



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: _____



1085418

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--



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 # 248814

=====
Invoice Date: 04/05/2012 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 12
36568
NW 28 14 22 JO
4/3/2012
KS

Part Number	Description	Qty	Unit Price	Total
L124	50/50 POZ CEMENT MIX	132.00	10.9500	1445.40
L118B	PREMIUM GEL / BENTONITE	321.00	.2100	67.41
L111	SODIUM CHLORIDE (GRANULA	255.00	.3700	94.35
L110A	KOL SEAL (50# BAG)	660.00	.4600	303.60
L402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

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	919.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

=====
Parts: 1938.76 Freight: .00 Tax: 145.90 AR 3764.66
Labor: .00 Misc: .00 Total: 3764.66
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 36568

LOCATION Ottawa KS

FOREMAN Fred Maden

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
4/3/12	3392	Donovan # 12	NW 28	14	22	JD
CUSTOMER D&Z Exploration			TRUCK #			
MAILING ADDRESS 901 N Elm St			DRIVER		TRUCK #	
CITY St Elmo			DRIVER		TRUCK #	
STATE IL			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE <u>Logging</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>948'</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>919'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>5234</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5.3 PM</u>

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 132 sks 50/50 Por Mix Cement 2 1/2" Gel 5% Salt
5# Kol Seal. 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.

TOS Drilling (Chad)

Fred Maden

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	919	Casing footage		N/C
5407	Minimum	Ton Miles	503	350 ⁰⁰
5502	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1124	132 sks	50/50 Por Mix Cement		1445 ⁴⁰
1118B	321 #	Premium Gel		67 ⁴¹
1111	255 #	Granulated Salt		94 ³⁵
1110A	660 #	Kol Seal		303 ⁶⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
248814				
			7.525	SALES TAX
				ESTIMATED
				TOTAL
				145 ⁹⁰
				3764 ⁶⁶

Favin 3737

AUTHORIZATION Deke 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.

Johnson County, KS
Well: Donovan # 12
Lease Owner: D Z

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

Commenced Spudding:
3/30/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
7	Soil-Clay	7
11	Sandstone	18
9	Shale	27
2	Lime	29
19	Shale	48
6	Lime	54
6	Shale	60
15	Lime	75
9	Shale	84
7	Lime	91
8	Shale	99
18	Lime	117
13	Shale	130
2	Lime	132
3	Shale	135
17	Lime	152
10	Shale	162
58	Lime	220
20	Shale	240
10	Lime	250
17	Shale	267
6	Lime	273
3	Shale	276
9	Lime	285
34	Shale	319
1	Lime	320
11	Shale	331
24	Lime	355
8	Shale	363
24	Lime	387
4	Shale	391
5	Lime	396
4	Shale	400
6	Lime	406
111	Shale	517
8	Sand	525
35	Shale	560
8	Sand	568
10	Shale	578
12	Lime	590

Thickness of Strata	Formation	Total Depth	Remarks
7	soil/clay	7	
11	sand stone	18	
9	shale	27	
2	lime	29	
19	shale	48	
6	lime	54	
6	shale	60	
15	lime	75	
9	shale	84	9
7	lime	91	
8	shale	99	
18	lime	117	
13	shale	130	
2	lime	132	
3	shale	135	
17	lime	152	
10	shale	162	
58	lime	220	
20	shale	240	
10	lime	250	
17	shale	267	with some lime sections
6	lime	273	
2	shale	276	
9	lime	285	
34	shale	319	
1	lime	320	
11	shale	331	

Thickness of Strata	Formation	Total Depth	Remarks
		331	
24	Lime	355	
8	shale	363	
24	Lime	387	
4	shale	391	
5	Lime	396	
4	shale	400	
6	Lime	406	
111	shale	517	
8	sand	525	gray, no oil
35	shale	560	
8	sand	568	gray, no oil
10	shale	578	
12	Lime	590	
7	shale	597	
6	Lime	603	
16	shale	619	
3	Lime	622	
6	shale	628	
6	Lime	634	
111	shale	745	650 red bed
11	Broken sand	756	
103	shale	859	
20	concrete	879	page 8
4	sandy shale	883	
65	shale	948	TD

