



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: _____



1085398

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 <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 # 249141

Invoice Date: 04/18/2012 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

DONOVAN #2
36629
28-14-22
04-13-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	119.00	10.9500	1303.05
1118B	PREMIUM GEL / BENTONITE	300.00	.2100	63.00
1111	SODIUM CHLORIDE (GRANULA	230.00	.3700	85.10
1110A	KOL SEAL (50# BAG)	594.00	.4600	273.24
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
370 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
503 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 1752.39 Freight: .00 Tax: 131.86 AR 3564.25
Labor: .00 Misc: .00 Total: 3564.25
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36629

LOCATION Oktawa KS

FOREMAN Fred Madu

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
4/13/12	3392	Donovan # 2	NE 28	14	22	JO
CUSTOMER D&E Exploration			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 901 Elm St			506	FREMAO	Safety Mtg	
CITY St Elmo	STATE IL	ZIP CODE 62458	495	WARBEC	HB	
			370	KEICAR	KC	
			503	KEIDET	KO	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 954 CASING SIZE & WEIGHT 2 7/8 EOE
 CASING DEPTH 925 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.38 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix & Pump 100# Premium Gel flush. Mix & pump 119 SKs 50/50 Por Mix Cement 2% Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing

JOS Drilling (chad)

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	30 mi	MILEAGE	495	120.00
5402	925	Casing footage		N/C
5407	Minimum	Ton Miles	503	350.00
5502C	2 hrs	80 BBL Vae Truck	370	180.00
1124	119 sks	50/50 Por Mix Cement		1303.05
1118B	300#	Premium Gel		63.00
1111	230#	Granulated Salt		85.10
1110A	594#	Kol Seal		273.20
4402	1	2 1/2" Rubber Plug		28.00
			7.525%	SALES TAX 131.90
				ESTIMATED TOTAL 3564.25

Ravin 8737

AUTHORIZATION Deke Belden

TITLE 249141

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

Johnson County, KS
Well: Donovan 2
Lease Owner: D Z

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

Commenced Spudding:
4/11/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
8	Soil-Clay	8
12	Sandstone	20
14	Shale	34
2	Lime	36
8	Shale	44
14	Lime	60
6	Shale	66
16	Lime	82
8	Shale	90
8	Lime	98
9	Shale	107
17	Lime	124
17	Shale	141
17	Lime	158
10	Shale	168
58	Lime	226
19	Shale	245
8	Lime	253
20	Shale	273
8	Lime	281
3	Shale	284
9	Lime	293
33	Shale	326
2	Lime	328
10	Shale	338
26	Lime	364
9	Shale	373
22	Lime	395
5	Shale	400
5	Lime	405
4	Shale	409
6	Lime	415
108	Shale	523
13	Sand	536
38	Shale	574
7	Sand	581
8	Shale	589
6	Lime	595
2	Shale	597
1	Lime	598

Darwin Farm: Johnson County

KS State; Well No. 2

Elevation 1041

Commenced Spuding 4-11, 20 12

Finished Drilling 4-13, 20 12

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Mike Myers

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name JOS

28 14 22

(Section) (Township) (Range)

Distance from S line, 3125 ft.

Distance from E line, 1025 ft.

9589-9601 - 15 hrs

4 - sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
7" Set 20' 5" 8" Pulled _____
6 1/2" Set _____ 6 1/2" Pulled _____
4" Set _____ 4" Pulled _____
2 1/2" Set 925 55 2" Pulled _____

863 66 acet nipple
959 TO

Thickness of Strata	Formation	Total Depth	Remarks
8	soil/clay	8	
12	sand stone	20	
14	shale	34	
2	Lime	36	
8	shale	44	
14	Lime	60	
6	shale	66	
16	Lime	82	
8	shale	90	
8	Lime	98	
9	shale	107	
17	Lime	124	
17	shale	141	
17	Lime	158	
10	shale	168	
58	Lime	226	
19	shale	245	
8	Lime	253	
20	shale	273	
8	Lime	281	
3	shale	284	
9	Lime	293	
33	shale	326	
2	Lime	328	
10	shale	338	
26	Lime	364	
9	shale	373	

373			
Thickness of Strata	Formation	Total Depth	Remarks
22	Lime	395	
5	shale	400	
5	Lime	405	
4	shale	409	
6	Lime	415	
108	shale	523	
13	sand	536	
38	shale	574	
7	sand	581	
8	shale	589	
6	Lime	595	
2	shale	597	
1	Lime	598	
8	shale	606	
7	Lime	613	
13	shale	626	
5	Lime	631	
2	shale	633	
13	Lime	646	
103	shale	749	660 red bed
8	Broken sand	757	odour, very slight bleed
53	shale	810	
10	sand	820	
36	shale	856	
1	sandy lime	857	no oil
20	core	877	
	sandy shale	884	

Thickness of Strata	Formation	Total Depth	Remarks
		854	
8	shale	867	
4	fine lime	871	30% oil
2	sand	873	solid
3.5	sand	876.5	laminated 80%
2.5	sand	879	laminated 20%