



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
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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: _____



1136995

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 # 255731

Invoice Date: 01/15/2013 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

STEED #1
39063
21-14-22
1-3-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	131.00	10.9500	1434.45
1118B	PREMIUM GEL / BENTONITE	320.00	.2100	67.20
1111	SODIUM CHLORIDE (GRANULA	253.00	.3700	93.61
1110A	KOL SEAL (50# BAG)	655.00	.4600	301.30
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	925.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1924.56 Freight: .00 Tax: 144.82 AR 3749.38
Labor: .00 Misc: .00 Total: 3749.38
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39063

LOCATION Ottawa KS

FOREMAN Fred Maden

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
1/3/13	3392	Steed # 1	N 21	14	22	JO
CUSTOMER D & Z Exploration			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 901 N Elm St			506	Fred Maden	Safety Bldg.	
CITY ST. Elmo			495	Harba	H B	
STATE IL			369	DerMas	D M	
ZIP CODE 62458			503	Dan Det	SD	

JOB TYPE longstring HOLE SIZE 5 7/8 HOLE DEPTH 959 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 19250 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.38 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 RPM

REMARKS: Establish pump rate. Mix & Pump 100# Gel Flush. Mix & Pump 131 sks 50/50 Por 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 TD. Pressure to 800* PSI. Release pressure to set float valve. Shot in casing.

TOS Drilling - Chad

Fred Maden

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	925	Casing footage		N/C
5407	Minimum	Ton Miles	503	350 ⁰⁰
5502C	2	50 BBL Vac Truck	369	180 ⁰⁰
1124	131 sks	50/50 Por Mix Cement		1434 ⁴⁰
1118B	320*	Premium Gel		67 ²⁰
1111	253*	Granulated Salt		93 ⁶¹
1110A	655*	Kol Seal		301 ³⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁰
			7.525%	SALES TAX
				ESTIMATED TOTAL
				144 ⁸²
				3749 ³⁸

Completed

Revin 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.

255731

Johnson County, KS
Well: Steed 1
Lease Owner: D Z Exploration

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

Commenced Spudding:
12/28/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
4	Soil-Clay	4
15	Sandstone	19
32	Shale	51
4	Lime	55
6	Shale	61
15	Lime	76
8	Shale	84
9	Lime	93
8	Shale	101
16	Lime	117
20	Shale	137
13	Lime	150
5	Shale	155
53	Lime	208
29	Shale	237
8	Lime	245
19	Shale	264
7	Lime	271
5	Shale	276
9	Lime	285
32	Shale	317
1	Lime	318
10	Shale	328
28	Lime	356
6	Shale	362
23	Lime	385
4	Shale	389
4	Lime	393
4	Shale	397
8	Lime	405
5	Shale	410
6	Sand	416
10	Sandy Shale	426
92	Shale	518
12	Sand	530
51	Shale	581
3	Lime	584
13	Shale	597
5	Lime	602
18	Shale	620

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 $BPH \times PSI \times .0004$

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. 1

Farm Acad

KS Johnson
(State) (County)

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

For D+D Exploration
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Acad Farm: Johnson County

KS State; Well No. 1

Elevation _____

Commenced Spuding 12-28, 2012

Finished Drilling 1-3, 2013

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon Skene

Tool Dresser's Name Cate Holcomb

Tool Dresser's Name _____

Contractor's Name TOS

21 14 22

(Section) (Township) (Range)

Distance from _____ line, _____ ft.

Distance from _____ line, _____ ft.

0855-0871 - 16 hrs

coned

3. each

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

7 7/8" Set 25' 8" Pulled _____

6 1/2" Set _____ 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8" Set 925¹⁰ 2" Pulled _____

862 seat nipple
959

Thickness of Strata	Formation	Total Depth	Remarks
4	soil layer	4	
15	sandstone	19	
32	shale	51	
4	lime	55	
6	shale	61	
15	lime	76	
8	shale	84	
9	lime	93	
8	shale	101	
16	lime	117	
20	shale	137	
13	lime	150	
5	shale	155	
53	lime	208	
29	shale	237	
8	lime	245	
19	shale	264	
7	lime	271	
5	shale	276	
9	lime	285	
32	shale	317	
1	lime	318	
10	shale	328	
28	lime	356	"some oil 341-344" + bedding
6	shale	362	
23	lime	385	
4	shale	389	

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Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	393	
4	shale	397	
8	Lime	405	Harder
5	shale	410	
6	sand	416	grey, no oil
10	sandy shale	426	
92	shale	518	
12	sand	530	grey, no oil
51	shale	581	
3	Lime	584	
13	shale	597	
5	Lime	602	
18	shale	620	
3	Lime	623	
7	shale	630	
2	Lime	632	
8	shale	640	
2	Lime	642	
25	shale	667	"red Bed - 645 - 652"
2	Lime	669	
9	shale	678	
20	sand	698	grey, no oil
12	sandy shale	710	
33	shale	743	
7	sand	750	light color, no oil, Brown sand
3	Broken sand	753	
9	sandy shale	762	

