



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1179641
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1179641

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	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 # 264389

Invoice Date: 11/27/2013 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

E. GORDON N-2
44904
NW 27-14-22
11-26-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	128.00	11.5000	1472.00
1118B	PREMIUM GEL / BENTONITE	315.00	.2200	69.30
1111	SODIUM CHLORIDE (GRANULA	248.00	.3900	96.72
1110A	KOL SEAL (50# BAG)	640.00	.4600	294.40
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	884.00	.00	.00
548 MIN. BULK DELIVERY	1.00	368.00	368.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts: 1961.92 Freight: .00 Tax: 144.69 AR 3865.61
Labor: .00 Misc: .00 Total: 3865.61
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

264389

TICKET NUMBER 44904

LOCATION Oftawa 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
11-26-13	3392	E Gordon N-2	NW 27	14	22	J.O

CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
D + Z Exploration Inc			712	FreMad		
MAILING ADDRESS			495	HarBec		
901 N Elm ST			675	Kei Det		
CITY			548	Mik Hau		
STATE		ZIP CODE				
IL		62458				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 884 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gall/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 5.14 B DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold a new safety meeting. Establish pump rate. Mix + Pump
100 # Gel Flush. Mix + Pump 128 sks 50/50 Por 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.
Hold + Monitor pressure for 30 min MIT. Release pressure
to set float valve. Shut in casing.

TOS Drilling

Fred Mader

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	884'	Casing Footage		N/C
5407	Minimum	Ten Miles	548	368 ⁰⁰
5502c	2 hrs	80 BBL Vac Truck	675	180 ⁰⁰
1124	128 sks	50/50 Por Mix Cement		1472 ⁰⁰
1118B	315 #	Premium Gel		69 ³⁰
1111	248 #	Granulated Salt		96 ⁷²
1110A	640 #	Kol Seal		294 ⁴⁰
4402	1	2 1/2" Rubber Plug		29 ⁰⁰
			7.375%	SALES TAX
				ESTIMATED TOTAL
				144 ⁶⁹
				3865 ⁶¹



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: E. Gordon N2
Lease Owner: D Z

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

Commenced Spudding:
11/22/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
21	Soil-Clay	21
19	Shale	40
6	Lime	46
6	Sand	52
14	Lime	66
8	Sandy Shale	74
9	Lime	83
9	Sandy Shale	92
17	Lime	109
3	Shale	112
14	Sand	126
20	Lime	146
7	Shale	153
54	Lime	207
24	Shale	231
7	Lime	238
20	Shale	258
7	Lime	265
4	Shale	269
9	Lime	278
34	Shale	312
2	Lime	314
11	Shale	325
25	Lime	350
6	Shale	356
24	Lime	380
4	Shale	384
5	Lime	389
5	Shale	394
7	Lime	401
4	Shale	405
7	Sand	412
16	Sandy Shale	428
87	Shale	515
12	Sand	527
7	Sandy Shale	534
42	Shale	576
3	Lime	579
7	Shale	586
6	Lime	592

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 - $\text{RPM} \times d$ over $\text{SPM} \times R$

d - $\text{SPM} \times R \times D$ over RPM

SPM - $\text{RPM} \times D$ over $R \times d$

R - $\text{RPM} \times D$ over $\text{SPM} \times d$

$$\text{BELT LENGTH} = 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

$$\text{TO FIGURE AMPS: } \frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

746 WATTS equal 1 HP

Log Book

Well No. N2

Farm East Garden

KS Johnson
(State) (County)

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

For DIZ 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. N2

Elevation 1033

Commenced Spuding 11-22, 20 13

Finished Drilling 11-26, 20 13

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Cole Holburn

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name Toe

27 14 23

(Section) (Township) (Range)

Distance from S line, 5280 ft.

Distance from E line, 4840 ft.

2 sets
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
7 7/8" Set 24' 8" Pulled _____
6 1/4" Set _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2 7/8" Set 887.30
920 TD 2" Pulled _____

Feet					n.

