



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: _____



1085557

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 # 248954

Invoice Date: 04/11/2012 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 4
36596
NE 28 14 22 JO
4/9/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	122.00	10.9500	1335.90
1118B	PREMIUM GEL / BENTONITE	305.00	.2100	64.05
1110A	KOL SEAL (50# BAG)	610.00	.4600	280.60
1111	SODIUM CHLORIDE (GRANULA	256.00	.3700	94.72
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	919.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1803.27 Freight: .00 Tax: 135.71 AR 3618.98
 Labor: .00 Misc: .00 Total: 3618.98
 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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 36596

LOCATION Officer, KS

FOREMAN Cassey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/9/12	3392	Donovan #4	NE 28	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Dt Z Exploration			481	Casken	ck	
MAILING ADDRESS			368	Kei Det	KD	
901 N. Elm St, PO Box 159			548	Mik Haa	MH	
CITY	STATE	ZIP CODE	369	Der Mes	DM	
St. Elmo	IL	62458				

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 939' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 919' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" plug
 DISPLACEMENT 5.34 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 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/ 20% gel, 5% salt, + 5 # Kol Seal per sk cement to surface, flushed pump clean, pump 2 1/2" rubber plug to casing TD w/ 5.34 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30 miles	MILEAGE		120.00
5402	919'	Casing footage		
5407	minimum	tax mileage		350.00
5502C	25 hrs	80 Vac		180.00
1124	122 sks	50/50 Pozmix cement		1335.90
1118B	305 #	Premium Gel		64.05
1110A	610 #	Kol Seal		280.60
1111	256 #	Salt		94.72
4402	1	2 1/2" rubber plug		28.00
248954				
			7.525%	SALES TAX 135.71
				ESTIMATED TOTAL 3618.98

Ravin 3737

AUTHORIZATION [Signature] 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 # 4
Lease Owner: D Z

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

Commenced Spudding:
4/5/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
9	Soil/Clay	9
11	Sandstone	20
6	Shale	26
3	Lime	29
17	Shale	46
6	Lime	52
5	Shale	57
16	Lime	73
8	Shale	81
8	Lime	89
8	Shale	97
18	Lime	115
16	Shale	131
19	Lime	150
8	Shale	158
57	Lime	215
20	Shale	235
10	Lime	245
17	Shale	262
7	Lime	269
4	Shale	273
9	Lime	282
33	Shale	315
1	Lime	316
12	Shale	328
24	Lime	352
9	Shale	361
23	Lime	384
4	Shale	388
5	Lime	393
4	Shale	397
7	Lime	404
121	Shale	525
5	Sand	530
32	Shale	562
9	Sand	571
5	Shale	576
7	Lime	583
2	Shale	585
1	Lime	586

Thickness of Strata	Formation	Total Depth	Remarks
		361	
23	Lime	384	
4	shale	388	
5	Lime	393	
4	shale	397	
7	Lime	404	
121	shale	525	
5	sand	530	grey, no oil
32	shale	562	
9	sand	571	grey, no oil
5	shale	576	
7	Lime	583	
2	shale	585	
1	Lime	586	
7	shale	593	
6	Lime	599	
17	shale	616	
6	Lime	622	
120	shale	742	
12	sand	754	Broken sand, odor, very slight bleed
104	shale	858	
1	sandy lime	859	no oil, odor, sand bleed
20	core	879	pass 8
2	sand	880	no oil
4	sandy shale	885	
54	shale	939	TD

Thickness of Strata	Formation	Total Depth	Remarks
9	soil/clay	9	
11	sandstone	20	
6	shale	26	
3	Lime	29	
17	shale	46	
6	Lime	52	
5	shale	57	
16	Lime	73	
8	shale	81	
8	Lime	89	
8	shale	97	
18	Lime	115	
16	shale	131	
19	Lime	150	
8	shale	158	
57	Lime	215	
20	shale	235	
10	Lime	245	
17	shale	262	with some lime pebbles
7	Lime	269	
4	shale	273	
9	Lime	282	
33	shale	315	
1	Lime	316	
12	shale	328	
24	Lime	352	
9	shale	361	

