

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, President
Phone: (785) 883-4057
Contractor: Name: Evans Energy Development, Inc.
License: 8509
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. _____

12/21/04	12/22/04	12/22/04
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-22,998-00-00
County: Johnson
E2 SE SW SE Sec. 1 Twp. 15 S. R. 21 East West
~~3030~~ 330 feet from S N (circle one) Line of Section
1430 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: T.E.A. Well #: 1-4
Field Name: Edgerton

Producing Formation: Squirrel
Elevation: Ground: NA Kelly Bushing: NA
Total Depth: 890.0' Plug Back Total Depth: NA
Amount of Surface Pipe Set and Cemented at 22.0' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 874.0'
feet depth to Top w/ 130 sx cmt.

Drilling Fluid Management Plan A17 II NCR 7-18-08
(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: 1/18/2005

Subscribed and sworn to before me this 18th day of January, 2005.

Notary Public: Stacy J. Thyer

Date Commission Expires: 3-31-07

STATE OF KANSAS
My Appt. Exp. 3-31-07
STACY J. THYER

KCC Office Use ONLY
NO Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



CONSOLIDATED
OIL WELL
SERVICES, INC.
AN INFINITY COMPANY

Please note all addresses are standardized
Consolidated Oil Well Services
1530 S. Santa Fe
Chanute, KS 66720

MAIN OFFICE
1530 S. Santa Fe • P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

ORIGINAL
Invoice # 194665

INVOICE

Invoice Date: 12/29/2004 Terms: 0/30,n/30

Page 1

D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092
(785)883-4057

TEA I-4
1935
12-22-04

RECEIVED

APR 04 2005

KCC WICHITA

W.O. Copy	Equipment Color	Make S/N	Model	Date Desc	Order
194665 00000000					1935

Qty	Part Number	Description	Unit Price	Total
130.00	1124	50/50 POZ CEMENT MIX	6.90	897.00
5.00	1118	PREMIUM GEL	12.40	62.00
350.00	1111	GRANULATED SALT (80#)	.26	91.00
14.00	1110A	KOL SEAL (50# BAG)	15.75	220.50
2.00	1107	FLO-SEAL (25#)	40.00	80.00
1.00	4402	2 1/2" RUBBER PLUG	15.00	15.00
1.00	1401	HE 100 POLYMER	36.75	36.75
1.00	1238	SILT SUSPENDER SS-630,ES	31.50	31.50

Times Performed	Description	Hours	Total
144	MIN. BULK DELIVERY	1.00	225.00
368	CEMENT PUMP	1.00	710.00
368	EQUIPMENT MILEAGE (ONE WAY)	30.00	70.50
370	80 BBL VACUUM TRUCK (CEMENT)	4.00	312.00

PAID
1-25-05
#4488
\$11,339.27

Parts:	1433.75	Freight:	.00	Tax:	89.74	AR	2840.99
Labor:	.00	Misc:	.00	Total:	2840.99		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
P.O. Box 1453 74005
918/338-0808

EUREKA, Ks
820 E. 7th 67045
620/583-7664

OTTAWA, Ks
2631 So. Eisenhower Ave. 66067
785/242-4044

GILLETTE, WY
300 Enterprise Avenue 82716
307/686-4914

ORIGINAL

Operator Name: D.E. Exploration, Inc. Lease Name: T.E.A. Well #: 1-4
 Sec. 1 Twp. 15 S. R. 21 East West County: Johnson

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<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	# Sacks Used	Type and Percent Additives
Surface	9"	6 5/8"	NA	22.0'	Portland	4	Service Co.
Production	5 5/8"	2 7/8"	NA	874.0'	50/50 Poz	130	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
21	830.0'-840.0'	2" DML RTG	830.0'
		RECEIVED	840.0'
		APR 04 2005	
		KCC WICHITA	

TUBING RECORD		Size <u>2 7/8"</u>	Set At <u>874.0'</u>	Packer At <u>No</u>	Liner Run <input type="checkbox"/> Yes <input checked="" 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. <u>NA</u>	Gas Mcf	Water Bbls. <u>NA</u>	Gas-Oil Ratio	Gravity

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____