

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

Operator: License # 04567

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 (913) 242-5733

Contractor: Name: Evans Energy Development Inc

License: 08509

Wellsite Geologist: NONE

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj PBT

Plug Back PBT

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

5-5-95 5-12-95 7-10-95

Spud Date 5-5-95 Date Reached TD 5-12-95 Completion Date 7-10-95

API NO. 15- 091-22627-0000

County Johnson

NW - NW - SE - NW Sec. 19 Twp. 14 Rge. 22 EE E

~~3740~~ 3814 Feet from (S)M (circle one) Line of Section

3740 3126 Feet from (E)W (circle one) Line of Section

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

Lease Name Smith Well # 7

Field Name _____

Producing Formation Bartlesville

Elevation: Ground N/A KB _____

Total Depth 910 PBT N/A

Amount of Surface Pipe Set and Cemented at 20.0 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 902

feet depth to Surface w/ 130 sx cmt.

Drilling Fluid Management Plan ALT 2 JZ 9-17-96
(Data must be collected from the Reserve Act)

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. _____

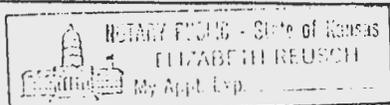
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 10-23-95

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	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input checked="" type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input checked="" type="checkbox"/>	NGPA	<input type="checkbox"/> Other (Specify) <u>JS</u>

352-44-91
 SIDE TWO

Operator Name Douglas G. Evans Lease Name Smith Well # 7
 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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

Log Name	Formation (Top)	Depth	Datum	Sample
	Kansas City	382		397
	Bartlesville	857		863

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"		20.0'	Portland	4	
Production	5 5/8"	2 7/8"		902.0"	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2.16	857.0' - 863.0'	85 bbl gel, 30 sack sand	857' - 863'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
	1	902.0'	N/A	
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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	1		1 bbl	N/A 22

Disposition of Gas: TRACE METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (If vented, submit ACO-18.) Other (Specify) _____ Production Interval 857'-863'