



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: _____



1079018

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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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 # 247384

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Invoice Date: 01/26/2012 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 24
36882
29 14 22 JO
01/20/12
KS

Part Number	Description	Qty	Unit Price	Total
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1124	50/50 POZ CEMENT MIX	131.00	10.9500	1434.45
1118B	PREMIUM GEL / BENTONITE	412.00	.2100	86.52
1110A	KOL SEAL (50# BAG)	655.00	.4600	301.30
1111	SODIUM CHLORIDE (GRANULA)	299.00	.3700	110.63

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	912.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 1960.90 Freight: .00 Tax: 147.55 AR 3788.45
Labor: .00 Misc: .00 Total: 3788.45
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 36882
LOCATION Dittaway Rd
FOREMAN Jim Green

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
01-20-12	3392	Sager Ridge #24	29	14	22	50
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
JOB TYPE			DRIVER			
HOLE SIZE			TRUCK #			
HOLE DEPTH			DRIVER			
CASING DEPTH			TRUCK #			
SLURRY WEIGHT			DRIVER			
SLURRY VOL			TRUCK #			
WATER gal/sk			DRIVER			
CEMENT LEFT in CASING			TRUCK #			
DISPLACEMENT			DRIVER			
DISPLACEMENT PSI			TRUCK #			
MIX PSI			DRIVER			
RATE			TRUCK #			

REMARKS: Establish circulation mix and pump 100^{gal} to flush hole
Mix and pump 131sk 5030 Poz mix cement w/ 5^{lb} Kol-Seal, 5^{lb} SALT
2^{gal}. Circulate cement to surface. Flush pump clean.
Pump 2⁵" rubber plug to total depth of casing. Pressure well
up to 800^{psi}, well held good set float. Close valve

Town oilfield sev wes Reg *Jim Green*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	One	PUMP CHARGE Cement One Well		1030 ⁰⁰
5406	30	MILEAGE		120 ⁰⁰
5402	912 ⁵	Casing Footage		NIC
5407	min	Ton Mileage		350 ⁰⁰
5509C	2 HRS	VACTK		180 ⁰⁰
4402	One	2 ⁵ " Rubber Plug		28 ⁰⁰
1124	131sk	5030 Poz mix cement		1434 ⁰⁰
11188	912 ⁵	Premium Gel	86.52	88.52
11102	655 ⁴	Kol-Seal		301.30
1111	299 ⁴	Granulated SALT		1106 ³⁰
247384				
SALES TAX				144.56
ESTIMATED				3788.45
TOTAL				3788.45
DATE				3788.45

Ravin 3737

AUTHORIZATION: Deke Beldin

TITLE _____

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.

Johnson County, KS
Well: Sugar Ridge # 24
Lease Owner: D Z

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
1/18/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
0-22	Soil-Clay	22
18	Shale	40
5	Lime	45
2	Shale	47
17	Lime	64
10	Shale	74
10	Lime	84
6	Shale	90
20	Lime	110
20	Shale	130
20	Lime	150
6	Shale	156
55	Lime	211
18	Shale	229
8	Lime	237
20	Shale	257
8	Lime	265
5	Shale	270
6	Lime	276
34	Shale	310
1	Lime	311
11	Shale	322
25	Lime	347
7	Shale	354
23	Lime	377
5	Shale	382
3	Lime	385
6	Shale	391
6	Lime	397
47	Shale	444
10	Sandy Shale	454
117	Shale	571
4	Lime	575
11	Shale	586
7	Lime	593
16	Shale	609
3	Lime	612
5	Shale	617
10	Lime	627
25	Shale	652