Thickness of Strata	Formation	Total Depth	Remarks
21	oil/clay	21	
19	shale	40	
6	lime	46	
6	sandy shale	52	
14	lime	66	
8	sandy shale	74	
9	lime	83	
9	sandy shale	92	
17	lime	109	
3	shale	112	
14	sand	126	grey, hard
20	lime	146	
7	shale	153	
54	lime	207	
24	shale	231	
7	lime	238	
20	shale	258	
7	lime	265	
4	shale	269	
9	lime	278	
24	shale	312	
2	lime	314	
11	shale	325	
25	lime	350	334' - 335' oil
6	shale	356	
24	lime	380	
4	shale	384	

384

Thickness of Strata	Formation	Total Depth	Remarks
5	Lime	389	
5	shale	394	
7	Lime	401	Harder
4	shale	405	
7	sand	412	
16	sandy shale	428	grey, no oil
87	shale	515	
12	sand	527	
7	sandy shale	534	grey, no oil
42	shale	576	
3	Lime	579	
7	shale	586	
6	Lime	592	
17	shale	609	
3	Lime	612	
7	shale	619	
10	Lime + shale	629	
34	shale	663	red bed - 633'
21	sand	684	
10	sandy shale	694	grey, no oil
39	shale	733	
6	Broken sand	739	edge, very little oil
10	sandy shale	749	
21	shale	770	
5	sand	775	no oil
6	sandy shale	781	
	shale	848	

848

Thickness of Strata	Formation	Total Depth	Remarks
1	Lime	849	
1	sandy lime	850	no oil
1	sandy Lime	851	odor, 10%-15% slight bleeding
13	sand	864	mass - 8
6	sand	870	no oil
8	sandy shale	878	
42	shale	920	TD

851

Thickness of Strata	Formation	Total Depth	Remarks
2	sand	853	50% - 60% , laminated
2	sand	855	90% solid , good bleeding
2	sand	857	50% - 60% , laminated
.5	sand	857.5	20%
1.5	sand	859	40% - 60%
1	sand	860	25% , laminated
1	sand	861	2% , laminated
2	sandy shale	863	no oil
1	sand	864	no oil

Disposal Enhanced Recovery:

NW of Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 - 091 - 24244

NENWNW NW, Sec 27, T 14 S, R 22 EW

5280 Feet from South Section Line
4840 Feet from East Section Line

Lease East Gordon Well # N2
 County JOHNSON

Operator: D+Z Exploration, Inc.
 Name & Address 900 N Felm St.
Po Box 159
St. Elmo, IL 62458

Operator License # 34339
 Contact Person Zane Badden
 Phone 618-629-3274

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size	_____	<u>7</u>	<u>278</u>	_____	_____	_____
Set at	_____	<u>20</u>	<u>884</u>	_____	Set at _____	_____
Cement Top	_____	<u>0</u>	<u>0</u>	_____	Type _____	_____
" Bottom	_____	<u>20</u>	<u>884</u>	_____	_____	_____
DV/Perf.	_____	_____	_____	_____	_____	_____
Packer type	_____	_____	_____	_____	_____	_____
Zone of injection	_____	_____	_____	_____	_____	_____

TD (and plug back) 920 ft. depth
 Size _____ Set at _____
 Zone of injection _____ ft. to ft. _____ Perf. or open hole _____

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.
 I Pressures: 800 800 800 Set up 1 | System Pres. during test _____
 E _____ Set up 2 | Annular Pres. during test _____
 L _____ Set up 3 | Fluid loss during test _____ bbls.
 D _____

T Tested: Casing or Casing - Tubing Annulus
 A The bottom of the tested zone is shut in with Rubber Plug
 Test Date 11-26-2013 Using Consolidated Company's Equipment
 The operator hereby certifies that the zone between 0 feet and 884 feet
 was the zone tested [Signature] Signature _____ Title _____

The results were Satisfactory , Marginal _____, Not Satisfactory _____
 State Agent Taylor C. Horvath Title Agent Witness: Yes _____ No
 REMARKS: Well not perforated