

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 # 8509  
Name: Evans Energy Dev. Inc.  
Address: P.O. Box 266  
City/State/Zip: Paola, Kansas 66071  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Scott Evans  
Phone: (913) 557-9083  
Contractor: Name: Compant tools  
License: 8509  
Wellsite Geologist: \_\_\_\_\_

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. \_\_\_\_\_

1-8-01 1-10-01 1-10-01  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date

API No. 15 - 107-23637-0000  
County: Linn  
se nw nw Sec. 7 Twp. 21 S. R. 22 ☒ East ☐ West  
4488 feet from S / XX (circle one) Line of Section  
4500 feet from E / XX (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Midkiff Well #: 1

Field Name: Wildcat

Producing Formation: none- dry

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: 742 Plug Back Total Depth: 0

Amount of Surface Pipe Set and Cemented at \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 20

feet depth to 0 w/ 6 sx cmt.

Drilling Fluid Management Plan RAA KQR 8/22/07  
(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: Scott Evans

Title: President Date: 1-29-01

Subscribed and sworn to before me this 29 day of January, 2001

Notary Public: Vicki F. Kemplay

Date Commission Expires: 10-21-2003

KCC Office Use ONLY

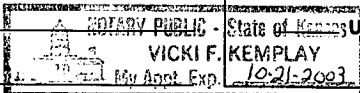
☐ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: \_\_\_\_\_

☐ Wireline Log Received

☐ Geologist Report Received

UIC Distribution



Operator Name: Evans Energy Dev. Inc. Lease Name: Mikkiff Well #: 1  
 Sec. 7 Twp. 21 S. R. 22 ☒ East ☐ West County: Linn

**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)

List All E. Logs Run:

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

Sent with original acol

### CASING RECORD ☐ New ☒ 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 | # Sacjs Used | Type and Percent Additives |
|-------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Surface           | 12"               | 8 5/8"                    |                   | 20            | portland       | 6            | none                       |
|                   |                   |                           |                   |               |                |              |                            |
|                   |                   |                           |                   |               |                |              |                            |

### ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose:<br>___ Perforate<br>___ Protect Casing<br><input checked="" type="checkbox"/> Plug Back TD<br>___ Plug Off Zone | Depth<br>Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
|--|---------------------|----------------|-------------|----------------------------|
|  | 740 to              | 690' POZ       | 10          |                            |
|  | 500 to              | 450' POZ       | 10          |                            |
|  | 250 to              | surface        | 60          |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |

| TUBING RECORD                                    | Size  | Set At  | Packer At   | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---------|-------------|--|
| Date of First, Resumerd Production, SWD or Enhr. | 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  |

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease  
 (If vented, Sumit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
☐ Other (Specify) \_\_\_\_\_