



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: _____



1063658

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CASING MECHANICAL INTEGRITY TEST

DOCKET # _____

Disposal Enhanced Recovery:

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

Repressuring

GPS 2202
422

Feet from South Section Line
Feet from East Section Line

Flood

Tertiary

Date injection started _____

Lease Sugar Ridge Farms Well # I-5
County Johnson

API #15 - 091 - 23517

Operator: D+Z Exploration, Inc.

Operator License # 34339

Name & Address 901 N. Elm St.
Po Box 159

Contact Person David Belden

St. Elmo, IL 62458

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>904'</u>	_____	Type _____	_____
Cement Top _____	<u>0</u>	<u>0</u>	_____	_____	_____
" Bottom _____	<u>30'</u>	<u>904'</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 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 8-1-11 Using Consolidated Company's Equipment

A The operator hereby certifies that the zone between 0 feet and 904 feet

was the zone tested Deke Belden Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Taylor C. Herzman Title Pretit Witness: Yes No _____

REMARKS: Well not perforated



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 # 243218

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 T-5
32734
SE 29-14-20
08/01/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	122.00	10.4500	1274.90
1118B	PREMIUM GEL / BENTONITE	305.00	.2000	61.00
1111	GRANULATED SALT (50 #)	256.00	.3500	89.60
1110A	KOL SEAL (50# BAG)	610.00	.4400	268.40
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	.00	.21	.00
T-106 WATER TRANSPORT (CEMENT)	1.50	112.00	168.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts:	1721.90	Freight:	.00	Tax:	129.58	AR	3444.48
Labor:	.00	Misc:	.00	Total:	3444.48		
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 32734

LOCATION Ottawa, KS

FOREMAN Casoy Keurndy

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
8/1/11	3392	Sugar Ridge Farms # I-5	SE 29	14	20	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
DRE Exploration			389	Carlen	ck	
MAILING ADDRESS			495	Harbec	HB	
901 N. Elm St. Po Box 159			510	Tim Lem	TL	
CITY	STATE	ZIP CODE	505 TOL	Art Held	ARM	
St Elmo	IL	62458				

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 916' CASING SIZE & WEIGHT 2 7/8" EOE
 CASING DEPTH 906' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 5.27 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 122 sks 50/50 Pozmix cement w/ 2% Premium Gel, 5% Salt, + 5# Kol Seal per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to casing TD w/ 5.27 bbls fresh water, pressured to 800 PSI, released pressure to set float valve, shut in casing.

* well held pressure for 30 min MIT *

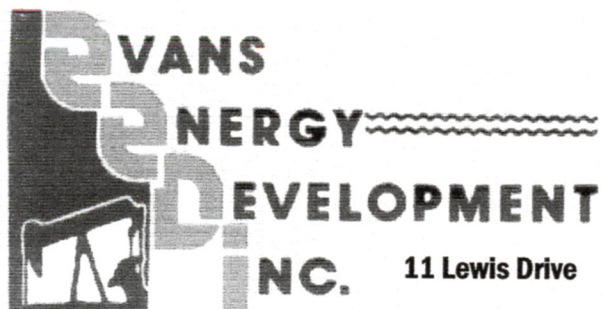
Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump	495	975.00
5406	30	MILEAGE pump truck	495	120.00
5402	906'	casing footage	495	
5407	minimum	tax mileage	510	330.00
5501 C	1 1/2 hrs	water transport	T-106	168.00
1124	122 sks	50/50 Pozmix cement		1274.90
1118B	305 #	Premium Gel		61.00
1111	256 #	Salt		89.60
11104	610 #	Kol Seal		2168.40
4402	1	2 1/2" rubber plug		28.00
			7.525%	SALES TAX
				ESTIMATED TOTAL

Handwritten number: 243218

AUTHORIZATION Deke Belden TITLE _____ DATE 3444.48

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-5
API # 15-091-23,517
July 29 - August 1, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
28	shale	42
5	lime	47
4	shale	51
17	lime	68
9	shale	77
10	lime	87
4	shale	91
22	lime	113
22	shale	135
20	lime	155 wet
9	shale	164
53	lime	217
18	shale	235
29	lime	264
1	shale	265
6	lime	271
4	shale	275
9	lime	284
33	shale	317
2	lime	319
10	shale	329
24	lime	353
9	shale	362
24	lime	386
3	shale	389
6	lime	395
2	shale	397
8	lime	405 base of the Kansas City
177	shale	582
8	lime	590
26	shale	616
4	lime	620
4	shale	624

5	lime	629
35	shale	664
6	lime	670
69	shale	739
6	oil sand	745 brown, lite oil show
62	shale	807
5	lime	812
50	shale	862
8	oil sand	870 black, good sand, good bleeding
2	broken sand	872 black sand, grey shale, lite oil show
44	shale	916 TD

Drilled a 9 7/8" hole to 30.6'

Drilled a 5 5/8" hole to 916'

Set 30.6' of 7" surface casing cemented with 5 sacks of cement.

Set 906' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.