# KANSAS CORPORATION COMMISSION ORIGINAL 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 #	API No. 15
D 8 7 Exploration Inc	
Name: P.O. Box 159	Spot Description:
Address 2: 901 N. Elm St.	2,640 2624 Feet from □ North / ☑ South Line of Section
City: St. Elmo State: IL Zip: 62458 +	3,080 3035 Feet from 🗸 East / 🗌 West Line of Section
Contact Person: Zane Belden	Footages Calculated from Nearest Outside Section Corner:
Phone: ( 618 ) 829-3274	□ne □nw □se □sw
CONTRACTOR: License #_33734	County: Johnson
Name: Hat Drilling	Lease Name: Gardner Holdings Well #: N1
Wellsite Geologist: None	Field Name: Gardner Holdings
Purchaser: Coffeyville Resources	Producing Formation: _Bartlesville
	Elevation: Ground: NA Kelly Bushing: NA
Designate Type of Completion:	Total Depth: 912 Plug Back Total Depth: 908
✓ New Well Re-Entry Workover	
Oil Wsw Swd Slow	7 and and of the obtained controlled and
☐ Gas ☐ D&A ☑ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows: NOV 2 9 2010	
Operator:	Drilling Fluid Management Plan
Well Name: KCC WICHIT	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Dewatering method used:
Conv. to GSW	
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	QuarterSec TwpS. R
☐ ENHR         Permit #:	County: Permit #:
10/11/10 10/11/10 10/13/10	-
Spud Date or Date Reached TD Completion Date or	
Recompletion Date Recompletion Date	
of side two of this form will be held confidential for a period of 12 months if required tiality in excess of 12 months). One copy of all wireline logs and geologist we	onversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information quested in writing and submitted with the form (see rule 82-3-107 for confidence report shall be attached with this form. ALL CEMENTING TICKETS MUST
BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 for	m with all temporarily abandoned wells.
A ### A 1 PF	VCC Office Hee ONLY
AFFIDAVIT  I am the affiant and I hereby certify that all requirements of the statutes, rules and	KCC Office Use ONLY
lations promulgated to regulate the oil and gas industry have been fully complied	i with Letter of Confidentiality Received
and the statements herein are complete and correct to the best of my knowledge	
<i>a - 1 1</i>	I Volitiveringi Kelease Vave.

Date: 11//24/10

Signature:

Title: Authorized Agent

☐ Wireline Log Received

UIC Distribution

☐ Geologist Report Received

ALT | I | III | III Approved by: De

#### Side Two

Operator Name: D &	Z Exploration, In	nc.	Lease N	Name: _	Gardner Hold	ings	_Well #:N1	 	
Sec. 28 Twp. 14	s. r. <u>22</u>	✓ East  ☐ West	County	<u>John</u>	son				
time tool open and clo	sed, flowing and shu is if gas to surface te	nd base of formations p it-in pressures, whethe est, along with final cha well site report.	r shut-in press	sure read	ched static level,	hydrostatic pres	sures, bottom l	hole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional S		☐ Yes ☑ No		La	og Formation	n (Top), Depth ar	nd Datum		Sample
Samples Sent to Geol	ogical Survey	Yes V No		Nam	e		Тор	1	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	•	✓ Yes No ✓ Yes No ✓ Yes ✓ No							
List All E. Logs Run:									
i		CASIN Report all strings s	NG RECORD et-conductor, su	∏ Ne urface, inte		on. etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weig Lbs.	ght	Setting Depth	Type of Cement	# Sacks Used		and Percent additives
Surface	12 1/4"	7"	21		20.0'	Portland	10	Service Co.	
Production	5 5/8"	2 7/8"	6.5		908.0'	50/50 Poz	132	Servic	e Co.
		ADDITION	IAL CEMENTII	NG / SQL	JEEZE RECORD			<u> </u>	
Purpose:  Perforate Protect Casing	Depth Top Bottom	Type of Cement	# Sacks	Used		Type and	Percent Additive	<b>s</b>	
Plug Back TD Plug Off Zone									
Shots Per Foot		ION RECORD - Bridge F Footage of Each Interval				cture, Shot, Cemer mount and Kind of M		rd	Depth
21	852.0'-862.0'				2" DML RTG	3	RECEIVE		852.0'
									862.0'
							NOV 2 9 2	2010	
						K(	C WICH	IITA	
TUBING RECORD:	Size: 2 7/8"	Set At: 908.0'	Packer A No	Nt:	Liner Run:	Yes ✓ N	0		
Date of First, Resumed NA	Production, SWD or El	NHR. Producing !		ng [	Gas Lift (	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf	Wa	ter B NA	bis.	Gas-Oil Ratio		Gravity
DISPOSITI	ON OF GAS:		METHOD OF				PRODUCT	ION INTER	RVAL:
Vented Solo	1 Used on Lease bmit ACO-18.)	Open Hole Other (Specify	Perf.			mmingled mit ACO-4)			

### HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

## Gardner Holdings N-1 API # 15-091-23416-00-00 SPUD DATE 10-11-10

Footage	Formation	Thickness	Set 22' of 7"
2	Topsoil	2	TD 912'
23	clay	21	Ran 907.95' of 2 7/8
39	shale	16	
65	lime	26	
74	shale	9	
83	lime	9	
91	shale	8	
116	lime	25	
128	shale	12	
142	lime	14	
154	shale	12	
214	lime	60	
231	shale	17	
242	shell	16	
258	shale	11	
278	lime	20	
323	shale	45	
402	lime	79	
586	shale	184	
590	lime	4	
609	shale	19	
625	lime	16	
638	shale	13	
646	red bed	8	
678	shale	32	
686	sand	8	
782	shale	96	
784	red bed	2	
812	shale	28	
815	sand	3	
852	shale	37	
862	oil sand	10	looks good, bleeds good
912	shale	50	ca.
			SAN SAN CO

WWW.CONTROLLERS

1:07 1 0 2010

RECEIVED NOV 0 8 2010 KCC WICHITA



#### 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 #

10/14/2010

Terms: 0/30, n/30

Page

D & Z EXPLORATION 901 N. ELM ST. P.O. BOX 159

GARDNER HOLDING N-1 27193

SW 28-14-22 JO ST. ELMO IL 62458 10/13/2010 (618)829-3274 KS 

Part 1110A 1111 1118B 1124 4402	5 F	Description COL SEAL (50# BAG) RANULATED SALT (50 #) REMIUM GEL / BENTONITE 0/50 POZ CEMENT MIX 1/2" RUBBER PLUG	Qty 710.00 284.00 347.00 132.00 1.00	.3300 .2000 9.8400	Total 298.20 93.72 69.40 1298.88 23.00
369 495 495 495 548	Description 80 BBL VACUUM TR CEMENT PUMP EQUIPMENT MILEAG CASING FOOTAGE MIN. BULK DELIVE	E (ONE WAY)	Hours 2.50 1.00 25.00 908.00 1.00	Unit Price 100.00 925.00 3.65 .00 315.00	Total 250.00 925.00 91.25 .00 315.00

Wisher Controlled The

137 1 0 2010

1783.20 Freight: Parts: .00 Tax: 134.18 AR 3498.63 .00 Misc: Labor: .00 Total: 3498.63 Sublt: .00 Supplies: .00 Change: subic:
------RECEIVED

NOV 0 8 2010

Signed

Date

KCC WICHITA



TICKET NUM	<sub>MBER</sub> 2	<i>/</i> 193
LOCATION_	Oftar	100
FOREMAN	Alan	Mader

	FIELD	TICE
PO Box 884, Chanute, KS 66720		••••
000 404 0040 AT 000 467 0676		

FIELD TICKET & TREATMENT REPORT

20-431-9210	or 800-467-8676			CEMEN			5.00	COLINITY
DATE	CUSTOMER#		NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY
10.13.10	33 92	Gardner	Holding	$\mathcal{N}_{-1}$	SW 28	1 14	22	50
CUSTOMER	Fyslm	vation	$\sim$		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE		14100			516	Alan M	Safety	Meerin
P.O. Bos					493	( 050 x 14	CC	
CITY	e 134	STATE	ZIP CODE	1	369	Alenn	ARM	
St Ela	40	IL	62458		348	Tim W		
	ng string	HOLE SIZE 5	3/8	_ HOLE DEPTI	H 912	CASING SIZE & V	VEIGHT	18
CASING DEPTH	U = U	DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH	•	SLURRY VOL		WATER gal/s	sk	CEMENT LEFT in	CASING 1/1	5
DISPLACEMEN'	* 1/2.	DISPLACEMENT	PSI_800	MIX PSI	300	RATE 5 90	m H	
REMARKS:	teld en	rew M	eeting	. Mi	xed + x	oun/ed	100 4	sel H
to fle	ish holy	e toll	ow ed	2 3 y	<u>142, (</u>	<u> </u>	U poz	3
1401-50	al, 5%	Salt, A	20 ge	) C;	reulate		nent.	
Flug	hed pu	mg. P.	1 m Dea	1 Plu	25 TO	CUSIN		
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ACCOUNT	CHANIT	or UNITS	ח	ESCRIPTION 6	of SERVICES or P	RODUCT	UNIT PRICE	TOTAL
CODE	QUANITY	OFUNITS						925,00
5401	ļ		PUMP CHAR	GE				91,25
5406		<del>23</del>	MILEAGE	·	2 7			
3407	41	<u> </u>	casi	<del>)</del>	potuse	<u> </u>	<u> </u>	315.00
5401	M.v	1	FON		rease_			250.00
3302C	7	d /d	80	Nal				
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							AKCC MIC	HIJA. 10
						1.025	SALES TAX	1.57.10
Ravin 3737		A /1					ESTIMATED TOTAL	3498.63
	Dele	Bellan		TITLE_			DATE	
AUTHORIZTIC	JN ~						<del></del>	

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.

Name	DEANING GOTTISON	
	10121121	_

Date	Time	Duration	Message	A004250	TopekaLSOB
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