

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form: ACO-1  
September 1999  
Form Must Be Typed

IND

## WELL COMPLETION FORM

## WELL HISTORY - DESCRIPTION OF WELL &amp; LEASE

Operator: License # 33754

Name: Jason Beckmon

Address: 11561 SE Texas Rd

City/State/Zip: Kincaid KS 66039

Purchaser:

Operator Contact Person: Jason Beckmon

Phone: ( 620 ) 496-4627

Contractor: Name: Evans Energy Development Inc.

License: 8509

Websit Geologist:

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.

6-30-06

7-7-06

7-7-06

Spud Date or  
Recompletion Date

Date Reached TD

Completion Date or  
Recompletion Date

per oper - kcc-10

API No. 15 - 003-24333-0000

County: Anderson

Ne Se Nw Se Sec. 9 Twp. 23 S. R. 21  East  West

1970 South feet from S / N (circle one) Line of Section

1560 EAST feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Beckmon Weli #: 601

Field Name: Beckmon KINCAID

DRL  
10-10-07

Producing Formation: Bartlesville

Elevation: Ground: 1001 Kelly Bushing:

Total Depth: 723

Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at 25 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 25

feet depth to surface w/ 5 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 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: Jason Beckmon

Title: Operator Date: 10-27-06

Subscribed and sworn to before me this 27<sup>th</sup> day of Oct.

2006.

Notary Public: Kathryn Green

Date Commission Expires: 10-26-2009

## KCC Office Use ONLY

N Letter of Confidentiality Received

If Denied: Yes  Date: \_\_\_\_\_

Wireline Log Received

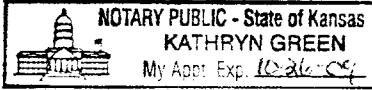
Geologist Report Received

UIC Distribution

RECEIVED

OCT 26 2006

KCC WICHITA



Operator Name: Jason Beckmon

Lease Name: Beckmon

Well #: 601

Sec. 9 Twp. 23 S. R. 21  Eas:  West

County: Anderson

**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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

List All E. Logs Run:

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	# Sacks Used	Type and Percent Additives
surface casing	9 7/8	7"		25'	Portland	5	0
Production	5 5/8	2 7/8"		723	50/50 p02	103	2% gel

## 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 Specify Footage of Each interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	671-677 2" dml rtg	13 shot 2" dml rtg	671-677

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enr.	Producing Method	<input type="checkbox"/> Flowing	<input checked="" type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
7-10-2006					

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	1 1/2		1			27.3

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACC-16.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	RECEIVED OCT 30 2006 KCC WICHITA