



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1199049
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: _____

1199049

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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REMIT TO
FINV
 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 # 266879

Invoice Date: 03/27/2014 Terms: 0/30/10,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-4
 42765
 NW 27-14-21
 03-21-2014
 KS

Part Number	Description	Qty	Unit Price	Total
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
1124	50/50 POZ CEMENT MIX	131.00	11.5000	1506.50
1118B	PREMIUM GEL / BENTONITE	320.00	.2200	70.40
1111	SODIUM CHLORIDE (GRANULA)	253.00	.3900	98.67
1110A	KOL SEAL (50# BAG)	655.00	.4600	301.30

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-593.06

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1085.00	1085.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
368 CASING FOOTAGE	911.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
558 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 3933.34 if paid after 04/06/2014

Parts:	2006.37	Freight:	.00	Tax:	104.23	AR	3296.54
Labor:	.00	Misc:	.00	Total:	3296.54		
Sublt:	-593.06	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

266819

TICKET NUMBER 42765

LOCATION Ottawa Ks

FOREMAN Jim Green

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
03-21-14	3392	East Gordon # I-4	NW 27	14	21	JO
CUSTOMER		D & Z Exploration				
MAILING ADDRESS		PO BOX 159				
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
ST. ELMO	FL	62458	669	Jim Green		
			368	Art McD		
			558	May Coc		

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>940'</u>	CASING SIZE & WEIGHT <u>2 1/2"</u>
CASING DEPTH <u>911.35'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Held crew meeting, Establish circulation, mix and pump 100' of gel to flush hole. Mix and pump 131sk 50% POZ Mix Cement with 296gal 5% SALT, 5% KS. Circulated cement to surface. Flush pump clear of cement. Pump 2 1/2" rubber plug to total depth of casing. Pressure up to 600' PSE. Held 600' PSE for a 30 min MIT, well held good. Set floor

Jim Green 30 min MIT at 600' PSE

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement pump AMD368		1085.00
5406	30 miles	MILEAGE Pump		126.00
5402	911'	Casing footage		N/C
5407	min	Ton mileage		368.00
5502C	2 HRS	VAC TR		200.00
				1779.00
4402	1	2 1/2" Rubber Plug		29.50
1124	131 SK	50% POZ Mix Cement	1506.80	
1118B	320 #	Premium Gel	7040.00	
1111	253 #	Granulated Salt	9867.00	
1110A	685 #	Kol-Seal	301.30	
		Sub Total	1976.80	
		Material - 30% Less	-593.06	3785.37
		Total	2,375.31	3192.31
		SALES TAX	104.23	
		ESTIMATED TOTAL		3296.54

Ravin 3737

AUTHORIZATION

Dan Beckwith

TITLE

DATE

Completed

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 I-4
Lease Owner: D and Z

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

Commenced Spudding:
03/20/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
5	soil/clay	5
12	sandstone	17
26	shale	43
6	lime	49
5	shale	54
15	lime	69
9	shale	78
8	lime	86
9	sandy shale and sand	95
20	lime	115
15	shale	120
20	lime	150
8	shale	158
56	lime	214
21	shale	235
8	lime	243
21	shale	264
7	lime	271
4	shale	275
9	lime	284
35	shale	319
1	lime	3220
11	shale	331
24	lime	355
7	shale	362
24	lime	386
5	shale	391
4	lime	395
5	shale	400
5	lime	405
5	shale	410
17	sandy shale	427
87	shale	514
7	sand	521
6	sandy shale	527
53	shale	580
4	lime	584
2	shale	586
1	lime	587
10	shale	597

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 $SPM \times d$

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. # 1-4

Farm East Garden

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

Thickness of Strata	Formation	Total Depth	Remarks
5	sol/clay	5	
12	sandstone	17	
36	shale	43	
6	lime	49	
5	shale	54	
15	lime	69	
9	shale	78	
8	lime	86	
9	sandstone	95	
20	lime	115	
15	shale	130	
20	lime	150	
8	shale	158	
56	lime	214	
21	shale	235	
8	lime	243	
21	shale	264	
7	lime	271	
4	shale	275	
9	lime	284	
35	shale	319	
1	lime	320	
11	shale	331	
24	lime	355	
7	shale	362	
24	lime	386	
5	shale	391	

391

Thickness of Strata	Formation	Total Depth	Remarks
4	Lime	395	
5	shale	400	
5	Lime	405	
5	shale	410	
17	sandy shale	427	
87	shale	514	
7	sand	521	gray, no oil
6	sandy shale	527	
53	shale	580	
4	Lime	584	
2	shale	586	
1	Lime	587	
10	shale	597	
6	Lime	603	
19	shale	622	
4	Lime	626	
8	shale	634	
1	Lime	635	
4	shale	639	
3	Lime	642	
34	shale	676	red bed - 647'
15	sand	691	gray, no oil
15	sandy shale	706	
39	shale	745	
6	Broken sand	751	odor, very little show
5	sandy shale	756	
30	shale	786	

