



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1179616
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
-----------------------------------	-----------------	---

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: _____

1179616

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
--	---

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

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> _____
---	--

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: _____ _____
--	--	---



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 # 264268

=====
Invoice Date: 11/25/2013 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 NW
44879
NW 27-14-22
11-21-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	131.00	11.5000	1506.50
1118B	PREMIUM GEL / BENTONITE	420.00	.2200	92.40
1111	SODIUM CHLORIDE (GRANULA	253.00	.3900	98.67
1110A	KOL SEAL (50# BAG)	655.00	.4600	301.30
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
548	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	915.00	.00	.00

=====
Parts: 2028.37 Freight: .00 Tax: 149.59 AR 3936.96
Labor: .00 Misc: .00 Total: 3936.96
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

264268

TICKET NUMBER 44879

LOCATION Blawie, KS

FOREMAN Casey 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
11/21/13	3392	East Gordon # NW	NW 27	14	22	JO
CUSTOMER <u>D & Z Exploration</u>						
MAILING ADDRESS <u>901 N Elm St.</u>						
CITY <u>St Elmo</u>		STATE <u>IL</u>	ZIP CODE <u>62458</u>			

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Cesken	✓	Safety Meeting
6666	Gar Moo	✓	
548	Mik Haa	✓	
370	Kei Car	✓	

JOB TYPE log string HOLE SIZE 5 5/8" HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 915' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.3 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 131 sks 5/50 Pozmix cement w/ 2% gel, 5% salt, & 5 # Kolseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w 5.3 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

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	915'	casing footage		— ✓
5407	minimum	ton mileage		368.00 ✓
5502c	2 hrs	80 Vac		180.00 ✓
1124	131 sks	5/50 Pozmix cement		1506.50 ✓
1118B	420 #	Premium Gel		92.40 ✓
1111	253 #	Salt		98.67 ✓
1110A	655 #	Kolseal		301.30 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			7.775%	SALES TAX 149.59 ✓
				ESTIMATED TOTAL 3936.96 ✓

completed

AVIN 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.

Joynson County, KS
Well: E. Gordon NW
Lease Owner: D Z

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

Commenced Spudding:
11/20/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
23	soil/clay	23
28	shale	51
5	lime	56
7	sandy shale and sand	63
15	lime	78
8	shale	85
9	lime	94
9	sandy shale and sand	103
18	lime	121
3	shale	124
13	sand	137
20	lime	157
7	shale	164
54	lime	218
23	shale	241
8	lime	249
20	shale	269
5	lime	274
5	shale	279
9	lime	288
46	shale	334
25	lime	359
6	shale	365
24	lime	389
4	shale	393
5	lime	398
5	shale	403
5	lime	408
4	shale	412
6	sand	418
12	sandy shale	430
94	shale	527
7	sand	531
6	sandy shale	537
42	shale	579
5	lime	584
14	shale	598
7	lime	605
15	shale	620
4	lime	624

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 $SPM \times d$

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

* 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. NW

Farm East Gordon

KS
(State)

Johnson
(County)

27
(Section)

14
(Township)

22
(Range)

For D+2 Exploration
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

East Gender Farm: Johnson County

KS State; Well No. WW

Elevation 1039

Commenced Spuding 11-20, 2013

Finished Drilling 11-21, 2013

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Cole Holcomb

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOC

27 14 22

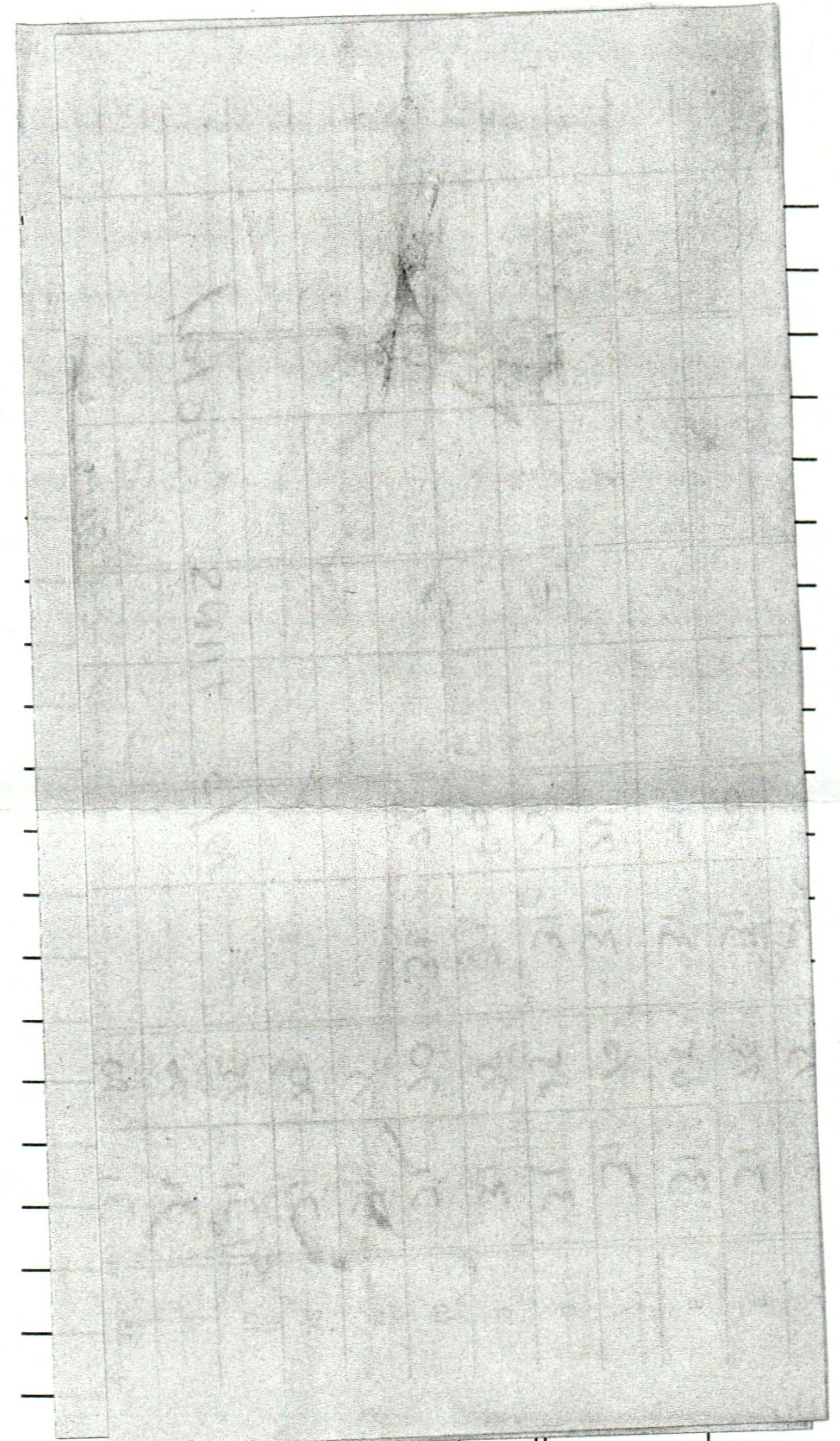
(Section) (Township) (Range)

