

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33754
Name: Jason Beckmon
Address: 11561 SE Texas Rd
City/State/Zip: Kincaid KS 66039
Purchaser: _____
Operator Contact Person: Jason Beckmon
Phone: (620) 496-4627
Contractor: Name: Evans Energy Development Inc.
License: 8509
Wellsite Geologist: _____

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. _____

6-30-06 7-9-06 7-9-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date
per oper - kcc-dlg

API No. 15 - 003-24333-0000

County: Anderson

Ne Se Nw Sw Sec. 9 Twp. 23 S. R. 21 East West

1970 South feet from S / N (circle one) Line of Section

1560 EAST feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Beckmon Well #: 601

Field Name: Beckmon

Producing Formation: Bartlesville

Elevation: Ground: 1001 Kelly Bushing: _____

Total Depth: 723 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 25 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 25

feet depth to surface w/ 5 _____ sx cmt.

Drilling Fluid Management Plan

(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.: _____

A142-Dlg-12-108

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: Jason Beckmon

Title: Operator Date: 10-27-06

Subscribed and sworn to before me this 27th day of Oct.

20 06.

Notary Public: Kathryn Green

Date Commission Expires: 10-26-2009

KCC Office Use ONLY

N Letter of Confidentiality Received

If Denied, Yes Date: _____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

RECEIVED

OCT 30 2006

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Operator Name: Jason Beckmon Lease Name: Beckmon Well #: 601
 Sec. 9 Twp. 23 S. R. 21 East West County: Anderson

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:	<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 casing	9 7/8	7"		25'	Portland	5	0
Production	5 5/8	2 7/8"		723	50/50 p02	103	2% gel

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
2	671-677 2" dml rtg	13 shot 2" dml rtg	671-677

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 7-10-2006			Producing Method <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 Bbls. 1 1/2	Gas Mcf	Water Bbls. 1	Gas-Oil Ratio	Gravity 27.3

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

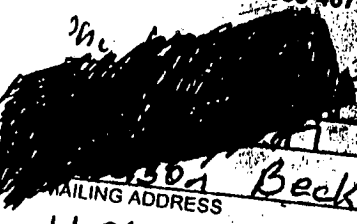
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Customer

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 420-431-9210 OR 800-467-8676

TICKET NUMBER 08755
 LOCATION Ottawa
 FOREMAN Alan Made

TREATMENT REPORT & FIELD TICKET
 CEMENT



WELL NAME & NUMBER Beckman #1001
 MAILING ADDRESS Beckman
 CITY 11561 SE Texas Rd
 STATE KS ZIP CODE 66039
 KINGARD 153
 JOB TYPE long string HOLE SIZE 5.78
 CASING DEPTH 722 DRILL PIPE _____ HOLE DEPTH _____
 SLURRY WEIGHT _____ DRILL PIPE _____ TUBING _____
 DISPLACEMENT _____ SLURRY VOL _____ WATER gal/ak _____
 DISPLACEMENT PSI _____ MIX PSI _____ CEMENT LEFT in CASING _____

SECTION	TOWNSHIP	RANGE	COUNTY
9	23	21	AD
TRUCK #	DRIVER	TRUCK #	DRIVER
386	Al Mad		
164	Ric Arb		
369	Rodias		
122	Ken Ham		
732			

REMARKS: Established rate. Mixed 200 lb gel to condition hole. Mixed + pumped 103 sx 50/50 103, 200 gel. Circulated cement to surface. Flushed pump clean. Pumped customers rubber plug to casing TD. Well held 800 P.S.I. Closed valve.

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
406	45	MILEAGE	764	800.00
402	722'	Casing footage	164	141.75
107	min	tan miles	164	416
026	3 hr	80 vac	122	275.00
18B	406 #	Premium gel		270.00
14	103 sx	50/50 103		56.84
				911.55
		Sub		2455.14
		SALES TAX	61.01	
		ESTIMATED TOTAL		2516.15

TITLE Wkt 206709

DATE Alan Made

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