



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: _____



1108146

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 # 251665

Invoice Date: 07/31/2012 Terms: 0/0/30,n/30

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D & Z EXPLORATION
901 N. ELM ST.
P.O. BOX 159
ST. ELMO IL 62458
(618) 829-3274

SUGAR RIDGE FARMS #19
37541
29-14-22
07-27-2012
KS

L.D.E.
-I.D.C.
(#19 cementing)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	136.00	10.9500	1489.20
1118B	PREMIUM GEL / BENTONITE	335.00	.2100	70.35
1111	SODIUM CHLORIDE (GRANULA	313.00	.3700	115.81
1110A	KOL SEAL (50# BAG)	585.00	.4600	269.10
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
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 1972.46 Freight: .00 Tax: 148.42 AR 3800.88
Labor: .00 Misc: .00 Total: 3800.88
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37541

LOCATION Ottawa, KS

FOREMAN Jim Green

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
07-27-12	3392	Sugar Ridge Farm # 19	SE 29	14	22	JO
CUSTOMER <u>D & Z Exploration</u>						
MAILING ADDRESS <u>901 N ELMO ST.</u>						
CITY <u>St Elmo</u>		STATE <u>IL</u>	ZIP CODE <u>62548</u>			
JOB TYPE <u>Logstring</u>		HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>960'</u>	CASING SIZE & WEIGHT <u>2 3/4" EUE 8</u>		
CASING DEPTH <u>920' 25"</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING		
DISPLACEMENT		DISPLACEMENT PSI	MIX PSI	RATE		

TRUCK #	DRIVER	TRUCK #	DRIVER
669	Jim Green		JG
368	Art McD		Art
370	Mike Hag		MH
583	Dan Pat		DP

REMARKS: Held crew meeting. Establish circulation. Mix and pump 100# Gel to flush hole. Mix and pump 136 sk 50% Poz mix Cement with 2% Gel 5# K01-Seal 5# SALT. Flush pump clear of Cement. Pump 2 3/4" Rubber plug to total depth of casing, circulating cement to surface. Pressure well up to 600 PSI. Well held good, set float.

TDS Driller

[Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	One	PUMP CHARGE Cement one well 368		1030 ⁰⁰	
5406	30 miles	MILEAGE Pump TK 368		126 ⁰⁰	
5407	m.n	Bulk Ton Mileage		350 ⁰⁰	
5502C	2 HRS	Vac TK		180 ⁰⁰	
1124	136 sk	50% Poz Mix Cement		1489 ²⁰	
118B	335#	Premium Gel		7035	
1111	313#	Granulated Salt		115.81	
1110A	585#	K01-Seal		269.10	
4402	One	2 3/4" Rubber Plug		28 ⁰⁰	
				SALES TAX	148.42
				ESTIMATED TOTAL	3800.88

completed

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.

251665

Johnson County, KS
Well: Sugar Ridge 19
Lease Owner: D Z

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

Commenced Spudding:
7/25/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
14	Soil-Clay	14
11	Sand Stone	25
11	Shale	36
6	Lime	42
4	Shale	46
15	Lime	61
8	Shale	69
8	Lime	77
9	Shale	86
10	Lime	96
4	Shale	100
8	Lime	108
20	Shale	128
22	Lime	150
11	Shale	161
11	Lime	172
12	Shale	184
30	Lime	214
17	Shale	231
9	Lime	240
16	Shale	256
9	Lime	265
5	Shale	270
8	Lime	278
47	Shale	325
24	Lime	349
9	Shale	358
20	Lime	378
5	Shale	383
5	Lime	388
3	Shale	391
7	Lime	398
176	Shale	574
5	Lime	580
4	Shale	584
3	Lime	587
7	Shale	594
7	Lime	601
14	Shale	615
5	Lime	620

