



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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 Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

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: _____

feet depth to: _____ w/ _____ 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 #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1062916

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, 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 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CASING MECHANICAL INTEGRITY TEST

DOCKET # _____

Disposal Enhanced Recovery: SE SE SE, Sec 29, T 14 S, R 22 EW

Repressuring
 Flood
 Tertiary

440 Feet from South Section Line
440 Feet from East Section Line

Date injection started _____
 API #15 -091 -23513

Lease Sugar Ridge Farms Well # I-1
 County Johnson

Operator: D+Z Exploration, Inc.
 Name & Address 901 N. Elm St.
PO Box 159
St. Elmo, IL 62458

Operator License # 34339
 Contact Person David Belden
 Phone 618-829-3274

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at		<u>7"</u>	<u>2 7/8"</u>			
Cement Top		<u>30'</u>	<u>879'</u>		Set at	
" Bottom		<u>0</u>	<u>0</u>		Type	
DV/Perf.		<u>30'</u>	<u>879'</u>			
Packer type						
Zone of injection						

TD (and plug back) 890 ft. depth
 Set at _____
 Perf. or open hole _____

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.
 I
 E Pressures: 800 800 800 Set up 1 | System Pres. during test _____
 L Set up 2 | Annular Pres. during test _____
 D Set up 3 | Fluid loss during test _____ bbls.
 D
 A
 T Tested: Casing or Casing - Tubing Annulus
 A

The bottom of the tested zone is shut in with Rubber Plug

Test Date 7-19-11 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 879 feet

was the zone tested Debb Belden Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
 State Agent Lafor C. Heruman Title Per II Witness: Yes _____ No
 REMARKS: well not perforated

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

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

INVOICE

Invoice # 242726

Invoice Date: 07/19/2011 Terms: 0/0/30,n/30

Page 1

D & Z EXPLORATION
901 N. ELM ST.
P.O. BOX 159
ST. ELMO IL 62458
(618) 829-3274

SUGAR RIDGE FARMS I-1
32673
SE 29-14-22 JO
07/15/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	115.00	10.4500	1201.75
1118B	PREMIUM GEL / BENTONITE	294.00	.2000	58.80
1111	GRANULATED SALT (50 #)	223.00	.3500	78.05
1110A	KOL SEAL (50# BAG)	575.00	.4400	253.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
Description		Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495	CEMENT PUMP	1.00	975.00	975.00
495	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495	CASING FOOTAGE	878.00	.00	.00
503	MIN. BULK DELIVERY	1.00	330.00	330.00

=====
Parts: 1619.60 Freight: .00 Tax: 121.87 AR 3391.47
Labor: .00 Misc: .00 Total: 3391.47
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____

BARTLESVILLE, Ok
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, Ks
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, Ks
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32673

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/15/11	3392	Sugar Ridge Farms #1	SE 29	19	22	JO
CUSTOMER			TRUCK #			
DE 2 Exploration			506	Driver	TRUCK #	DRIVER
MAILING ADDRESS			495	Casay	495	MTG
901 N Elm ST			370	Arlet	ARM	
CITY	STATE	ZIP CODE	503	Cecil	CHP	
ST Elmo	IL					

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>888'</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>878'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>5.1 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 BPM</u>

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush. Mix + Pump 115 sks 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Hal Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD w/ BBLs fresh water. Pressure to 800# PSI. Hold pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc. (Travis)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5402	30 mi	MILEAGE		120 ⁰⁰
5402	878	Casing Footage		N/C
5407	Minimum	Ton Miles		330 ⁰⁰
5502C	2 1/2"	50 BBL vac Truck		225 ⁰⁰
1124	115 sks	50/50 Poz Mix Cement		1201 ⁷⁵
118B	294#	Premium Gel		58 ⁸⁰
111	223#	Granulated Salt		78 ⁰⁵
110A	575#	Hal Seal		253 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		WO# 242726		
		7.525%	SALES TAX	121 ⁸²
			ESTIMATED TOTAL	3391 ⁴⁷

Havin 3737

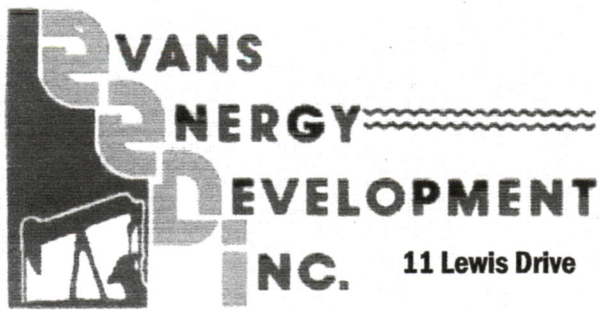
AUTHORIZATION

Deke Belden

TITLE

DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



**EVANS
ENERGY
DEVELOPMENT
INC.**

11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

D & Z Exploration, Inc.
Sugar Ridge Farms #-1
API # 15-091-23,513
July 14 - July 15, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
2	shale	16
9	lime	25
20	shale	45
2	lime	47
10	shale	57
28	lime	85
16	shale	101
19	lime	120
60	shale	180
30	lime	210
16	shale	226
9	lime	235
20	shale	255
6	lime	261
25	shale	286
9	lime	295
5	shale	300
24	lime	324
5	shale	329
25	lime	354
4	shale	358
16	lime	374 base of the Kansas City
173	shale	547
5	lime	552
8	shale	560
1	coal	561
28	shale	589
2	lime	591
121	shale	712
5	oil sand	717 brown, lite oil show
40	shale	757
2	lime	759
72	shale	831
7	oil sand	838 brown, good sand, good bleeding
51	shale	889 TD

Drilled a 9 7/8" hole to 29.2'

Drilled a 5 5/8" hole to 889'

Set 29.2' of 7" surface casing cemented with 5 sacks of cement.

Set 878.4' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.