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 128
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: N/A

Designate Type of Completion:

_____ New Well _____ Re-Entry _____ Workover

_____ Oil _____ SWD _____ SIOW _____ 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. E-18,102

_____ Dual Completion Docket No. _____

_____ Other (SWD or Enhr.?) Docket No. _____

7/22/02	7/26/02	7/26/02
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 031-21935-0000
County: Coffey
_ - NW NE SE Sec. 21 Twp. 22 S. R. 16 ☑ East ☐ West
2210 feet from S / N *(circle one)* Line of Section
900 feet from E / W *(circle one)* Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Gleue Well #: RI-2
Field Name: Neosho Falls Leroy
Producing Formation: Squirrel
Elevation: Ground: Unkown Kelly Bushing: N/A
Total Depth: 1073 Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at 44.20 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1058.30
feet depth to Top w/ 140 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: Douglas Evans
Title: President Date: 12-9-02

Subscribed and sworn to before me this 19 day of December, 19 2002

Notary Public: Marcia K. Treff
Date Commission Expires: _____

MARCIA K. TREFF
State of Kansas
My Appt. Exp. Sept. 1, 2004

KCC Office Use ONLY

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

Side Two

Operator Name: D.E. Exploration, Inc. Lease Name: Gleue Well #: RI-2

Sec. 21 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 *(Attach Additional Sheets)*	☐ Yes	✔ No
Samples Sent to Geological Survey	☐ Yes	✔ No
Cores Taken	✔ Yes	No
Electric Log Run *(Submit Copy)*	✔ Yes	No

List All E. Logs Run:

Gamma Ray/Neutron/CCL

Log Name	Formation (Top), Depth and Datum Top	Sample 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	7	19	44.20	Portland	56	Service Co.
Production	5 5/8	2 7/8	6.5	1058.30	50-50	140	Service Co.

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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
17	1010.0-1018.0	2" DML RTG	1010.0
			1018.0

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8	1058.30	No	Yes ✔ No

Date of First, Resumed Production, SWD or Enhr.	Producing Method				
N/A	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, Sumit ACO-18.)*

Open Hole ✔ Perf. Dually Comp. ☐ Commingled _____

☐ Other *(Specify)* _____