Distance from S line, 5280 ft.

Distance from E line, 5280 ft.

3 - sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
7 1/2" Set 24' 8" Pulled _____
6 1/4" Set _____ 6 1/4" Pulled _____
4" Set _____ 4" Pulled _____
2 7/8" Set 915.40 2" Pulled _____
960 TD



Thickness of Strata	Formation	Total Depth	Remarks
23	soil / clay	23	
28	shale	51	
5	lime	56	
7	sandy shale / sand	63	
15	lime	78	
8	shale	85	
9	lime	94	
9	sand, shale / sand	103	
18	lime	121	
3	shale	124	
13	sand	137	dry, no oil
20	lime	157	
7	shale	164	
54	lime	218	
23	shale	241	
8	lime	249	
20	shale	269	
5	lime	274	
5	shale	279	
9	lime	288	
46	shale	334	
25	lime	359	
6	shale	365	
24	lime	389	
4	shale	393	
5	lime	398	
5	shale	403	

Thickness of Strata	Formation	Total Depth	Remarks
		403	
5	Lime	408	Harder
4	shale	412	
6	sand	418	grey, no oil
12	sandy shale	430	
94	shale	524	
7	sand	531	
6	sandy shale	537	
42	shale	579	
5	Lime	584	
14	shale	598	
7	Lime	605	
15	shale	620	
4	Lime	624	
8	shale	632	
2	Lime	634	
3	shale	637	
2	Lime	639	
36	shale	675	red bed - 643'
15	sand	690	
22	sandy shale	712	
33	shale	745	
6	sand	751	odor, little oil
10	sandy shale	761	
22	shale	783	
5	sand	788	no oil
7	sandy shale	795	
26	shale	821	

821

Thickness of Strata	Formation	Total Depth	Remarks
10	Broken sand	831	no oil
34	shale	865	
1	sand + lime	866	odor, 25% oil ok bleeding
2	sand + lime	868	60% - 70% oil good bleeding
3	sand	871	80% - 90% oil
1	sand	872	75% oil
2	Broken sand	874	20% oil
14	sand + shale	888	no oil
40	shale	928	
19	sand	947	no oil
13	shale	960	TD

Disposal Enhanced Recovery:

NWOP

Repressuring
Flood
Tertiary

Date injection started _____
API #15 - 091 - 24245

NWNWNW NW, Sec 27, T 14 S, R 22 @W

5280

Feet from South Section Line

5280

Feet from East Section Line

Lease East Gordon Well # NW
County Johnson

Operator: D+2 Exploration, Inc.
Name & Address 900 N. Elm St.
P.O. Box 159
St. Elmo, IL 62458

Operator License # 34339
Contact Person Jane Belden
Phone 618-829-3274

Max. Auth. Injection Press.	_____ psi;	Max. Inj. Rate	_____ bbl/d;
If Dual Completion - Injection above production		Injection below production	
Conductor	Surface	Production	Liner
Size	<u>7</u>	<u>278</u>	_____
Set at	<u>20</u>	<u>915</u>	_____
Cement Top	<u>0</u>	<u>0</u>	_____
" Bottom	<u>20</u>	<u>915</u>	_____
DV/Perf.	_____	TD (and plug back)	<u>960</u> ft. depth
Packer type	_____	Size	Set at _____
Zone of injection	_____ ft. to ft.	_____	Perf. or open hole _____

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F I E L D D A T A Time: Start 10 Min. 20 Min. 30 Min.

Pressures:	<u>800</u>	<u>800</u>	<u>800</u>	Set up 1	System Pres. during test _____
	_____	_____	_____	Set up 2	Annular Pres. during test _____
	_____	_____	_____	Set up 3	Fluid loss during test _____ bbls.

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Rubber Plug

Test Date 11-21-2013 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 915 feet

was the zone tested [Signature] Signature _____ Title _____

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Tanya Herman Title Perit Witness: Yes _____ Not Not

REMARKS: Well not perforated

Origin. Conservation Div.; KDHE/T; Dist. Office;

Computer Update

KCC Form U-7 6/84

DEC 09 2013