



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: _____



1133040

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> <i>(Submit ACO-4)</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 # 256626

Invoice Date: 02/11/2013 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 #34
38800
29-14-22
02-08-2013
KS

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
370	80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495	CASING FOOTAGE	916.00	.00	.00
558	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1767.26 Freight: .00 Tax: 132.99 AR 3625.25
Labor: .00 Misc: .00 Total: 3625.25
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

256626

TICKET NUMBER 38800

LOCATION Ottawa KS

FOREMAN Fred Mader

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
2/8/13	3392	Sugar Ridge Farm # 34	SE 29	14	22	JO
CUSTOMER DEZ Exploration			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 901 N Elm St			506	Fred Mad	Safety	W
CITY St. Elmo			495	Har Bec	HB	
STATE IL			370	Ki Car	KC	
ZIP CODE 62458			558	Bre Man	BM	

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 960 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 934 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.83 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Held crew meeting - Establish pump rate. Mix Pump 100# Gel
Flush. Mix + Pump 120 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 TD. Pressure to 800# PSI
Release pressure to set float valve. 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	30 mi	MILEAGE	495	1200 ⁰⁰
5402	916'	Casing Footage		N/C
5407	minimum	Ten Miles	558	350 ⁰⁰
5502C	2 1/2	80 BBL Vac Truck	370	225 ⁰⁰
1124	120 SKS	50/50 Poz Mix Cement		1314 ⁰⁰
1118B	302 [#]	Premium Gel		63 ⁴²
1111	232 [#]	Granulated Salt		85 ⁸⁴
1110A	600 [#]	Kol Seal		276 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.525%	SALES TAX ESTIMATED
				132 ⁹⁹

completed

Revin 3737

AUTHORIZATION

[Signature]

TITLE

TOTAL

3625.25

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the account records, at our office, and conditions of service on the back of this form are in effect for _____ DATE _____

Johnson County, KS
Well: Sugar Ridge 34
Lease Owner: D Z Exploration

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

Commenced Spudding:
2/6/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
17	Soil-Clay	17
28	Shale	45
21	Lime	66
9	Shale	75
9	Lime	84
9	Shale	93
8	Lime	101
5	Shale	106
9	Lime	115
15	Shale	130
25	Lime	155
7	Shale	162
52	Lime	214
19	Shale	233
8	Lime	241
18	Shale	259
8	Lime	267
6	Shale	273
7	Lime	280
45	Shale	325
27	Lime	352
5	Shale	357
24	Lime	381
5	Shale	386
5	Lime	391
3	Shale	394
8	Lime	402
174	Shale	576
10	Lime	586
2	Shale	588
11	Lime	599
5	Sand	604
9	Shale	613
3	Lime	616
6	Shale	622
8	Lime	630
3	Lime	633
45	Shale	678
5	Sand	683
15	Sandy Shale	698

2542-125 Farm: Johnson County

NS State; Well No. 34

Elevation _____

Commenced Spudding 2-6, 2013

Finished Drilling 2-8, 2013

Driller's Name _____

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Greg Perry

Tool Dresser's Name _____

Contractor's Name IOS

21 14 22
(Section) (Township) (Range)

Distance from _____ line, _____ ft.

Distance from _____ line, _____ ft.

1015

cored

3+ sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
7 3/4" Set 216' 8" Pulled _____
6 1/4" Set _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2 7/8" Set 916'¹⁵ 2" Pulled _____
553' *red nipple*
960 TD

Thickness of Strata	Formation	Total Depth	Remarks
17	soil/clay	17	
28	shale	45	
21	Lime	66	
9	shale	75	
9	Lime	84	
9	shale	93	
8	Lime	101	
5	shale & Lime	106	
9	Lime	115	
15	shale	130	
25	Lime	155	
7	shale	162	
52	Lime	214	
19	shale	233	
8	Lime	241	
18	shale	259	
8	Lime	267	
6	shale	273	
7	Lime	280	
45	shale	325	
27	Lime	352	
5	shale	357	
24	Lime	381	
5	shale	386	
5	Lime	391	
3	shale	394	
8	Lime	402	Months

Thickness of Strata	Formation	Total Depth	Remarks
174	shale	576	
10	shale lime	586	
2	shale	588	
11	lime	599	
5	sand	604	
9	shale	613	core, no oil
3	lime	616	
6	shale	622	
8	shale lime	630	
3	lime	633	
45	shale	678	red bed '640-645'
5	sand	683	
15	sandy shale	698	
38	shale	736	
9	sand	745	odor, brown, little oil
6	sandy shale	751	
105	shale	856	
2	sand	858	odor, slight bleeding 5% - 10%
14	cone	872	naze = 8
9	sand shale	881	
79	shale	960	TD

CORE 358			
Thickness of Strata	Formation	Total Depth	Remarks
2	sandy lime	860	40%
4	sand	864	55% - solid
2.5	sand	866.5	40% - 50%, laminated
3.0	sand	869.5	laminated, no o.i
1.5	sand	871	no o.i