

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 4567
 Name: D.E. Exploration, Inc.
 Address: P.O. Box 128 516 Main Street
 City/State/Zip: Wellsville, KS 66092-0128
 Purchaser: Plain's Marketing, L.P.
 Operator Contact Person: Douglas G. Evans, President
 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 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. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>9/16/03</u>	<u>9/21/03</u>	<u>9/21/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 031-21,984-00-00
 County: Coffey
S2 NE SW Sec. 27 Twp. 22 S. R. 16 East West
1650 feet from (S) N (circle one) Line of Section
3345 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: L.E. Stroud B Well #: I-3
 Field Name: Neosho Falls-LeRoy
 Producing Formation: Squirrel
 Elevation: Ground: NA Kelly Bushing: NA
 Total Depth: 1043' Plug Back Total Depth: NA
 Amount of Surface Pipe Set and Cemented at 45.00' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1030.0'
 feet depth to Top w/ 127 _____ sx cmt.

Drilling Fluid Management Plan All 11 w/ 11.12.03
 (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 G. Evans
 Title: President Date: 10-30-03
 Subscribed and sworn to before me this 30th day of October,
 20 03.
 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
 STATE OF KANSAS My Appt. Exp. 3-31-07

✓

X

API. 15.031.21984.0000
ORIGINAL

Side Two

Operator Name: D.E. Exploration, Inc. Lease Name: L.E. Stroud B Well #: 1-3
 Sec. 27 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)

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

List All E. Logs Run:

Gamma Ray/Neutron/CCL ✓

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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	# Sacks Used	Type and Percent Additives
Surface	11 5/8"	7"	22	45.00'	I	53	Service Co.
Production	5 3/4"	2 7/8"	6.5	1030.0'	I	127	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
2	999.0'-1006.0'	2" DML RTG	999.0'
			1006.0'

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8"	1030.0'	No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
NA		<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

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, Submit ACO-18.) Other (Specify) _____

472

API. 15.031.21984.0000



CONSOLIDATED OIL WELL SERVICES, INC.

AN INFINITY COMPANY

211 W. 14th, P.O. Box 884 Chanute, KS 66720 • 620/431-9210 • 1-800/467-8676

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INVOICE DATE	INVOICE NO.
09/19/03	00186675

ORIGINAL
TOTAL

D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092

RECEIVED
NOV 03 2003
KCC WICHITA

CONSOLIDATED OIL WELL SERVICES, INC.
DEPT. 3667
135 SOUTH LASALLE
CHICAGO, IL 60674-3667

TERMS: Net 30 Days
A Finance Charge computed at 1% per month (annual percentage rate of 12%) will be added to balances over 30 days.

PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

ACCOUNT NO.	LOCATION	DATE OF JOB	BUCKET NO.	ITEM NUMBER	DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS	EXTENDED PRICE
0135	20	09/15/2003	21	5401		1.0000			472.50
				5402		43.0000			.00
				1102		1.0000			54.40
				1111		61.0000			6.10
				1110		4.0000			77.60
				1118		1.0000			11.80
				5502	50/50 WAGNER TRUCK	1.5000	70.0000		105.00
				1124	50/50 POZ CEMENT MIX	31.0000	6.4500	SK	199.95

PAID
10-14-03
#2332
\$12,140.00

GROSS INVOICE TAX 18.51

ORIGINAL INVOICE

PLEASE PAY 945.89

API. 15.031.21984.0000



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INVOICE DATE	INVOICE NO.
09/30/03	00186826

ORIGINAL COPY

D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092

RECEIVED
NOV 03 2003
KCC WICHITA

CONSOLIDATED OIL WELL SERVICES, INC.
DEPT. 3667
135 SOUTH LASALLE
CHICAGO, IL 60674-3667

TERMS: Net 30 Days
A Finance Charge computed at 1% per month (annual percentage rate of 12%) will be added to balances over 30 days.

PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

ACCOUNT NO.	ITEM NO.	LOCATION	LEASE AND WELL NO.	DATE OF JOB	TICKET NO.	UNIT PRICE	UNIT MEAS.	AMOUNT
	5401			10/7/03				525.00
	5402							.00
	1118							59.00
	1111							39.30
	1110							310.40
	4402							15.00
	5407							190.00
	5502							105.00
	1124							896.55
			ROCK CEMENT DELIVERY WITH BULK DEL					
			60 BBL VACUUM TRUCK					
			50/50 POZ CEMENT MIX					

PAID
10-14-03
#2332
\$12,140.00

GROSS INVOICE	TAX	
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ORIGINAL INVOICE

PLEASE PAY
2210.22