



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: _____



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____ <i>(Submit ACO-4)</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 # 252165

Invoice Date: 08/20/2012 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 #21
37586
29-14-22
08-17-2012
KS

L.D.E.
-I.D.C.
(cementing #21)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	111.00	10.9500	1215.45
1118B	PREMIUM GEL / BENTONITE	286.00	.2100	60.06
1111	SODIUM CHLORIDE (GRANULA	215.00	.3700	79.55
1110A	KOL SEAL (50# BAG)	555.00	.4600	255.30
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	909.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

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Parts: 1638.36 Freight: .00 Tax: 123.29 AR 3441.65
Labor: .00 Misc: .00 Total: 3441.65
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37586

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/17/12	3392	Sugar Ridge Farm # 21	SE 29	14	22	Jo
CUSTOMER D&Z Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 901 N Elm St			506	Fred Mad	Safety	Mtz
CITY STATE ZIP CODE St. Elmo IL 62458			495	Kei Det	100	
			675	Har Bec	HB	
			558	Bre Man	BM	

JOB TYPE Longstring HOLE SIZE 5 1/8" HOLE DEPTH 940. CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 909 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.28 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 50 PPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump
111 sks 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kal Seal/sk.
Cement to surface. Flush pump + lines clean. Displace 2 1/2"
rubber plug to casing TO. Pressure to 800# PSI. Release
pressure to ~~500~~ set float valves. Shut in casing.

Tos Drilling - Chad. Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30mi	MILEAGE	495	120 ⁰⁰
5402	909	Casing footage		N/C
5407	Minimum	Ton Miles.	558	350 ⁰⁰
5502C	2hr	80 BBL Vac Truck	675	180 ⁰⁰
1124	111 sks	50/50 Poz Mix Cement		1215 ⁴⁵
115B	286#	Premium Gel		60 ⁰⁰
1111	215#	Granulated Salt		79 ⁵⁵
1110A	555#	Kal Seal		205 ³⁰
4402	1	2 1/2 Rubber plug		28 ⁰⁰
			7.525%	SALES TAX 123 ²⁹
				ESTIMATED TOTAL 3441 ⁶⁵

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 for

252165

Johnson County, KS
Well: Sugar Ridge 21
Lease Owner: D Z

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

Commenced Spudding:
8/16/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
3	Soil-Clay	3
13	Sand Stone	16
21	Shale	37
5	Lime	42
4	Shale	46
15	Lime	61
8	Shale	69
8	Lime	77
9	Shale	86
24	Lime	110
10	Shale	120
26	Lime	146
11	Shale	157
10	Lime	167
6	Shale	173
37	Lime	210
18	Shale	228
7	Lime	235
20	Shale	255
9	Lime	264
3	Shale	267
7	Lime	274
47	Shale	321
25	Lime	346
6	Shale	352
23	Lime	375
4	Shale	379
5	Lime	384
4	Shale	388
6	Lime	394
30	Shale	424
12	Sandy Shale	436
132	Shale	568
3	Lime	571
9	Shale	579
2	Lime	581
9	Shale	588
9	Lime	597
12	Shale	609
4	Lime	613

