

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 7030  
 Name: John Roy Evans  
 Address: PO Box 385  
 City/State/Zip: Claflin, Kansas 67525  
 Purchaser: \_\_\_\_\_  
 Operator Contact Person: John R. Evans  
 Phone: (620) 587-3565  
 Contractor: Name: Duke Drilling Co., Inc.  
 License: 5929  
 Wellsite Geologist: Jim Musgrove  
 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. \_\_\_\_\_  
**11-07-03**    **01-12-03**    **1-27-03**  
 Spud Date or    Date Reached TD    Completion Date or  
 Completion Date       Recompletion Date

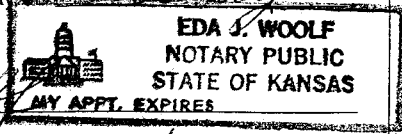
API No. 15 - 053-21112-00-00  
 County: Ellsworth County, Kansas  
C-N/2 S/2. NE Sec. 32 Twp. 17 S. R. 10  East  West  
1650 feet from S / N (circle one) Line of Section  
1320 feet from E / W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) .NE SE NW SW  
 Lease Name: Steinert Well #: 4  
 Field Name: Bloomer  
 Producing Formation: \_\_\_\_\_  
 Elevation: Ground: 1779' Kelly Bushing: 1787'  
 Total Depth: 3325' Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at 3325' Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from 332  
 feet depth to Surface w/ 200 sx cmt.

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content 45000 ppm Fluid volume 1000 bbls  
 Dewatering method used Hauled away  
 Location of fluid disposal if hauled offsite:  
 Operator Name: Bob's Oil Service, Inc.  
 Lease Name: Sieker License No.: 32408  
 Quarter NNNN Sec. 35 Twp. 19S S. R. 11  East  West  
 County: Barton Docket No.: D-26,497

**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.

I, the undersigned, being a resident qualified person, do hereby certify that the 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: John Roy Evans  
 Title: Operator Date: 2-15-03  
 Subscribed and sworn to before me this 15 day of February  
2003  
 Notary Public: Eda J. Woolf  
 My Commission Expires: April 12, 2006



**KCC Office Use ONLY**

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

Operator Name: **John Roy Evans** Lease Name: **Steinert** Well #: **4**  
Sec. **32** Twp. **17** S. R. **10**  East  West County: **Ellsworth County, Kansas**

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Core 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	<i>Heabner</i>	<i>2804</i>	<i>- 1017</i>
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>LANSING</i>	<i>2937</i>	<i>- 1150</i>
Submit All E. Logs Run:		<i>Cg.</i>	<i>3216</i>	<i>- 1429</i>
<i>DUAL COMPENSATED POROSITY</i>		<i>Arb</i>	<i>3230</i>	<i>- 1443</i>
<i>SONIC CEMENT BOND LOG</i>				

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	# Sacs Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	20#	332'	60/40 Poz	200	3%cc 2%gel
Production	7-7/8"	5-1/2"	14#	3323'	ASC	150	5#kolseal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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 <i>(Amount and Kind of Material Used)</i>	Depth
4	3251 To 3255	250 Gallons	3351 To 3355

Casing Record		Size <i>2 7/8</i>	Set At <i>3265</i>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <i>2-25-03</i>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. <i>50</i>	Gas Mcf	Water <i>0</i>	Bbls.	Gas-Oil Ratio Gravity

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