



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
_____ 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 (Specify) _____ <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 # 252152

Invoice Date: 08/17/2012 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 #23
37583
29-14-22 *L.D.G.*
08-16-2012 *-I.D.C.*
KS *(cementing)*

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	109.00	10.9500	1193.55
1118B	PREMIUM GEL / BENTONITE	284.00	.2100	59.64
1111	SODIUM CHLORIDE (GRANULA	211.00	.3700	78.07
1110A	KOL SEAL (50# BAG)	545.00	.4600	250.70
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	907.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts: 1609.96 Freight: .00 Tax: 121.15 AR 3411.11
Labor: .00 Misc: .00 Total: 3411.11
Subt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37583

LOCATION Ottawa KS

FOREMAN Fred Madu

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
8/16/17	3392	Sugar Ridge Farm # 23	SE 29	14	22	JO

CUSTOMER <u>D & Z Exploration</u>		
MAILING ADDRESS <u>901 N Elm St</u>		
CITY <u>St Elmo</u>	STATE <u>IL</u>	ZIP CODE <u>6</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Madu	Safety	My
495	Hor BEC	HB	
675	Der Mac	DM	
558	Breman	BM	

JOB TYPE longstring HOLE SIZE 5 7/8 HOLE DEPTH 940' CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 907' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.27 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 109 sks 50/50 Poz Mix Cement 2% Gel 5% Salt 5# Kol Seal /sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing ID. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

T&S Drilling - Chad.

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5701	1	PUMP CHARGE	1030	1030 ⁰⁰
5406	30 mi	MILEAGE	400	120 ⁰⁰
5402	907'	Casing footage	N/C	N/C
5407	Minimum	Ten Miles	658	350 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	625	180 ⁰⁰
1124	109 sks	50/50 Poz Mix Cement		1193 ⁵⁵
1118B	284#	Premium Gel		59 ⁶⁴
1111	211#	Granulated Salt		78 ⁰⁷
110A	545#	Kol Seal		250 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.52570	
		SALES TAX		121 ¹⁵
		ESTIMATED TOTAL		3411 ¹¹

Completed

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.

252152

Johnson County, KS
Well: Sugar Ridge 23
Lease Owner: D Z

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

Commenced Spudding:
8/15/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil-Clay	10
9	Sand Stone	19
14	Shale	33
5	Lime	38
2	Shale	40
16	Lime	56
11	Shale	67
8	Lime	75
8	Shale	83
20	Lime	103
16	Shale	119
22	Lime	141
8	Shale	149
52	Lime	201
19	Shale	220
8	Lime	228
19	Shale	247
7	Lime	254
8	Shale	262
7	Lime	269
45	Shale	314
26	Lime	340
7	Shale	347
23	Lime	370
4	Shale	374
5	Lime	379
4	Shale	383
6	Lime	389
33	Shale	422
17	Sandy Shale	439
125	Shale	564
5	Lime	569
11	Shale	580
8	Lime	588
15	Shale	603
3	Lime	606
14	Shale	620
2	Lime	622
8	Shale	630
7	Red Bed	637

