

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 618 Main, P.O. Box 128

City/State/Zip Wellsville KS 66092

Purchaser: EOTT

Operator Contact Person: Douglas G. Evans

Phone (913) 883-4057

Contractor: Name: Evans Energy Dev. Inc.

License: 08509

Wellbit Geologist: NONE

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIDW Temp. Abd.
 Gas EHHR SIGW
 Dry Other (Core, USW, 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/SUD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SUD or inj?) Docket No. _____

2-11-97 2-14-97 2-14-97
Spud Date Date Reached TD Completion Date

API NO. 15- 091-227450000

County Johnson

NE-NW-NE-NW Sec. 31 Twp. 14 Rge. 22E

5115 Feet from S/M (circle one) Line of Section

3355 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 Gillespie Well # 10

Field Name Edgerton Oil Lease: LOGANECKER SE

Producing Formation Bartlesville

Elevation: Ground NA KB _____

Total Depth 981 KCC: 1000 PSTD _____

Amount of Surface Pipe Set and Cemented at 22.5 Fe.

Multiple Stage Cementing Collar Used? Yes No _____

If yes, show depth set _____ Fe.

If Alternate II completion, cement circulated from 22.5

feet depth to surface w/ _____ SK CRT

Drilling Fluid Management Plan Per A. 2/11/98 U.C.
(Data must be collected from the Reserve)

Chloride content _____ ppm Fluid well _____ bbl

Desulfaring method used _____

Location of fluid disposal if hauled off site: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. S Rng. E/W

County _____ Docket No. _____

KANSAS CORPORATION COMMISSION
RECEIVED
MAY 29 1998

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.

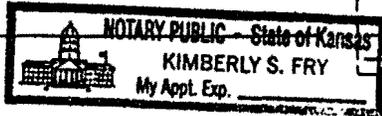
Signature Douglas G. Evans

Title Operator Date 5-23-97

Subscribed and sworn to before me this 23 day of May, 19 97.

Notary Public Kimberly Fry

Date Commission Expires 11/12/2000



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

Y 902
SIDE TUB

Operator Name Douglas G. Evans Lease Name Gillespie Well # 10
 East County Johnson
 Sec. 31 Twp. 14 Rge. 22 West

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	451	465
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bartlesville	919	934
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	10 1/4	6 5/8		22.5	Portland	5	

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
	DRY HOLE		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SUD or Inj.	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. <u>NA</u>	Gas Mcf <u>NA</u>	Water Bbls.	Gas-Oil Ratio

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

METHOD OF COMPLETION: Open Hole Perf. Duellly Comp. Cemented Other (Specify)

Production Interval _____