



KANSAS CORPORATION COMMISSION 1151882
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: _____



1151882

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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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 # 259551
 =====
 Invoice Date: 06/12/2013 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

EAST GORDON #2
41977
27-14-22
06-11-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	109.00	11.5000	1253.50
1118B	PREMIUM GEL / BENTONITE	283.00	.2200	62.26
1111	SODIUM CHLORIDE (GRANULA	211.00	.3900	82.29
1110A	KOL SEAL (50# BAG)	545.00	.4600	250.70
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
		Hours	Unit Price	Total
368	CEMENT PUMP	1.00	1085.00	1085.00
368	EQUIPMENT MILEAGE (ONE WAY)	2.00	4.20	8.40
368	CASING FOOTAGE	897.00	.00	.00
370	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548	TON MILEAGE DELIVERY	152.06	1.41	214.40

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 Parts: 1678.25 Freight: .00 Tax: 126.30 AR 3292.35
 Labor: .00 Misc: .00 Total: 3292.35
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

259551

TICKET NUMBER 41977
LOCATION Off Hwy
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-11-13	3392	E. Gordon 2	NW 27	14	22	JO

CUSTOMER
DJZ Exploration

MAILING ADDRESS
901 Elm Box 159

CITY St Elmo STATE IL ZIP CODE 62458

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan Mader		
368	Ar/Med		
370	Ke:Car		
548	MikHgg		

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8

CASING DEPTH 897 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes

DISPLACEMENT 5.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 416 gpm

REMARKS: Held meeting. Hooked to casing. Established rate. Mixed & pumped 100 # gel followed by 109 sk 50/50 cement plus 5% salt 2% gel, 5 # Kol seal per sq's. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

TOS, Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	368	1085.00	
5406	2	MILEAGE from other lease	368	8.40	
5402	897	casing footage	368	—	
5407A	152.06	ten miles	548	214.40	
5502C	2	80 vac	370	180.00	
1124	109	50/50 cement		1253.50	
1118B	283 #	gel		62.26	
1111	211 #	salt		82.29	
1110A	545 #	Kol seal		250.70	
4422	1	2' 2" plug		29.32	
				SALES TAX	126.30
				ESTIMATED TOTAL	3292.35

completed

AUTHORIZATION Deke Bell

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: East Gordon 2
Lease Owner: D Z

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

Commenced Spudding:
6/10/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
29	Soil-Clay	29
5	Lime	34
6	Shale	40
15	Lime	55
8	Shale	63
9	Lime	72
8	Sand and Sandy Shale	80
18	Lime	98
17	Shale	115
19	Lime	135
9	Shale	144
54	Lime	198
23	Shale	221
8	Lime	229
18	Shale	247
8	Lime	255
5	Shale	260
8	Lime	268
34	Shale	302
1	Lime	303
12	Shale	315
25	Lime	340
6	Shale	346
23	Lime	369
4	Shale	373
5	Lime	378
5	Shale	383
6	Lime	389
5	Shale	394
7	Sand	401
10	Sandy Shale	411
91	Shale	502
8	Sand	510
5	Sandy Shale	515
63	Shale	578
7	Lime	585
16	Shale	601
4	Lime	605
8	Shale	613
9	Lime	622

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. 2

Farm East Gordon

KS Johnson
(State) (County)

27 14 02
(Section) (Township) (Range)

For D+2 Exploration
(Well Owner)

Town Oilfield Services, Inc.

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

East Gordon Farm: Johnson County

KS State; Well No. 2

Elevation 1028

Commenced Spuding 6-10, 20 13

Finished Drilling 6-11, 20 13

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Greg Perry

Tool Dresser's Name Brenden Smith

Tool Dresser's Name _____

Contractor's Name JOE

27 14 32

(Section) (Township) (Range)

Distance from S line, 4600 ft.

Distance from E line, 4280 ft.

5-sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

~~7 1/2~~" Set 22' 8" Pulled _____

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

4" Set _____ 4" Pulled _____

2 1/8" Set 897' 2" Pulled _____

835' seat nipple

940 TD

Thickness of Strata	Formation	Total Depth	Remarks
29	sand / clay	29	
5	Lime	34	
6	shale	40	
15	Lime	55	
8	shale	63	
9	Lime	72	
8	sand, shale & sand	80	
18	Lime	98	
17	shale	115	
29	Lime	144	
9	shale	144	
54	Lime	198	
23	shale	221	
8	Lime	229	
18	shale	247	
8	Lime	255	
5	shale	260	
8	Lime	268	
34	shale	302	
1	Lime	303	
12	shale	315	
25	Lime	340	323 - 324 o.i
6	shale	346	
23	Lime	369	
4	shale	373	
5	Lime	378	
5	shale	383	

Thickness of Strata	Formation	Total Depth	Remarks
		383	
6	Lime	389	Merthia
5	shale	394	
7	sand	401	
10	sandy shale	411	
91	shale	502	
8	sand	510	
5	sandy shale	515	
63	shale	578	
7	Lime	585	
16	shale	601	
4	Lime	605	
8	shale	613	
9	Lime	622	
36	shale	658	red bed - 626'
10	sand	668	
14	sandy shale	682	
43	shale	725	
6	Broken sand	731	odor, very little oil
10	sandy shale	741	
22	shale	763	
5	sand	768	
5	sandy shale	773	
54	shale	827	
5	sand	832	
7	shale	839	
1	sand + Lime	840	odor, 5% - 10% oil
2	sandy lime	842	90% - solid good bedding

