

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 34339
Name: D & Z Exploration, Inc.
Address 1: P.O. Box 159
Address 2: 901 N. Elm St.
City: St. Elmo State: IL Zip: 62458 + _____
Contact Person: Zane Belden
Phone: (618) 829-3274
CONTRACTOR: License # 8509
Name: Evans Energy Development, Inc.
Wellsite Geologist: None
Purchaser: Coffeyville Resources

API No. 15 - 15-091-23433-00-00

Spot Description:
S2 N2 E37
SE NE NE SW Sec. 28 Twp. 14 S. R. 22 East West
2,206 Feet from North / South Line of Section
2,640 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Johnson

Lease Name: Gardner Holdings Well #: E1

Field Name: Gardner Holdings

Producing Formation: Bartlesville

Elevation: Ground: NA Kelly Bushing: NA

Total Depth: 940 Plug Back Total Depth: 928.5

Amount of Surface Pipe Set and Cemented at: 20.0' 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.

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.): _____

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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 #: _____

10/18/10	10/19/10	10/19/10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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 #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Zane Belden

Title: Authorized Agent Date: 11/24/10

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: Dlg Date: 12/1/10

Operator Name: D & Z Exploration, Inc. Lease Name: Gardner Holdings Well #: E1
 Sec. 28 Twp. 14 S. R. 22 East West County: Johnson

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" 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
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CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface	12 1/4"	7"	21	20.0'	Portland	10	Service Co.
Production	5 5/8"	2 7/8"	6.5	928.5'	50/50 Poz	122	Service Co.

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
21	849.0'-859.0'	2" DML RTG	849.0'
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TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>928.5'</u> Packer At: <u>No</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>NA</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity
			<u>NA</u>

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	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 # 237471

Invoice Date: 10/21/2010 Terms: 0/30,n/30

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D & Z EXPLORATION
901 N. ELM ST.
P.O. BOX 159
ST. ELMO IL 62458
(618)829-3274

GARDNER HOLDING E-1
22645
SW 28-14-22 JO
10/19/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	122.00	9.8400	1200.48
1118B	PREMIUM GEL / BENTONITE	319.00	.2000	63.80
1111	GRANULATED SALT (50 #)	273.00	.3300	90.09
1110A	KOL SEAL (50# BAG)	650.00	.4200	273.00
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	925.00	925.00
368 EQUIPMENT MILEAGE (ONE WAY)	25.00	3.65	91.25
368 CASING FOOTAGE	928.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
510 MIN. BULK DELIVERY	1.00	315.00	315.00

Parts: 1650.37 Freight: .00 Tax: 124.19 AR 3305.81
 Labor: .00 Misc: .00 Total: 3305.81
 Sublt: .00 Supplies: .00 Change: .00

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Signed _____

Date KCC WICHITA

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 22645

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/19/10	3392	Gardner Holding # E-1	Sw 28	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			506	Fred	Safety Mtg	
CITY			368	Ken	K110	
STATE			370	Arler	APM	
ZIP CODE			510	Derek	DM	
Box 159						
St Elmo						
IL						
62458						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 940' CASING SIZE & WEIGHT 2 1/8"
 CASING DEPTH 925' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.438 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel
 Flush. Circulate from pit to condition hole. Mix +
 pump 130 sks 50/50 Por Mix Cement 2% Gel 5% Salt
 5# Kal Seal per sack. Cement to surface. Flush pump + lines
 clean. Displace 2 1/2" Rubber plug to casing TO w/ 5.438
 fresh water. Pressure to 800# PSI. Hold pressure for
 30 min MIT. Shut in casing

Evans Energy Dev. Inc.

