



KANSAS CORPORATION COMMISSION 1063655
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1063655

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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

CASING MECHANICAL INTEGRITY TEST

DOCKET # _____

Disposal Enhanced Recovery:

SE NE SE, Sec 29, T 14 S, R 22 ENW

Repressuring

1760 Feet from South Section Line

Flood

440 Feet from East Section Line

Tertiary

Lease Sugar Ridge Farms Well # F-4

County Johnson

Date injection started _____

API #15 - 091 - 23516

Operator: D+Z Exploration, Inc.

Name & Address 901 N. Elm St.
P.O. Box 159

Operator License # 34339

Contact Person David Belden

St. Elmo, IL 62458

Phone 618-829-3274

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

| Conductor | Surface | Production | Liner | Size | Tubing |
|-------------------------|------------|---------------|-------|--------------|--------|
| Size _____ | <u>7"</u> | <u>2 7/8"</u> | _____ | _____ | _____ |
| Set at _____ | <u>30'</u> | <u>882'</u> | _____ | Set at _____ | _____ |
| Cement Top _____ | <u>0</u> | <u>0</u> | _____ | Type _____ | _____ |
| " Bottom _____ | <u>30'</u> | <u>882'</u> | _____ | _____ | _____ |
| DV/Perf. _____ | _____ | _____ | _____ | _____ | _____ |
| Packer type _____ | _____ | _____ | _____ | _____ | _____ |
| Zone of injection _____ | _____ | _____ | _____ | _____ | _____ |

TD (and plug back) 892 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 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 Tested: Casing or Casing - Tubing Annulus

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

T Test Date 8-3-2011 Using Consolidated Company's Equipment

A The operator hereby certifies that the zone between 0 feet and 882 feet

was the zone tested Deke Belden Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Taylor C. Horvath Title PERT 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 # 243256

Invoice Date: 08/12/2011 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-4
32713
SE 29 14 22 JO
08/03/2011
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|-------------------------|--------|------------|---------|
| 1124 | 50/50 POZ CEMENT MIX | 120.00 | 10.4500 | 1254.00 |
| 1118B | PREMIUM GEL / BENTONITE | 302.00 | .2000 | 60.40 |
| 1111 | GRANULATED SALT (50 #) | 232.00 | .3500 | 81.20 |
| 1110A | KOL SEAL (50# BAG) | 600.00 | .4400 | 264.00 |
| 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 | 882.00 | .00 | .00 |
| 369 80 BBL VACUUM TRUCK (CEMENT) | 2.00 | 90.00 | 180.00 |
| 503 MIN. BULK DELIVERY | 1.00 | 330.00 | 330.00 |

Parts: 1687.60 Freight: .00 Tax: 127.00 AR 3419.60
Labor: .00 Misc: .00 Total: 3419.60
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32713
LOCATION Ottawa KS
FOREMAN Fred Madur

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------------------------------|------------|-----------------------|-------------------------------|----------|--------|--------|
| 8/3/11 | 3392 | Sugar Ridge Farms I-4 | SE 29 | 14 | 22 | JD |
| CUSTOMER D & Z Exploration | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS 901 N Elm St. | | | 506 | Fred | Safety | Nutg |
| CITY STATE ZIP CODE St Elmo IL 62458 | | | 368 | Ken | KA | |
| | | | 369 | Derek | DM | |
| | | | 503 | Tim | TL | |

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 892' CASING SIZE & WEIGHT 2 7/8 EOE
 CASING DEPTH 482' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.18 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

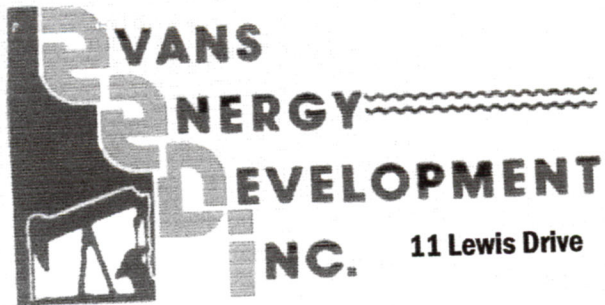
REMARKS: Establish Circulation. Mix & Pump 100# Premium Gel Flush
Mix & Pump 120 SKS 50/50 Por Mix Cement 270 Gal 5% Salt
5# Kal Seal/sk Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to casing TD w/ 5.18 BBL Fresh
water. Pressure to 850# PSI. Hold Pressure for 30 min MIT
Release pressure to set float valve.

Evans Energy Dev. Inc. Fred Madur

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|--------------------|
| 5401 | 1 | PUMP CHARGE | | 975 ⁰⁰ |
| 5406 | 30 mi | MILEAGE | | 120 ⁰⁰ |
| 5402 | 882 | Casing Footage | | NIC |
| 5407 | Minimum | Tax Miles | | 330 ⁰⁰ |
| 5502C | 2 hrs | 80 BBL Vac TRUCK | | 180 ⁰⁰ |
| 1124 | 120 SKS | 50/50 Por Mix Cement | | 1254 ⁰⁰ |
| 11EB | 302# | Premium Gel | | 60 ⁴⁰ |
| 1111 | 232# | Granulated Salt | | 81 ²⁰ |
| 1110A | 600# | Kal Seal | | 264 ⁰⁰ |
| 4402 | 1 | 2 1/2" Rubber Plug | | 28 ⁰⁰ |
| 247256 | | | | |
| | | 7.505% | SALES TAX | 127 ⁰⁰ |
| | | | ESTIMATED TOTAL | 3419 ⁶⁰ |

AVIN 3737 AUTHORIZATION Pebe 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.



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-4
API # 15-091-23,516
August 1 - August 3, 2011

| <u>Thickness of Strata</u> | <u>Formation</u> | <u>Total</u> |
|----------------------------|------------------|-----------------------------|
| 12 | soil & clay | 12 |
| 24 | shale | 36 |
| 5 | lime | 41 |
| 4 | shale | 45 |
| 17 | lime | 62 |
| 11 | shale | 73 |
| 9 | lime | 82 |
| 7 | shale | 89 |
| 21 | lime | 110 |
| 19 | shale | 129 |
| 20 | lime | 149 |
| 8 | shale | 157 |
| 53 | lime | 210 |
| 19 | shale | 229 |
| 8 | lime | 237 |
| 20 | shale | 257 |
| 18 | lime | 275 |
| 33 | shale | 308 |
| 2 | lime | 310 |
| 10 | shale | 320 |
| 26 | lime | 346 |
| 7 | shale | 353 |
| 24 | lime | 377 making water |
| 5 | shale | 382 |
| 15 | lime | 397 base of the Kansas City |
| 173 | shale | 570 |
| 4 | lime | 574 |
| 12 | shale | 586 |
| 7 | lime | 593 |
| 24 | shale | 617 |
| 4 | lime | 621 |
| 5 | shale | 626 |
| 2 | lime | 628 |
| 80 | shale | 708 |

| | | |
|----|----------|-------------------------------------|
| 4 | lime | 712 |
| 24 | shale | 736 |
| 7 | oil sand | 743 lite brown, lite oil show |
| 60 | shale | 803 |
| 6 | lime | 809 |
| 46 | shale | 855 |
| 8 | oil sand | 863 black, good sand, good bleeding |
| 29 | shale | 892 TD |

Drilled a 9 7/8" hole to 30.2'

Drilled a 5 5/8" hole to 892'

Set 30.2' of 7" surface casing cemented with 5 sacks of cement.

Set 882' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.