



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: _____



1151949

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--



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 # 259883

Invoice Date: 06/25/2013 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 I-1
42051
27-14-22
06-21-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	110.00	11.5000	1265.00
1118B	PREMIUM GEL / BENTONITE	285.00	.2200	62.70
1111	SODIUM CHLORIDE (GRANULA	213.00	.3900	83.07
1110A	KOL SEAL (50# BAG)	550.00	.4600	253.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
	Description	Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495	CEMENT PUMP	1.00	1085.00	1085.00
495	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
495	CASING FOOTAGE	889.00	.00	.00
510	MIN. BULK DELIVERY	1.00	368.00	368.00

=====
Parts: 1693.27 Freight: .00 Tax: 127.42 AR 3579.69
Labor: .00 Misc: .00 Total: 3579.69
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

259883

TICKET NUMBER 42051

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
6-21-13	3392	E. Gordon # I-1	NW 27	14	22	JO

CUSTOMER
D & Z Exploration

MAILING ADDRESS
901 N Elm St.

CITY
ST Elmo

STATE
IL

ZIP CODE
62458

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Maden		
495	Har Bud		
370	Kai Car		
510	Scott		

JOB TYPE Logging HOLE SIZE 3 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 1/2" EUE

CASING DEPTH 667' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 5.178 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew meeting. Establish pump rate. Mix & Pump 100 Bbl
Mix & Pump 110 SKS 50/50 Poz mix Cement 2% Gel 5% Salt 5# Kal
Seal/SIC. Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI.
Hold & Monitor Pressure for 30 min MIT. Release
pressure to set float valve. Shut in casing.

KCC Rep: Taylor Herman

TOS Drilling - Chad Weaver

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	30 mi	MILEAGE	495	126 ⁰⁰
5402	689	Casing footage		N/C
5407	Minimum	Ton Miles	510	368 ⁰⁰
5582C	2hrs	80 BBL Vac Truck	370	180 ⁰⁰
1124	110 SKS	50/50 Poz Mix Cement		1265 ⁰⁰
115B	285#	Premix Gel		62 ²⁰
111	213#	Granulated Salt		83 ⁰⁷
110A	550#	Kal Seal		253 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.5252	
		SALES TAX		127 ⁴²
		ESTIMATED TOTAL		3579 ⁶⁹

completed

Form 3737

AUTHORIZATION Duke Babin

TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's 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 I-1
Lease Owner: D Z Exploration

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

Commenced Spudding:
6/20/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
31	Soil-Clay	31
5	Lime	36
6	Shale	42
15	Lime	57
8	Shale	65
9	Lime	74
8	Sand and Sandy Shale	82
18	Lime	100
17	Shale	117
20	Lime	137
9	Shale	146
54	Lime	200
23	Shale	223
7	Lime	230
19	Shale	249
6	Lime	255
5	Shale	260
10	Lime	270
34	Shale	304
1	Lime	305
11	Shale	316
27	Lime	343
6	Shale	349
23	Lime	372
4	Shale	376
4	Lime	380
5	Shale	385
7	Lime	392
5	Shale	397
7	Sand	404
10	Sandy Shale	414
91	Shale	505
9	Sand	514
5	Sandy Shale	519
43	Shale	562
5	Lime	567
13	Shale	580
7	Lime	587

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. 200 I-1

Farm East Garden

KS Johnson
(State) (County)

27 14 22
(Section) (Township) (Range)

For D+Z Exploration
(Well Owner)

Town Oilfield Services, Inc.

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

East Garden Farm: Johnson County

KS State; Well No. 1-C

Elevation 1024

Commenced Spuding 6-20, 2013

Finished Drilling 6-21, 2013

Driller's Name And Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brendan Stone

Tool Dresser's Name Cole Holcom

Tool Dresser's Name _____

Contractor's Name TOS

27 14 22

(Section) (Township) (Range)

Distance from S line, 4840 ft.

Distance from E line, 4400 ft.

2-Sucks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
7 7/8" Set 227' 8" Pulled _____
6 1/4" Set _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2 7/8" Set 855.10 2" Pulled _____
920 TD

Thickness of Strata	Formation	Total Depth	Remarks
31	soil/clay	31	
5	Lime	36	
6	shale	42	
15	Lime	57	
8	shale	65	
9	Lime	74	
8	sandy shale + sand	82	
18	Lime	100	
17	shale	117	
20	Lime	137	
9	shale	146	
54	Lime	200	
23	shale	223	
7	Lime	230	
19	shale	249	
6	Lime	255	
5	shale	260	
10	Lime	270	
34	shale	304	
1	Lime	305	
11	shale	316	
27	Lime	343	
6	shale	349	
23	Lime	372	
4	shale	376	
4	Lime	380	
5	shale	385	

Thickness of Strata	Formation	385 Total Depth	Remarks
7	Lime	392	Harder
5	shale	397	
7	sand	404	grey, no oil
10	sandy shale	414	
91	shale	505	
9	sand	514	grey, no oil
5	sandy shale	519	
43	shale	562	
5	Lime	567	
13	shale	580	
7	Lime	587	
16	shale	603	
4	Lime	607	
8	shale	615	
9	Lime	624	
36	shale	660	red bed - 628'
20	sand	680	grey, no oil
9	sandy shale	689	
41	shale	730	
5	Broken sand	735	along, very little oil
10	sandy shale	745	
22	shale	767	
5	sand	772	
4	sandy shale	776	
8	shale	834	
5	sand	839	
7	shale	846	grey, no oil

