



KANSAS CORPORATION COMMISSION 1151950
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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	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 # 259962

 Invoice Date: 06/27/2013 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-2
 42057
 27-14-22
 06-24-2013
 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
369 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	895.00	.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 _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

259962

TICKET NUMBER 42057

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
6-24-13	3392	East Gordon # I-2	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 Mad		
495	Max Bec		
369	Dor Mas		
510	Set Tec		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 8950 DRILL PIPE _____ TUBING _____ OTHER _____

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

DISPLACEMENT 5.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew meeting. Establish pump rate. Mix & Pump 100* Gel Flush
Mix & Pump 110 sks 50/50 Pce Mix Cement 270 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. Hold & Monitor
pressure for 30 min MIT. Release pressure to set float valve.
Shut in Casing.

KCC Rep: Taylor Herman
T&S Drilling: Chad

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	695	Casing footage		N/C
5407	Minimum	Ton Miles	510	368 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1124	110 sks	50/50 Pce Mix Cement		1265 ⁰⁰
111EB	285*	Premium Gel		62 ⁷⁰
1111	213*	Granulated Salt		83 ⁰⁷
1110A	550*	Kol Seal		253 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.52570	
		SALES TAX		127 ⁴²
		ESTIMATED TOTAL		3579 ⁶⁹

Completed

Ravin 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: East Gordon I-2
Lease Owner: D Z Exploration

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

Commenced Spudding:
6/22/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
34	Soil-Clay	34
5	Lime	39
6	Shale	45
16	Lime	61
7	Shale	68
9	Lime	77
8	Sand and Sandy Shale	85
19	Lime	104
14	Shale	118
22	Lime	140
8	Shale	148
55	Lime	203
22	Shale	225
8	Lime	233
19	Shale	252
6	Lime	258
6	Shale	264
9	Lime	273
33	Shale	306
1	Lime	307
11	Shale	318
26	Lime	344
6	Shale	350
26	Lime	373
5	Shale	378
4	Lime	382
6	Shale	388
6	Lime	394
6	Shale	400
7	Sand	407
10	Sandy Shale	417
92	Shale	509
7	Sand	516
5	Sandy Shale	521
44	Shale	565
5	Lime	570
3	Shale	573
3	Lime	576
8	Shale	584
7	Lime	591

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times 1.4 \times h$

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. 1-2

Farm East Gordon

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: Selkirk County

KS State; Well No. 1-2

Elevation 1031 In.

Commenced Spuding 6-22, 2013

Finished Drilling 6-24, 2013

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Cole Holcom

Tool Dresser's Name Bruce Stone

Tool Dresser's Name _____

Contractor's Name JOS

27 14 22

(Section) (Township) (Range)

Distance from S line, 4400 ft.

Distance from E line, 4400 ft.

2 Sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
7 7/8" Set 22.7' 8" Pulled _____
6 1/4" Set _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2 7/8" Set 845.30 2" Pulled _____
920 TD

Thickness of Strata	Formation	Total Depth	Remarks
34	sand / clay	34	
5	lime	39	
6	shale	45	
16	lime	61	
7	shale	68	
9	lime	77	
8	sandy shale / sand	85	
19	lime	104	
14	shale	118	
22	lime	140	
8	shale	148	
55	lime	203	
22	shale	225	
8	lime	233	
19	shale	252	
6	lime	258	
6	shale	264	
9	lime	273	
33	shale	306	
1	lime	307	
11	shale	318	
26	lime	344	
6	shale	350	
26	lime	373	
5	shale	378	
4	lime	382	
6	shale	388	

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Thickness of Strata	Formation	Total Depth	Remarks
6	lime	394	
6	shale	400	
7	sand	407	grey, no oil
10	sandy shale	417	
92	shale	509	
7	sand	516	grey, no oil
5	sandy shale	521	
44	shale	565	
5	lime	570	
3	shale	573	
3	lime	576	
8	shale	584	
7	lime	591	
16	shale	607	
3	lime	610	
8	shale	618	
9	limestone	627	
101	shale	728	red bed - 631'
6	broken sand	734	edon, very little oil
10	sandy shale	744	
21	shale	765	
5	sand	770	
3	sandy shale	773	
72	shale	845	
3	sandy lime	848	edon, 25% - 30% oil
2	sandy lime	850	40% oil
3	sand	853	80% - 90% good bedding

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Thickness of Strata	Formation	Total Depth	Remarks
2	Broken sand	857	50% oil
1	Broken sand	858	15% oil
12	sandy shale	870	
50	shale	920	TD
#			