



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: _____



1166004

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> _____ <i>(Submit ACO-4)</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 # 263154

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

DONOVAN #18
44690
10-10-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	125.00	11.5000	1437.50
1118B	PREMIUM GEL / BENTONITE	410.00	.2200	90.20
1111	SODIUM CHLORIDE (GRANULA	242.00	.3900	94.38
1110A	KOL SEAL (50# BAG)	625.00	.4600	287.50
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
503	MIN. BULK DELIVERY	1.00	368.00	368.00
666	CEMENT PUMP	1.00	1085.00	1085.00
666	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
666	CASING FOOTAGE	931.00	.00	.00

Parts: 1939.08 Freight: .00 Tax: 143.01 AR 3841.09
 Labor: .00 Misc: .00 Total: 3841.09
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

263154

TICKET NUMBER 44690
LOCATION Ottawa, KS
FOREMAN Carey Kennedy

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
10/10/13	3392	Donovan #18				JO
CUSTOMER			TRUCK #			
D + Z Exploration			481	Driver	TRUCK #	DRIVER
MAILING ADDRESS			6666	GarMon	✓	Safety Meeting
901 N Elm St			503	Dan Det	✓	
CITY	STATE	ZIP CODE	370	Jas Ric	✓	
St Elmo	IL	62458				

JOB TYPE Longstring HOLE SIZE 5 7/8" HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8" EVE
CASING DEPTH 931' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 5.39 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 125 sts 5950 Pozmix cement w/ 27% gel, 5% salt + 5 # Kalseal per st, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.39 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Signature

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	931'	Casing footage		
5407	minimum	ton mileage		368.00 ✓
5502C	2 hrs	80 Vac		180.00 ✓
1124	125 sts	5950 Pozmix cement		1437.50 ✓
1111B	410 #	Premium Gel		90.20 ✓
1111	242 #	Salt		94.38 ✓
1110A	625 #	Kalseal		287.50 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
<input checked="" type="checkbox"/> completed				
		7.375%	SALES TAX	143.01 ✓
			ESTIMATED TOTAL	3841.09 ✓

Ravin 3737

AUTHORIZATION Deko was there 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 fo



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 #18

API # 15-091-23,992

October 9 - October 10, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
7	soil & clay	7
15	sandstone	22
39	shale	61
19	lime	80
8	shale	88
8	lime	96
10	shale	106
17	lime	123
19	shale	142
19	lime	161
7	shale	168
56	lime	224
22	shale	246
7	lime	253
21	shale	274
7	lime	281
4	shale	285
8	lime	293
34	shale	327
1	lime	328
12	shale	340
26	lime	366 light oil show
10	shale	376
20	lime	396
5	shale	401
1	lime	402
7	shale	409
6	lime	415 base of the Kansas City
154	shale	569
1	lime	570
19	shale	589
3	lime	592
3	shale	595
3	lime	598
6	shale	604
4	lime	608
18	shale	626
3	lime	629
43	shale	672

1	lime	673
68	shale	741
1	lime & shells	742
9	shale	751
5	broken sand	756 60% brown 40% shilty shale ok bleeding
3	silty shale	759
17	shale	776
1	coal	777
5	shale	782
2	lime	784
62	shale	846
1	coal	847
22	shale	869
1	limey sand	870 brown, good bleeding, hard
5	limey sand	875 brown & white, light bleeding
2	oil sand	877 brown sand, good bleeding
1	broken sand	878 85% brown 15% limey white, good bleeding
1	oil sand	879 brown sand, good bleeding
1	broken sand	880 70% brown 30% limey ok bleeding
7	silty shale	887
73	shale	960 TD

Drilled a 9 7/8" hole to 23'

Drilled a 5 5/8" hole to 960'

Set 23' of 7" surface casing cemented with 6 sacks of cement.

Set 931' of 2 7/8" 8 round upset tubing with seating nipple set at 867' also set 3 centralizers, 1 float shoe and 1 clamp.