

**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
 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 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>6/17/03</u>	<u>6/23/03</u>	<u>6/23/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 031-21968-00-00
 County: Coffey
SW - SW - SE - NE Sec. 33 Twp. 22 S. R. 16 East West
2920 feet from (S) N (circle one) Line of Section
1085 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 #: R-5
 Field Name: Neosho Falls/LeRoy
 Producing Formation: Squirrel
 Elevation: Ground: NA Kelly Bushing: NA
 Total Depth: 1089.0' Plug Back Total Depth: NA
 Amount of Surface Pipe Set and Cemented at 42.70' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1081.0'
 feet depth to Top w/ 125 sx cmt.
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit) 11/11/02-2-20-04
 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: 1-28-04
 Subscribed and sworn to before me this 28th day of January,
 2004.
 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

Operator Name: D.E. Exploration, Inc. Lease Name: Nelson Well #: R-5
 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 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	# Sacs Used	Type and Percent Additives
Surface	11 5/8"	7"	19	42.70'	I	70	Service Co.
Production	5 5/8"	2 7/8"	6.5	1081.0'	I	125	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
21	1027.0'-1037.0'	2" DML RTG	1027.0'
			1037.0'

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8"	1081.0'	No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1				

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) _____



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

INVOICE DATE	INVOICE NO.
06/30/03	00184884

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ORIGINAL

SOLO

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

ACCOUNT NO.	PO NO.	LOCATION	LEASE AND WELL NO.	DATE OF JOB	JOB TICKET NO.		
2355	0533	20	NELSON RS K-5	06/23/2003	20513		
ITEM NUMBER	DESCRIPTION			UNITS	UNIT PRICE	UNIT MEAS	EXTENDED PRICE
5401	CEMENT PUMPER			1.0000	472.5000	EA	472.50
5402	CASING FOOTAGE			42.0000	.0000	EA	.00
1118	PREMIUM GEL			1.0000	11.8000	SK	11.80
1110	GILSONITE (50#)			4.0000	19.4000	SK	77.60
1111	GRANULATED SALT (80#)			88.0000	.1000	LB	8.80
1102	CALCIUM CHLORIDE (50#)			1.0000	34.0000	SK	34.00
5502	80 BBL VACUUM TRUCK			1.5000	70.0000	HR	105.00
1124	50/50 POZ CEMENT MIX			31.0000	6.4500	SK	199.95

GROSS INVOICE 909.65	TAX 24.25
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ORIGINAL INVOICE

PLEASE PAY 933.90
