

FORM MUST BE TYPED

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-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 SLOW Temp. Abd.
 Gas ENHR SIGU
 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/SWD
 Plug Back PSTD
 Coiledtubing Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

09-06-95 09-09-95 11-07-95
Spud Date Date Reached TD Completion Date

SIDE ONE

API NO. 15- 091-226620000

County Johnson

NW - SW - SE - NE Sec. 01 Twp. 15 Rge. 21

3220 Feet from SW (circle one) Line of Section

1155 1083 Feet from EW (circle one) Line of Section

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

Lease Name T.E.A. Well # 4

Field Name Edgerton

Producing Formation Bartlesville

Elevation: Ground N/A KB _____

Total Depth 895 PSTD N/A

Amount of Surface Pipe Set and Cemented at 21.50 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____

If Alternate II completion, cement circulated from 895

feet depth to surface 117 w/ 117 ex. cont.

Drilling Fluid Management Plan ALT 2 07/6-26-97
(Data must be collected from the Reservoir Pt.)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. 1 Twp. 15 S Rng. 21 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 log 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

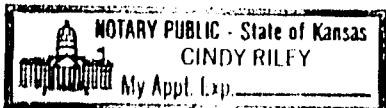
Title Operator Date 6/1/98

Subscribed and sworn to before me this 11 day of June, 19 98.

Notary Public Cindy Riley Commission # 1144 K.D.

Date Commission Expires 05-02-98

K.C.C. OFFICE USE ONLY	
<input type="checkbox"/> KCC	Letter of Confidentiality Attached
<input type="checkbox"/> KGS	Wireline Log Received
<input type="checkbox"/> KGS	Geologist Report Received
Distribution	
<input type="checkbox"/> KCC	SWD/Rep
<input type="checkbox"/> KGS	Plug
<input checked="" type="checkbox"/> Other (Specify) <u>MEPA</u>	



Operator Name Douglas G. EvansLease Name T. B. A.Well # 4Sec. 01 Twp. 15 Rge. 21 EastCounty Johnson 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.) Yes No Log Formation (Top), Depth and Datums Sample

Samples Sent to Geological Survey

 Yes No

Name Top Datum

Cores Taken

 Yes No

Kansas City

367

381

Electric Log Run
(Submit Copy.) Yes No

Bartlesville

826.2

885.2

List All E.Logs Run:

CASING RECORD

 New 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		21.50	50/50 POZ	4	
Production	5 5/8	2 7/8		825	50/50 POZ	117	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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
2.10	830.0-840.0	10bbl pad-500# 20/40-3500# 12/20	830.-840.

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	1"	826.2	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 (Explain)
1/9/95		

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Quality
	1	NA	1	NA	22

Disposition of Gas:	Trace	METHOD OF COMPLETION	Production Interval

<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Coiledtubing	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> 830'-840'