

Good

COPY

FORM MUST BE TYPED

SIDE ONE

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 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 Development
 License: 8509
 Wellsite Geologist: NONE
 Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIDW Temp. Abd.
 Gas EMH SIGW
 Dry Other (Core, VSW, 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
 Comingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
7-21-97 7-22-97 7-22-97
 Spud Date Date Reached TD Completion Date

API NO. 15- 091-227790000
 County Johnson
CN/2 N/2 NENE Sec. 17 Twp. 15 Rge. 22
5060 Feet from SW (circle one) Line of Section
660 Feet from EW (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE, SE NW or SW (circle one)
 Lease Name Locke Well # 1
 Field Name Wildcat
 Producing Formation _____
 Elevation: Ground NA KB _____
 Total Depth 900 PSTD _____
 Amount of Surface Pipe Set and Cemented at 20
 Multiple Stage Cementing Collar Used? Yes No _____
 If yes, show depth set _____
 If Alternate II completion, cement circulated from 20
 feet depth to Surface w/ 5 ss
 Drilling Fluid Management Plan DA, 4-3-98 U
 (Data must be collected from the Reservoir)
 Chloride content _____ ppm Fluid volume _____
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name _____
 Lease Name _____ License No. _____
 _____ Quarter Sec. _____ Twp. _____ S Rng. _____ E
 County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Color 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 8/20/97
 Subscribed and sworn to before me this 20 day of August, 19 97.
 Notary Public Kimberly Fry
 Date Commission Expires 11/12/2000

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
 Distribution
 ECC SWD/Rep BPPA
 KGS Plug Other (Specify) 15

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

SIDE TWO

Operator Name Douglas G. Evans Lease Name Locke Well # 1
 Sec. 17 Twp. 15 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 328 341
 Bartlesville 810 829

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	9 7/8	6 1/4		20	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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(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, SVD or In.]	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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	N-A			

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-18.)
 METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
 Production Interval _____