

**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: Douglas G. 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. _____

<u>7/24/03</u>	<u>7/29/03</u>	<u>7/29/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 031-21974-00-00
 County: Coffey
 NW SE SW NE Sec. 33 Twp. 22 S. R. 16 East West
3135 feet from (S) N (circle one) Line of Section
1715 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 #: RI-4
 Field Name: Neosho Falls/LeRoy
 Producing Formation: Squirrel
 Elevation: Ground: NA Kelly Bushing: NA
 Total Depth: 1080.0' Plug Back Total Depth: NA
 Amount of Surface Pipe Set and Cemented at 43.50' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1073.80'
 feet depth to Top w/ 139 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: 1-28-04
 Subscribed and sworn to before me this 28th day of January,
 20 04.
 Notary Public: Stacy J. Thyer
 Date Commission Expires: March 31, 2007

KCC Office Use ONLY

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

NOTARY PUBLIC

 STACY J. THYER
 My Appt. Exp. 3-31-07

Operator Name: D.E. Exploration, Inc. Lease Name: Nelson Well #: RI-4
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED FEB 02 2005 KCC WICHITA </div>
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacjs Used	Type and Percent Additives
Surface	11 5/8"	8 5/8"	21	43.50'	I	53	Service Co.
Production	5 5/8"	2 7/8"	6.5	1073.0'	I	139	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 <i>(Amount and Kind of Material Used)</i>		Depth
21	1022.0'-1032.0'	2" DML RTG		1022.0'
				1032.0'

TUBING RECORD		Size 2 7/8"	Set At 1073.0'	Packer At No	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. NA			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
			NA		

Disposition of Gas		METHOD OF COMPLETION		Production Interval	
<input type="checkbox"/> Vented	<input type="checkbox"/> Sold	<input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole	<input checked="" type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.
<i>(If vented, Submit ACO-18.)</i>		<input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Commingled _____	