



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: _____



1133042

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 # 256742

=====
Invoice Date: 02/14/2013 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 #35
38819
29-14-22
02-13-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	112.00	10.9500	1226.40
1118B	PREMIUM GEL / BENTONITE	288.00	.2100	60.48
1111	SODIUM CHLORIDE (GRANULA	216.00	.3700	79.92
1110A	KOL SEAL (50# BAG)	560.00	.4600	257.60
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	907.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 1652.40 Freight: .00 Tax: 124.34 AR 3456.74
Labor: .00 Misc: .00 Total: 3456.74
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

256742

TICKET NUMBER 38819

LOCATION Ottawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-11-13	3392	Sugar Ridge Farms #35	SE29	14	22	JO
CUSTOMER <u>DJ2 Exploration</u>			TRUCK #			
MAILING ADDRESS <u>901 N Elm</u>			DRIVER			
CITY <u>St Elmo</u>			TRUCK #			
STATE <u>IL</u>			DRIVER			
ZIP CODE <u>62458</u>			TRUCK #			
			DRIVER			

JOB TYPE <u>long string</u>	HOLE SIZE <u>3 1/8</u>	HOLE DEPTH <u>940</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>907</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>5 1/4</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>800</u>	RATE <u>46 pm</u>

REMARKS: Held meeting. Hooked to well. Established rate. Mixed & pumped 100# gel followed by 112 sk 50/150 cement plus 2# gel, 5% salt, 5# Kolseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Closed valve. Set float.

T.O.S. Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5406	30	MILEAGE	368	120.00
5402	907'	casing footage	368	—
5407	Min	ton miles	558	350.00
5502C	2	80 vac	370	180.00
1124	112	50/150 cement		1226.40
1118B	288#	gel		60.48
1111	216#	salt		79.92
1110A	560#	Kolseal		257.60
4402	1	2 1/2 plug		28.00
			<input checked="" type="checkbox"/>	completed
			SALES TAX	124.34
			ESTIMATED TOTAL	3456.74

AVIN 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.

Johnson County, KS
Well: Sugar Ridge 35
Lease Owner: D Z Exploration

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

Commenced Spudding:
2/12/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
16	Soil-Clay	16
25	Shale	41
23	Lime	64
10	Shale	74
8	Lime	82
7	Shale	89
22	Lime	111
16	Shale	127
25	Lime	152
6	Shale	158
52	Lime	210
19	Shale	229
8	Lime	237
19	Shale	256
7	Lime	263
5	Shale	268
7	Lime	275
34	Shale	309
1	Lime	310
10	Shale	320
26	Lime	346
8	Shale	354
23	Lime	377
5	Shale	382
4	Lime	386
3	Shale	389
7	Lime	396
34	Shale	430
5	Sand	435
10	Sandy Shale	445
124	Shale	569
4	Lime	573
3	Shale	576
4	Lime	576
7	Shale	580
6	Lime	593
15	Shale	608
2	Lime	610
5	Shale	615
11	Lime	626

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times h \times 14$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 35

Farm Sugar Ridge Curms

KS Johnson
(State) (County)

29 14 22
(Section) (Township) (Range)

For D+2 Exploration
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400



244- Ridge Farm: Johnson County

1-5 State; Well No. 35

Elevation 1018

Commenced Spuding 2-12, 2012

Finished Drilling 2-13, 2012

Driller's Name Chad Wagon

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Call Stone

Tool Dresser's Name _____

Contractor's Name TO5

24 14 22

(Section) (Township) (Range)

Distance from S line, 1950 ft.

Distance from E line, 2420 ft.

1049 - 1058 - C&WS

4 - Sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

7 7/8" Set 20' 8" Pulled _____

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8" Set 907.90 2" Pulled _____

448⁵⁰ sec 3 nipple
940 70

Thickness of Strata	Formation	Total Depth	Remarks
16	soil layer	16	
25	shale	41	
23	lime	64	
10	shale	74	
8	lime	82	
7	shale	89	
22	lime	111	
16	shale	127	
25	lime	152	
6	shale	158	
52	lime	210	
19	shale	229	
8	lime	237	
19	shale	256	
7	lime	263	
5	shale	268	
7	lime	275	
34	shale	309	
1	lime	310	
10	shale	320	
26	lime	346	
8	shale	354	
23	lime	377	
5	shale	382	
4	lime	386	
3	shale	389	
	lime	396	Heath

Thickness of Strata	Formation	Total Depth	Remarks
		396	
34	shale	430	
5	sand	435	
10	sandy shale	445	
124	shale	569	
4	lime	573	
3	shale	576	
4	lime	580	
7	shale	587	
6	lime	593	
15	shale	608	
2	lime	610	
5	shale	615	
11	lime	626	
39	shale	665	red bed "635-640"
7	sand	672	
14	sandy shale	686	
44	shale	730	
10	sandy shale	740	
5	sand	745	odor, brown, little oil
4	sandy shale	749	
3	sand	752	Brown,
97	shale	849	
3	sandy lime	852	2% - 5% , odor, very slight bleed
1	broken	853	5% oil
3	sand	856	60% - 70% sand bleeding
1	sand	857	50% oil
3	sand	860	70% - 80% oil

Thickness of Strata	Formation	Total Depth	Remarks
1	sand	261	35% oil
3	Broken s	264	oil
4	sand	268	oil
2	red sh.	875	
65	slc	940	TD