

COPY

Good

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACQ-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

Wellsite Geologist: NONE

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas EMHR SIGW

Dry Other (Core, MSV, 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/SWD
 Plug Back PBTB

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

3-7-97 3-11-97 4-30-97
Spud Date Date Reached TD Completion Date

API NO. 15- 091-227510000

County Johnson

NW-NW-SE-NW Sec. 31 Twp. 14 Rge. 22E ^X

3795 Feet from S (circle one) Line of Section

3735 Feet from E (circle one) Line of Section

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

Lease Name Gillespie Well # 14

Field Name Edgerton *Oil Lease Loganchee SE*

Producing Formation Bartlesville

Elevation: Ground NA KB

Total Depth 931 PBTB _____

Amount of Surface Pipe Set and Cemented at 20 Ft

Multiple Stage Cementing Collar Used? Yes X

If yes, show depth set _____ Ft

If Alternate II completion, cement circulated from 925.

feet depth to surface w/ 130 sz cm

Drilling Fluid Management Plan Att. 2, 2-11-98 UC
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bb

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. 15 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 5-23-97

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

Notary Public Kimberly S. Fry

Date Commission Expires 11/12/2000

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 type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input checked="" type="checkbox"/>		NEPA
		<input checked="" type="checkbox"/> Other (Specify)

NOTARY PUBLIC - State of Kansas
KIMBERLY S. FRY
My Appt. Exp. _____

SIDE LOG

Operator Name Douglas G. Evans Well # 14
 Sec. 31 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 Formation (Top), Depth and Datum Sample
 Name Top Datum
 Kansas City . 417 422
 Bartlesville 871 893

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	12 1/4	6 5/8		20	Portland	5	
Production	5 5/8	2 7/8		925.95	50/50Poz	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
2.14	869-876		1 sack 20/40, 29 12/20	869-876

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		1"	864.8	NA				
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 (Explain)					
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf.	Water	Bbls.	Gas-Oil Ratio	Gravity
		1		NA	1			

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.) **Trace**
 METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Cemented
 Production Interval: 869'
2111