



**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: \_\_\_\_\_



1063653

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CASING MECHANICAL INTEGRITY TEST

DOCKET # \_\_\_\_\_

Disposal  Enhanced Recovery:

NE SE SE, Sec 29, T 14 S, R 22 <sup>(E/W)</sup>

Repressuring   
Flood   
Tertiary

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

Date injection started \_\_\_\_\_  
API #15 - 091 - 23514

Lease Sugar Ridge Farms Well # F-2  
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;		Injection above production _____		Injection below production _____	
Conductor	Surface	Production	Liner	Size	Tubing
Size _____	<u>7"</u>	<u>2 7/8"</u>	_____	Set at _____	_____
Set at _____	<u>30'</u>	<u>875'</u>	_____	Type _____	_____
Cement Top _____	<u>0</u>	<u>0</u>	_____	_____	_____
" Bottom _____	<u>30'</u>	<u>875'</u>	_____	_____	_____
DV/Perf. _____	_____	_____	_____	_____	_____
Packer type _____	_____	_____	_____	_____	_____
Zone of injection _____	_____	_____	_____	_____	_____

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 A Tested: Casing  or Casing - Tubing Annulus   
The bottom of the tested zone is shut in with Rubber Plug

Test Date 8-6-11 Using Consolidated Company's Equipment  
The operator hereby certifies that the zone between 0 feet and 875 feet  
was the zone tested Deke Belden Signature \_\_\_\_\_ Title \_\_\_\_\_

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_  
State Agent Taylor C. Horvath Title PIC/IT 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 # 243288

Invoice Date: 08/15/2011 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-2  
32744  
SE 29 14 22 JO  
08/06/2011  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	114.00	10.4500	1191.30
1118B	PREMIUM GEL / BENTONITE	292.00	.2000	58.40
1111	GRANULATED SALT (50 #)	221.00	.3500	77.35
1110A	KOL SEAL (50# BAG)	570.00	.4400	250.80
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	875.00	.00	.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00
510 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 WEEK-END SURCHARGE	.00	.00	.00

Parts: 1605.85 Freight: .00 Tax: 120.84 AR 3331.69  
 Labor: .00 Misc: .00 Total: 3331.69  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 32744  
LOCATION Ottawa KS  
FOREMAN Fred Mader

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
8/6/11	3392	Sugar Ridge Farms # I-2	SE 29	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
D + Z Exploration			506	FREMAO	Safety Mfg	
MAILING ADDRESS			308	KENHAM	KA	
901 North Elm St				CECPAR	CH	
CITY	STATE	ZIP CODE	510	TIMLEM	TC	
St Elmo	IL	62458				

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 885' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 875' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 5.09 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush. Mix + Pump 114 SKS 50/50 Por Mix Cement 20 Gel 5% Salt 5# Kol Seal/sk Cement to Surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD w/ 5.09 BBL 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 Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975.00
5406	30mi	MILEAGE	368	100.00
5402	875'	Casing footage		N/C
5407	Minimum	Ton Miles	510	330.00
5502C	2hrs	80 BBL Vac Truck.		180.00
5408		Weekend Surcharge @ 20%		N/C
7024	114 SKS	50/50 Por Mix Cement		1191.30
1118B	292#	Premium Gel		58.40
1111	221#	Granulated Salt		77.35
1110A	570#	Kol Seal		250.00
4402	1	2 1/2" Rubber Plug		28.00
			7.525%	SALES TAX 120.89
				ESTIMATED TOTAL 3331.69

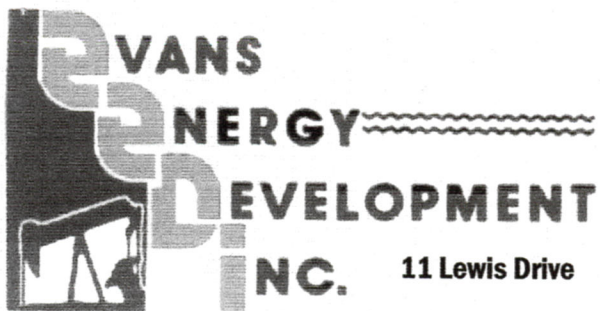
Ravin 3737

AUTHORIZATION Deke Belton

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.



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 #I-2

API # 15-091-23,514

August 4 - August 6, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
8	shale	20
4	lime	24
2	shale	26
21	lime	47
8	shale	55
8	lime	63
9	shale	72
21	lime	93
18	shale	111
22	lime	133
10	shale	143
9	lime	152
7	shale	159
39	lime	198 making water
15	shale	213
3	lime	216
2	shale	218
2	lime	220
21	shale	241
8	lime	249
4	shale	253
8	lime	261
41	shale	302
28	lime	330
8	shale	338
26	lime	364
6	shale	370
13	lime	383
173	shale	556
6	lime	562
8	shale	570
4	lime	574
20	shale	594

4	lime	598
40	shale	638
6	lime	644
54	shale	698
5	lime	703
23	shale	726
7	oil sand	733 brown, lite oil show
111	shale	844
8	oil sand	852 black, good sand, good bleeding
33	shale	885 TD

Drilled a 9 7/8" hole to 27.7'

Drilled a 5 5/8" hole to 885'

Set 27.7' of 7" surface casing cemented with 5 sacks of cement.

Set 875' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp