



KANSAS CORPORATION COMMISSION 1136985
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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 # 255549

Invoice Date: 12/26/2012 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

EAST GORDON #10
 39005
 27-14-22
 12-19-2012
 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	116.00	10.9500	1270.20
1118B	PREMIUM GEL / BENTONITE	295.00	.2100	61.95
1111	SODIUM CHLORIDE (GRANULA	244.00	.3700	90.28
1110A	KOL SEAL (50# BAG)	580.00	.4600	266.80
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
503 MIN. BULK DELIVERY	1.00	350.00	350.00
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
666 CASING FOOTAGE	906.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00

Parts:	1717.23	Freight:	.00	Tax:	129.22	AR	3571.45
Labor:	.00	Misc:	.00	Total:	3571.45		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

Johnson County, KS
Well: E. Gordon 10
Lease Owner: D Z Exploration

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

Commenced Spudding:
12/17/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
5	Soil-Clay	5
12	Sandstone	17
17	Shale	34
7	Lime	41
6	Shale	47
15	Lime	62
7	Shale	69
9	Lime	78
8	Shale	86
19	Lime	105
16	Shale	121
20	Lime	141
8	Shale	149
54	Lime	203
22	Shale	225
8	Lime	233
19	Shale	252
8	Lime	260
5	Shale	265
9	Lime	274
34	Shale	308
1	Lime	309
11	Shale	320
25	Lime	345
8	Shale	353
22	Lime	375
5	Shale	380
4	Lime	384
5	Shale	389
7	Lime	396
3	Shale	399
6	Sand	405
15	Sandy Shale	420
11	Shale	431
4	Sand	435
4	Sandy Shale	439
74	Shale	515
6	Sand	519
53	Shale	572
4	Lime	577

Short Cuts

TANK CAPACITY

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

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. 10

Farm East Gordon

KS Johnson
(State) (County)

27 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

Good Garden Farm: Johnson County

KS State; Well No. 10

Elevation 1030

Commenced Spuding 12-17, 20 12

Finished Drilling 12-19, 20 12

Driller's Name Claid Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Cole Holcomb

Tool Dresser's Name Brenden Stone

Tool Dresser's Name _____

Contractor's Name JOS

27 14 22

(Section) (Township) (Range)

Distance from S line, 5060 ft.

Distance from E line, 4620 ft.

0501 - 0510 - 14th

cased

3-sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

7 7/8" Set 21³ 8" Pulled _____

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

4" Set _____ 4" Pulled _____

2" Set 906⁵⁰ 2" Pulled _____

4-13-75 set nipple
0501 7D

Thickness of Strata	Formation	Total Depth	Remarks
5	soil 1467	5	
12	sandstone	17	
17	shale	34	
7	lime	41	
6	shale	47	
15	lime	62	
7	shale	69	
9	lime	78	
8	shale	86	
19	lime	105	
16	shale	121	
20	lime	141	
8	shale	149	
54	lime	203	
22	shale	225	
8	lime	233	
19	shale	252	
8	lime	260	
5	shale	265	
9	lime	274	
34	shale	308	
1	lime	309	
11	shale	320	
25	lime	345	
8	shale	353	
22	lime	375	
5	shale	380	

380

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	384	
5	shale	389	
7	Lime	396	Mertha
3	shale	399	
6	sand	405	grey, no oil
15	sandy shale	420	
11	shale	431	
4	sand	435	grey, no oil
4	sandy shale	439	
74	shale	513	
6	sand	519	grey, no oil
53	shale	572	
4	Lime	576	
6	shale	582	
5	Lime	587	
17	shale	604	
3	Lime	607	
7	shale	614	
3	Lime	617	
4	shale	621	
4	Lime	625	
35	shale	660	"col bed 640-644"
3	Lime & sand	663	
12	sand	675	
9	sandy shale	684	
46	shale	730	
4	sand	734	color, little oil, Broken Brown sand

Thickness of Strata	Formation	Total Depth	Remarks
7	sandy shale	741	no oil
29	shale	770	
5	sand	775	grey, no oil
4	sandy shale	779	
30	shale	809	
4	sand	813	grey, no oil
34	shale	847	
1	sand	848	odorous oil, broken sand, ok bed:
14	lime	862	page 8
2	shale	864	
4	sand	868	no oil
10	sandy shale	878	
30	shale	908	
10	sand	918	no oil
4	sandy shale	922	
37	shale	959	TD

