

**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)

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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>9/12/03</u>	<u>9/16/03</u>	<u>9/16/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 031-21,981-00-00
 County: Coffey
SW - NE - SE - SW Sec. 27 Twp. 22 S. R. 16 East West
770 feet from (S) N (circle one) Line of Section
3265 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-1
 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 45.40' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1037.60'
 feet depth to Top w/ 127 sx cmt.

Drilling Fluid Management Plan ALL 11 10 11-10-03
 (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
 STATE OF KANSAS
 STACY J. THYER
 My Appt. Exp. 3-31-07

✓

X

ORIGINAL

Operator Name: D.E. Exploration, Inc. Lease Name: L.E. Stroud B Well #: 1-1
 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 <i>(Attach Additional Sheets)</i>	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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	# Sacs Used	Type and Percent Additives
Surface	11 5/8"	7"	24	45.40'	I	53	Service Co.
Production	5 3/4"	2 7/8"	6.5	1037.60'	I	127	Service Co.

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				

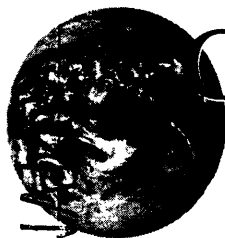
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	1008.0'-1022.0'	2" DML RTG	1008.0'
			1022.0'

TUBING RECORD		Size 2 7/8"	Set At 1037.60'	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

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

Am. 15.031.21981.0000 ✓



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

Page 1

INVOICE DATE	
08/29/03	

ORIGIN

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

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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

NO.				NO.
5401			1.0000	472.50
5402			43.4000	.00
1118			1.0000	11.80
1111			83.0000	8.30
1110			3.0000	58.20
5407			1.0000	.00
5502			1.5000	105.00
1124			30.0000	193.50

50/50 PORTLAND CEMENT MIX

PAID
CHQ DATE
2322 9-15-03

GROSS INVOICE	TAX
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ORIGINAL INVOICE

PLEASE PAY
863.71

22.5

API. 15:031-21981-0000



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Page 1

INVOICE DATE	09/11/03	00186522
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ORIGINAL

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

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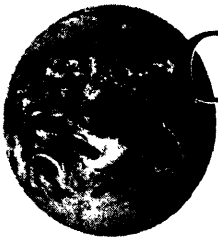
CONSOLIDATED OIL WELL SERVICES, INC.
DEPT. 3667
135 SOUTH LASALLE
CHICAGO, IL 60674-3667

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

QTY	DESCRIPTION	UNIT PRICE	AMOUNT	MARKET NO.
5401		1.0000	472.50	
5402		43.0000	.00	
1111		88.0000	8.80	
1110		4.0000	77.60	
1118		1.0000	11.80	
1102		1.0000	34.00	
5502		1.5000	105.00	
1124		30.0000	193.50	
	50/50 PORTLAND CEMENT MIX			

PAID
10-15-03
#2332
\$12,140.00



**CONSOLIDATED
OIL WELL
SERVICES, INC.**
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08/29/03	

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

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

ITEM NUMBER	DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS	EXTENSION
5401		1.0000			472.50
5402		43.4000			.00
1118		1.0000			11.80
1111		83.0000			8.30
1110		3.0000			58.20
5407		1.0000			.00
5502		1.5000			105.00
1124		30.0000	6.4500		193.50

COPY

PAID
 CK NO DATE
 2322 9-15-03

GROSS TAX

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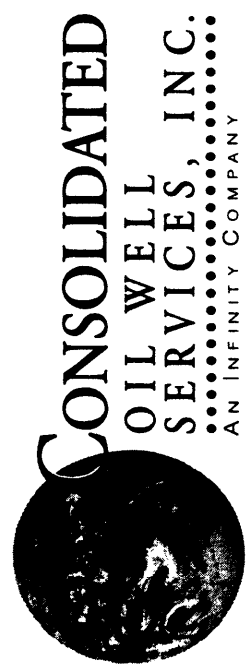
PLEASE PAY
863.71

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

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

QTY	UNIT	PRICE	DESCRIPTION	UNIT MEAS	EXT
1.0000					472.50
43.0000					.00
88.0000					8.80
4.0000					77.60
1.0000					11.80
1.0000					34.00
1.5000					105.00
30.0000					193.50

COPY

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#2332
\$12,140.00

GROSS

TAX

ORIGINAL INVOICE

PLEASE PAY
920.46