

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: Compart 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

**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

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** RFA KPC 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.: \_\_\_\_\_

**KCC Office Use ONLY**

\_\_\_\_\_ Letter of Confidentiality Attached

If Denied, Yes  Date: \_\_\_\_\_

\_\_\_\_\_ Wireline Log Received

\_\_\_\_\_ Geologist Report Received

NOTARY PUBLIC	State of Kansas	UIC Distribution
VICKI F. KEMPLAY		
My Amt. Exp.	10-21-2003	

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sent with original acol		
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				

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	12"	8 5/8"		20	portland	6	none

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:  — Perforate — Protect Casing <input checked="" type="checkbox"/> Plug Back TD — Plug Off Zone	Depth 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 Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION			Production Interval		
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Commingled		
	<input type="checkbox"/> Other (Specify)					