

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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  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. \_\_\_\_\_  
7/18/03 7/23/03 7/23/03  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 031-21973-00-00  
County: Coffey  
NW NE SW SE Sec. 33 Twp. 22 S. R. 16  East  West  
3646 feet from (S) N (circle one) Line of Section  
1715 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 #: RI-3  
Field Name: Neosho Falls/LeRoy  
Producing Formation: Squirrel  
Elevation: Ground: NA Kelly Bushing: NA  
Total Depth: 1072.0' Plug Back Total Depth: NA  
Amount of Surface Pipe Set and Cemented at 43.50' Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 1066.80'  
feet depth to Top w/ 132 sx cmt.

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Drilling Fluid Management Plan ALT-#2 KGR 6/12/07  
(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: 1-28-04  
Subscribed and sworn to before me this 28<sup>th</sup> 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

Operator Name: D.E. Exploration, Inc. Lease Name: Nelson Well #: RI-3  
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  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 Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <b>Gamma Ray/Neutron/CCL</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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"	8 5/8"	19	43.50'	I	53	Service Co.
Production	5 5/8"	2 7/8"	6.5	1066.80'	I	132	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 (Amount and Kind of Material Used)	Depth
13	1018.0'-1024.0'	2" DML RTG	1018.0'
			1024.0'

TUBING RECORD		Size <b>2 7/8"</b>	Set At <b>1066.80'</b>	Packer At <b>No</b>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <b>NA</b>		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
			<b>NA</b>		

Disposition of Gas  Vented  Sold  Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled

Production Interval  Other (Specify) \_\_\_\_\_



# CONSOLIDATED OIL WELL SERVICES, INC.

AN INFINITY COMPANY

211 W. 14th, P.O. Box 884 Chanute, KS 66720 • 620/431-9210 • 1-800/457-8676

INVOICE DATE	INVOICE NO.
07/28/03	00185494

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ORIGINAL  
DROS

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	0592	20	NELSON RT 31	07/24/2003	20567		
ITEM NUMBER			DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS	EXTENDED PRICE
5401			CEMENT PUMPER	1.0000	472.5000	EA	472.50
5402			CASING FOOTAGE	43.2000	0.0000	EA	.00
1118			PREMIUM GEL	1.0000	11.8000	SK	11.80
1110			GILSONITE (50#)	3.0000	19.4000	SK	58.20
1111			GRANULATED SALT (80#)	82.0000	0.1000	LB	8.20
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

**PAID**  
CKNO 2276 DATE 8-4-03

GROSS INVOICE	TAX
1855.65	14.74

ORIGINAL INVOICE

PLEASE PAY
870.39