



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



1069681

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> <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 # E-28683

Disposal  Enhanced Recovery:

SESE SE NW, Sec 28, T 14 S, R 22 EW

W/O

Repressuring   
Flood   
Tertiary

GPS 2636 Feet from South Section Line  
2669 Feet from East Section Line

Date injection started \_\_\_\_\_  
API #15 - 091 - 23474

Lease Gardner Holdings Well # NE  
County Johnson

Operator: D+2 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 \_\_\_\_\_  
Conductor Surface Production Liner Size Tubing  
Size \_\_\_\_\_ 7" 2 1/8" \_\_\_\_\_ Size \_\_\_\_\_  
Set at \_\_\_\_\_ 30' 904.95' \_\_\_\_\_ Set at \_\_\_\_\_  
Cement Top \_\_\_\_\_ 0 \_\_\_\_\_ Type \_\_\_\_\_  
" Bottom \_\_\_\_\_ 30' 904.95' \_\_\_\_\_  
DV/Perf. \_\_\_\_\_ TD (and plug back) \_\_\_\_\_ 915 ft. depth  
Packer type \_\_\_\_\_ Size \_\_\_\_\_ Set at \_\_\_\_\_  
Zone of injection \_\_\_\_\_ ft. to ft. \_\_\_\_\_ 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 10-14-11 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 904.95 feet  
was the zone tested  
Signature Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_  
State Agent Taylor C. Herman Title PEAT Witness: Yes \_\_\_\_\_ No   
REMARKS: Well not perforated

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update 38.803953 - 94.973852 KCC Form U-7 6/84  
NAD83



**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 # 245186

Invoice Date: 10/25/2011 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

GARDNER HOLDING NE  
32954  
SW 28 14 22 JO  
10/14/11  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	132.00	10.4500	1379.40
1118B	PREMIUM GEL / BENTONITE	322.00	.2000	64.40
1111	GRANULATED SALT (50 #)	255.00	.3500	89.25
1110A	KOL SEAL (50# BAG)	660.00	.4400	290.40
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	905.00	.00	.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00
505 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

Parts:	1851.45	Freight:	.00	Tax:	139.33	AR	3639.78
Labor:	.00	Misc:	.00	Total:	3639.78		
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 32954  
LOCATION Ottawa KS  
FOREMAN Fred Madar

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/14/11	3392	Gardner Holding # NE	SW 28	14	22	JO
CUSTOMER D & Z Exploration			TRUCK #			
MAILING ADDRESS 901 N Elm St			DRIVER			
CITY St Elmo			TRUCK #			
STATE IL			DRIVER			
ZIP CODE 62458			TRUCK #			
			DRIVER			

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>915</u>	CASING SIZE & WEIGHT <u>2 1/8" FUE</u>
CASING DEPTH <u>9050</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>5.26</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush.  
Mix + Pump 132 SKS 50/50 Por Mix Cement w/ 20 Gal 5% Salt 5#  
Kal Seal/sk. Cement to Surface. Flush pump + lines clean  
Displace 2 1/2" Rubber plug to casing TD w/ 5.26 BBL fresh  
Water. Pressure to 600# PSI. Hold pressure for 30 min  
MIT. Release pressure to set float valve. Shut in  
Casing

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975 <sup>00</sup>
5406	30 mi	MILEAGE	495	120 <sup>00</sup>
5402	905	Casing footage		N/C
5407	Minimum	Ton Miles		330 <sup>00</sup>
5501C	2 hrs	Transport		224 <sup>00</sup>
1124	132 SKS	50/50 Por Mix Cement		1379 <sup>40</sup>
1118B	322#	Premium Gel		64 <sup>40</sup>
1111	255#	Granulated Salt		89 <sup>25</sup>
1110A	660#	Kal Seal		270 <sup>40</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
			7.525%	SALES TAX
				ESTIMATED TOTAL
				3639 <sup>78</sup>

Ravin 3737

AUTHORIZATION

Depe 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.

HAT DRILLING  
 12371 KS HWY 7  
 MOUND CITY, KS 66056  
 LICENSE # 33734

Gardner Holdings NE  
 API # 15-091-23474-00-00  
 SPUD DATE 10-13-11

Footage	Formation	Thickness	Set 30' of 7" surface
2	Topsoil	2	TD 915'
23	clay	21	Ran 904' of 2 7/8
34	shale	11	
63	lime	29	
70	shale	7	
83	lime	13	
87	shale	4	
102	lime	15	
105	shale	3	
110	lime	5	
125	shale	15	
142	lime	17	
151	shale	9	
206	lime	55	
226	shale	20	
236	lime	10	
242	shale	6	
257	sand	15	
276	lime	19	
326	shale	50	
348	lime	22	
356	shale	8	
378	lime	22	
382	shale	4	
398	lime	16	
566	shale	168	
569	lime	3	
586	shale	17	
590	lime	4	
608	shale	18	
612	lime	4	
630	shale	18	
635	red bed	5	
730	shale	95	
734	sand	4	
852	shale	118	
859	sand	7	good odor, good bleed
915	shale	56	