



KANSAS CORPORATION COMMISSION 1085571  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

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



1085571

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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 # 249400

Invoice Date: 04/30/2012 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 #36  
36698  
29-14-22  
04-25-2012  
KS

L.D.E.  
-I.D.C.  
(cementing D&Z #36)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	120.00	10.9500	1314.00
1118B	PREMIUM GEL / BENTONITE	302.00	.2100	63.42
1111	SODIUM CHLORIDE (GRANULA	232.00	.3700	85.84
1110A	KOL SEAL (50# BAG)	600.00	.4600	276.00
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	889.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1767.26 Freight: .00 Tax: 132.99 AR 3580.25  
 Labor: .00 Misc: .00 Total: 3580.25  
 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

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

TICKET NUMBER 36698

LOCATION Ottawa

FOREMAN Alan Mader

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-25-12	3392	Sugar Ridge Farms #36	SE 29	14	23	JO
CUSTOMER D & Z Exploration						
MAILING ADDRESS 901 N. Elm						
CITY St Elmo	STATE IL	ZIP CODE 62458				

  

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan M	Safety	Meet
368	Arlenn	AM	
370	Keith C	KG	
510	Daniel G	DG	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 889 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 5.16 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: held crew meet. Established rate. Mixed + pumped 100# gel followed by 120 sk 50/50 cement plus 5# Kol-seal, 570 salt, 270 gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve

TOS Chad

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		1030.00	
5406	30	MILEAGE		120.00	
5402	889	casing footage			
5407	min	ton mileage		350.00	
5502C	2	80 vac		180.00	
1124	120 sk	50/50 cement		1314.00	
1118B	302#	gel		63.42	
1111	232#	salt		85.84	
1110A	600#	Kol-seal		276.00	
4402	1	2 1/2 plug		28.00	
				SALES TAX	132.99
				ESTIMATED TOTAL	3580.25

**Completed**

AUTHORIZATION Deke Belden TITLE 249400 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: Sugar Ridge 36  
Lease Owner: D Z

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

Commenced Spudding:  
4/23/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
14	Soil/Clay	14
14	Shale	28
5	Lime	33
2	Shale	35
17	Lime	52
11	Shale	63
9	Lime	72
6	Shale	78
20	Lime	98
17	Shale	115
23	Lime	138
7	Shale	145
52	Lime	197
19	Shale	216
9	Lime	225
19	Shale	244
7	Lime	251
5	Shale	256
8	Lime	264
44	Shale	308
25	Lime	333
9	Shale	342
23	Lime	365
4	Shale	369
15	Lime	384
38	Shale	422
5	Sand	427
6	Broken Sand	433
69	Shale	502
13	Sand	515
45	Shale	560
18	Lime	578
72	Shale	650
10	Sandy Shale	660
65	Shale	725
13	Broken Sand	738
94	Shale	832
1	Sand	833
1	Sand	834
13	Core	847





Sugar Ridge Farm: Johnson County

KS State; Well No. 360

Elevation 1000

Commenced Spuding 4-23 20 12

Finished Drilling 4-25 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 TOS

28 14 22

(Section) (Township) (Range)

Distance from S line, 2420 ft.

Distance from E line, 2420 ft.

9661 - 9677 - 16 hrs

covered

3- sacks

### CASING AND TUBING RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

7" Set 26' 8" Pulled \_\_\_\_\_

6 1/4" Set \_\_\_\_\_ 6 1/4" Pulled \_\_\_\_\_

4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_

2 7/8" Set 889' 66 2" Pulled \_\_\_\_\_

919 TD

### CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.



Thickness of Strata	Formation	Total Depth	Remarks
14	soil/clay	14	
14	shale	28	
5	Lime	33	
2	shale	35	
17	Lime	52	
11	shale	63	
9	Lime	72	
6	shale	78	
20	Lime	98	
17	shale	115	
23	Lime	138	
7	shale	145	
52	Lime	197	
19	shale	216	
9	Lime	225	
19	shale	244	
7	Lime	251	
5	shale	256	
8	Lime	264	
44	shale	308	
25	Lime	333	
9	shale	342	
23	Lime	365	
4	shale	369	
15	Lime	384	
38	shale	422	
5	sand	427	

427

Thickness of Strata	Formation	Total Depth	Remarks
6	Broken sand	433	
69	shale	502	
13	sand	515	
45	shale	560	
18	Lime	578	with some shale seams
72	shale	650	with some Lime seams
10	sandy shale	660	
65	shale	725	
13	Broken sand	738	
	shale	832	
1	sand	833	
1	sand	834	10% oil
13	core	847	raise 8
5	sandy shale	852	
67	shale	919	TD

CORE

Thickness of Strata	Formation	Total Depth	Remarks
		834	
3	sand	837	60%
3	sand	840	solid
2.5	sand	842.5	laminated 50%
2.5	sand	845	Laminated no
2	sand	847	gray, no oil