



KANSAS CORPORATION COMMISSION 1166000
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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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 # 263153

Invoice Date: 10/15/2013 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

DONIVAN #17
44738
NE 28-14-22
10-11-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	120.00	11.5000	1380.00
1118B	PREMIUM GEL / BENTONITE	302.00	.2200	66.44
1111	SODIUM CHLORIDE (GRANULA	232.00	.3900	90.48
1110A	KOL SEAL (50# BAG)	600.00	.4600	276.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
495 CASING FOOTAGE	927.00	.00	.00
510 MIN. BULK DELIVERY	1.00	368.00	368.00
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

Parts:	1842.42	Freight:	.00	Tax:	135.89	AR	3692.31
Labor:	.00	Misc:	.00	Total:	3692.31		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

263153

TICKET NUMBER 44738
LOCATION Ottawa KS
FOREMAN Fred Mader

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
10-11-13	3392	Douvan # 17	NE 28	14	22	JO
CUSTOMER						
D + Z Exploration						
MAILING ADDRESS						
910 N Elm						
CITY		STATE	ZIP CODE			
ST Elmo		IL	62458			
TRUCK #	DRIVER	TRUCK #	DRIVER			
712	Frc Mad					
495	Nar Bec					
675	Kei Det					
510	Set Tuc					

JOB TYPE logstring HOLE SIZE 5 1/8 HOLE DEPTH 960 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 927 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
DISPLACEMENT 5.38 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump
100# Gal Flush. Mix + Pump 120 sks 50/50 Pre 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.
Shut in casing.

TOS Drilling - Chad

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085 ⁰⁰
5406	30 mi	MILEAGE		126 ⁰⁰
5402	927	Casing footage		n/c
5407	Minimum	Ton Miles		368 ⁰⁰
5502c	1 1/2 hr	EO BBL Vac Truck		135 ⁰⁰
1104	120 sks	50/50 Pre Mix Cement		1380 ⁰⁰
1103	302 #	Premium Gel		66 ⁴⁴
1111	232 #	Granulated Salt		90 ⁴⁸
1110A	600 #	Kol Seal		276 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
				completed
				7.375%
SALES TAX				135 ⁸⁹
ESTIMATED TOTAL				3692 ³¹

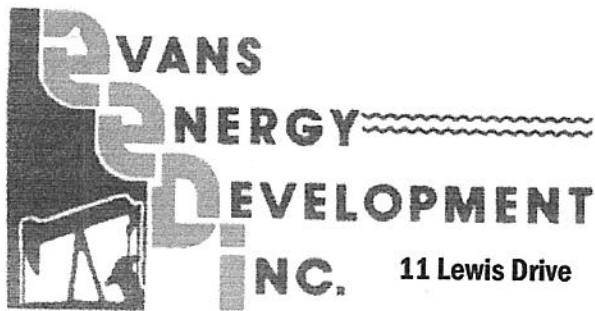
Revin 3737

AUTHORIZATION Deke Belden

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.



11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

D & Z Exploration, Inc.

Donovan #17

API # 15-091-23,991

October 10 - October 11, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
14	sandstone	20
1	lime	21
29	shale	50
5	lime	55
5	shale	60
14	lime	74
9	shale	83
9	lime	92
8	shale	100
21	lime	121
14	shale	135
20	lime	155
8	shale	163
56	lime	219
21	shale	240
8	lime	248
21	shale	269
19	lime	288
46	shale	334
26	lime	360
8	shale	368
22	lime	390
4	shale	394 black
4	lime	398
5	shale	403
6	lime	409 base of the Kansas City
166	shale	575
12	lime	587
3	shale	590
1	lime	591
10	shale	601
5	lime	606
14	shale	620
5	lime	625
7	shale	632
2	lime	634
31	shale	665 red

1	lime	666
69	shale	735
1	lime & shells	736
11	shale	747
6	broken sand	753 brown sand & shale, ok bleeding
2	silty shale	755
18	shale	773
1	coal	774
95	shale	869
1	limey sand	870 brown, good bleeding
2	silty shale	872 white & grey
2	limey sand	874 white limey sand, no show
1	broken sand	875 60% brown sand 40% lime good bleeding
1	oil sand	876 soft brown sand, good bleeding
1	broken sand	877 brown sand & limey sand good bleeding
2	oil sand	879 hard brown sand, good bleeding, few thin limey streaks
3	broken sand	882 90% brown sand 10% white limey sand good bleeding
2	silty shale	884
76	shale	960 TD

Drilled a 9 7/8" hole to 24.1'

Drilled a 5 5/8" hole to 960'

Set 24.1' of 7" surface casing cemented with 6 sacks of cement.

Set 927.25' of 2 7/8" 8 round upset tubing with seating nipple set at 866.65' also set 3 centralizers, .
1 float shoe and 1 clamp.