

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
September 1999
Form Must Be Typed

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 4567
Name: D.E. Exploration, Inc.
Address: P.O. Box 123
City/State/Zip: Wellsville, KS 66092
Purchaser: Plain's Marketing, L.P.
Operator Contact Person: Doug Evans
Phone: (785) 883-4057
Contractor: Name: Finney Drilling Company
License: 5989
Wellsite Geologist: None
Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SLOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ☒ Other (Core WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled ____ Docket No. _____
____ Dual Completion ____ Docket No. _____
____ Other (SWD or Enhr.?) ____ Docket No. _____
11/12/02 11/19/02 11/19/02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-21958-0000
County: Coffey
____ E2 SE NE Sec. 33 Twp. 22 S. R. 16 ☒ East ☐ West
4230 feet from (S) / N (circle one) Line of Section
200 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Nelson Well #: R-2
Field Name: Neosho Falls Leroy
Producing Formation: Squirrel
Elevation: Ground: Unknown Kelly Bushing: N/A
Total Depth: 1037 Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at 40 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 700
feet depth to Top w/ 93 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
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. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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: [Signature]
Title: President Date: 12-24-02
Subscribed and sworn to before me this 24 day of December,
2002.
Notary Public: _____
Date Commission Expires: Marcia K. Jeff

KCC Office Use ONLY

____ Letter of Confidentiality Attached
If Denied, Yes ☐ Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Operator Name: D.E. Exploration, Inc. Lease Name: Nelson Well #: R-2
 Sec. 33 Twp. 22 S. R. 16 ✓ East West County: Coffey

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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:

Gamma Ray/Neutron/CCL

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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	12 1/4	8 5/8	26	40	Special	42	Service Co.
Production	6 3/4	4.5	10.5	700	Special	93	Service Co.

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
63	422.0-454.0	3 1/8" DENS JET-X HSC	422.0
			454.0

TUBING RECORD	Size 8 5/8	Set At 700	Packer At No	Liner Run Yes ✓ No
Date of First, Resumed Production, SWD or Enhr. N/A	Producing Method Flowing Pumping Gas Lift Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
			N/A	

Disposition of Gas METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
 (If vented, Submit ACO-18.)

☐ Open Hole ✓ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____