

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 4567
Name Douglas G. Evans
Address 401 S. Main, Suite 11
City/State/Zip Ottawa, KS 66067

Purchaser Enron

Operator Contact Person Doug Evans
Phone 913 242-5733

Contractor License # 8509
Name Evans Energy Development, inc.

Wellsite Geologist none
Phone

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If **OWNO**: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
3/3/87... 3/14/87... 4/8/87...
Spud Date Date Reached TD Completion Date
1021... N/A...
Total Depth PBDT

Amount of Surface Pipe Set and Cemented at 20 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set... feet
If alternate 2 completion, cement circulated
from 10.2 feet depth to top w/ 4 SX cmt
Cement Company Name Evans Energy Dev
Invoice # none

API NO. 15-091-21,801-00-00
County Johnson
SS' N & SS' W of SESE NW SE Sec 4 Twp 14 Rge 22 East West

1540 Ft North from Southeast Corner of Section
1540 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

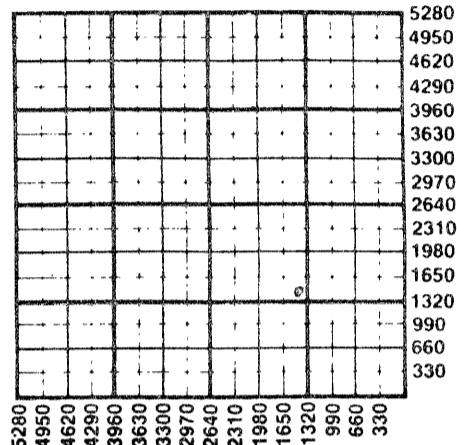
Lease Name Gardner Well # 3

Field Name Gardner Prairie Center

Producing Formation Bartlesville

Elevation: Ground unknown KB

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: N/A Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water: N/A
Division of Water Resources Permit #
Groundwater... Ft North from Southeast Corner
(Well) ... Ft West from Southeast Corner of
Sec Twp Rge East West
Surface Water... Ft North from Southeast Corner
(Stream, pond etc)... Ft West from Southeast Corner
Sec Twp Rge East West
Other (explain) (purchased from city, R.W.D. #)

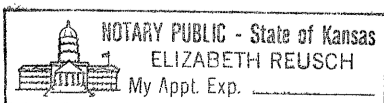
ACT II WAM 4-12-06

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log shall be attached with this form. 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 Operator Date 4/27/87

Subscribed and sworn to before me this 27 day of April 1987
Notary Public Elizabeth Reusch
Date Commission Expires 11/4/88



K.C.C. OFFICE USE ONLY
F NO Letter of Confidentiality Attached
C NO Wireline Log Received
C ND Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)
RECEIVED
STATE CORPORATION COMMISSION

MAY 1 1987 Form ACO-1 (5-86)

CONSERVATION DIVISION
Wichita, Kansas

Sec 4, Twp. 14, Rge. 22

SIDE TWO

Operator Name Douglas G. Evans Lease Name Gardner Well # 3

Sec. 4 Twp. 14 Rge. 22 East West County Johnson

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Cores Taken	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Lime	8	Shale	519	Shale	866
Shale	14	Lime	525	Sand	872
Lime	23	Shale	531	Shale	908
Shale	35	Lime	540	Coal	910
Lime	53	Sand	544	Shale	868
Shale	64	Shale	557	Sand	1005
Lime	137	Lime	560	Shale	1009
Shale	179	Shale	568	Lime	1021
Lime	191	Lime	570		
Shale	209	Shale	573		
Lime	216	Lime	578		
Shale	223	Shale	603		
Lime	241	Lime	607		
Shale	262	Shale	667		
Lime	290	Lime	669		
Shale	296	Shale	678		
Lime	320	Sand	684		
Shale	324	Shale	790		
Lime	340	Lime	791		
Shale	513	Shale	796		
Lime	517	Sand	803		

797
340
457

Formation Description
 Log Sample

Name Top Bottom

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	#Sacks Used	Type and Percent Additives
Surface	9"	6 1/2"		20.2	Portland	4	
Production	5 1/8"	2 7/8"		862.4	Portland	95	
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			
Shots Per Foot	Specify Footage of Each Interval Perforated					Depth	
2 1/4	797-801			40 sacks sand		797-801	
				80 bbls oil			
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Size 1"	Set At 840	Packer at N/A					
Date of First Production	Producing Method						
4/8/87	<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	Gas	Water	Gas-Oil Ratio	Gravity		
	1 Bbls	trace MCF	1/16 Bbls	CFPB	20		

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify)
 Used on Lease Dually Completed
 Commingled

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 or 800-467-8676

TICKET NUMBER 09311
 LOCATION Ottawa
 FOREMAN A. Mader

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
10-15-98	2654	Gardner		4	14	22	JO	
CHARGE TO <u>Doug Evans</u>				OWNER				
MAILING ADDRESS <u>P.O. Box 128</u>				OPERATOR				
CITY <u>Wellsville</u>				CONTRACTOR				
STATE <u>KS</u>		ZIP CODE <u>66092</u>		DISTANCE TO LOCATION <u>40</u>				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	<u>X</u>
TOTAL DEPTH	
CASING SIZE	<u>2 1/2</u>
CASING DEPTH	<u>app 900'</u>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input checked="" type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORITICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB Well # 1, 2, 3, 4, 5, 6 + I-1, Also OW #1

JOB SUMMARY

DESCRIPTION OF JOB EVENTS First 7 wells. Established injection rate and mixed + pumped 25 sx 50/50 po2 6% gel, 1/4 sx hulls in each well. Close in pressure app 1000#.
Well OW-1 Mixed + pumped 20 sx 50/50 po2 6% gel 1/4 sx hulls down 2" casing. Pumped 67 sx down 1 1/2" on outside of casing. 87 sx total on OW-1, 25 sx each on other 7, 175 sx total

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____



CONSOLIDATED

INDUSTRIAL SERVICES

AN INDUSTRIAL COMPANY

211 W. 14th P.O. Box 884 Chanute KS 66720 • 316/431-9210 • 1-800/467-8676

INVOICE DATE	INVOICE NO.
10/21/98	00161982

S 2654
 O EVANS, DOUG
 L P.O. BOX 128
 D WELLSVILLE-KS 66092

T
 O

REMIT TO: CONSOLIDATED IND. SERVICES
 P.O. BOX 26147
 SHAWNEE MISSION, KS 66225

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.	P.O. NO.	LOCATION	LEASE AND WELL NO.	DATE OF JOB	JOB TICKET NO.		
2654	0227	20	GARDNER, DEBRABONDER	10/16/1998	4192		
ITEM NUMBER			DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS	EXTENDED PRICE
5405A			P&A OLD WELLS	1.0000	375.0000	EA	375.00
5405A			P&A OLD WELLS	9.0000	200.0000	EA	1800.00
1118			PREMIUM GEL	19.0000	10.2500	SK	194.75
1105			COTTONSEED HULLS	3.0000	10.8500	SK	32.55
5609			MISC PUMP CEMENT TRUCK	1.0000	.0000	HR	.00
5502			80 BBL VACUUM TRUCK	5.0000	50.0000	HR	250.00
1124			50/50 POZ CEMENT MIX	312.0000	7.2500	SK	2262.00
5406			MILEAGE CHARGE	40.0000	2.7500	EA	110.00

GROSS INVOICE	TAX
5024.30	159.32

ORIGINAL INVOICE

Thank You!

PLEASE PAY
5183.62