENHR _____ SIGW _____
 Dry _____ Other (Core, WSV, Expl., Cathodic, etc) _____

If Workover/Re-Entry: old well info as follows:

Operator: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening _____ Re-perf. _____ Convert. to Inj/SWD
 Plug Back _____ PBDT _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) Docket No. _____

4-25-95 4-28-95 7-10-95

Spud Date Date Reached TD Completion Date

API NO. 15- 091-22626-0000

County Johnson EE E

SW SE NW
~~W/2 - W/2 - SE - NW~~ Sec. 19 Twp. 14 Rge. 22

3300 3260 Feet from (S) (circle one) Line of Section

3740 3626 Feet from (E) (circle one) Line of Section

KCC Record
Footages Calculated from Nearest Outside Section Corner:
NE (SE) NW or SW (circle one)

Lease Name Smith Well # 6

Field Name _____

Producing Formation Bartlesville

Elevation: Ground N/A KB _____

Total Depth 928 PBDT N/A

Amount of Surface Pipe Set and Cemented at 22-60 Feet

Multiple Stage Cementing Collar Used? _____ Yes X No _____

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 921.2

feet depth to surface w/ 130 _____ sx cmt.

Drilling Fluid Management Plan ALT 2 876 9-17-96
(Date must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W _____

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

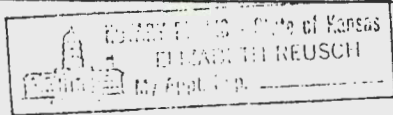
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Douglas G. Evans
Title Operator Date 10-15-96

Subscribed and sworn to before me this 26 day of October, 19 95.

Notary Public Elizabeth Reusch
Elizabeth Reusch
Date Commission Expires 11-5-96

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
 XCC _____ SWD/Rep _____ NGPA
 KGS _____ Plug _____ Other _____ (Specify) IS



SIDE TWO

Operator Name Douglas G. Evans Lease Name Smith Well # 6
 Sec. 19 Twp. 14 Rge. 22 East West
 County Johnson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Kansas City	402'	396'
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bartlesville	866'	872'
List All E.Logs Run:				

CASING RECORD <input 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	8 3/4"	6 5/8"		22'	Portland	4	
Production	5 5/8"	2 7/8"		921.2'	50/50 POZ	130	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
2.16	866.5-872.5		85 BBLs Gel, 30 saks Sand	866.5-872.5

TUBING RECORD	Size 1"	Set At 921.2	Packer At N/A	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Expl)			
7-11-95				
Estimated Production Per 24 Hours	Oil Bbls. 1	Gas Mcf	Water Bbls. 1 bbl	Gravity 22
			N/A	N/A

Disposition of Gas: Vented Sold TRACE Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____