Fred Maden

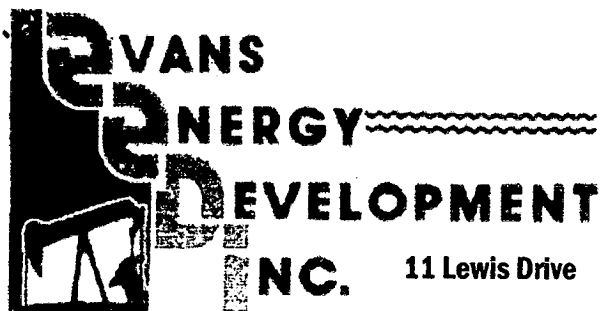
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		925 ⁰⁰
5406	25mi	MILEAGE		9125
5402	925'	Casing Footage		N/C
5407	Minimum	Ten Miles		315 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		200 ⁰⁰
1124	122 SKS	50/50 Por Mix Cement		1200 ⁴⁸
1118B	319#	Premium Gel		63 ⁸⁰
111	273#	Granulated Salt		90 ⁰⁰
140 A	650#	Kal Seal		273 ⁰⁰
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
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				WOT# 237471
				7.525%
				SALES TAX 124 ¹⁹
				ESTIMATED TOTAL 3305 ⁸¹

Ravin 3737

AUTHORIZATIONS Deke Belden

TITLE _____

DATE _____



Oil & Gas Well Drilling
 Water Wells
 Geo-Loop Installation

Phone: 913-557-9083
 Fax: 913-557-9084

11 Lewis Drive Paola, KS 66071

WELL LOG

D & Z Exploration, Inc.
 Gardner Holdings #E1
 API # 15-091-23433

October 18 - October 19, 2010

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
10	soil & clay	10
21	shale	31
6	lime	37
4	shale	41
16	lime	57
8	shale	65
10	lime	75
8	shale	83
17	lime	100
3	shale	103
5	lime	108
15	shale	123
13	lime	136
2	sandstone	138 grey
9	shale	147
56	lime	203
20	shale	223
7	lime	230
21	shale	251
7	lime	258
59	shale	317
31	lime	348
6	shale	354
20	lime	374
4	shale	378
3	lime	381
5	shale	386
8	lime	394 base of the Kansas City
171	shale	565
19	lime	584
21	shale	605
27	lime	632
21	shale	653
15	lime	668
70	shale	738
7	sandstone	745
3	shale	748

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23	lime	771
3	shale	774
2	lime	776
44	shale	820
11	lime	831
5	shale	836
1	lime & shells	837
10	shale	847
1	lime & shells	848
1	shale	849
5	lime & sand	854
1	broken sand	855 good bleeding, 80% bleeding sand. 20% silty shale
6	oil sand	861
2	broken sand	863 70% bleeding sand, 30% silty shale
7	silty shale	870
70	shale	940 TD

Drilled a 9 7/8" hole to 22.5'.

Drilled a 5 5/8" hole to 940'.

Set 22.5' of 7" surface casing with 6 sacks of cement

Set 928.5' of 2 7/8" 8 round upset tubing threaded and coupled with 3 centralizers, 1 float shoe and 1 clamp.

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CASING MECHANICAL INTEGRITY TEST

DOCKET # E-28683

Disposal Enhanced Recovery:

N2 N2 S2, Sec 28, T 14 S, R 22 ^{EW}

NW of

Repressuring
Flood
Tertiary

2206 Feet from South Section Line
2640 Feet from East Section Line

Date injection started _____
API #15 - 091 - 23433

Lease Gardner Holdings Well # E1
County Johnson

Operator: D+Z Exploration, Inc.
Name & Address 901 N. Elm St. P.O. Box 159
St. Elmo, IL 62458

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

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

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at _____	_____	<u>7"</u>	<u>2 7/8"</u>	_____	Set at _____	_____
Cement Top _____	_____	<u>20'</u>	<u>928.5</u>	_____	Type _____	_____
" Bottom _____	_____	<u>0</u>	<u>0</u>	_____	_____	_____
DV/Perf. _____	_____	<u>20'</u>	<u>928.5</u>	_____	_____	_____

TD (and plug back) _____ Size _____ Set at _____
Zone of injection _____ ft. to ft. _____ Perf. or open hole 940 ft. depth

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.
I
E Pressures: 800 800 800 Set up 1 | System Pres. during test _____
L Set up 2 | Annular Pres. during test _____
D Set up 3 | Fluid loss during test _____ bbls.
D
A
T Tested: Casing or Casing - Tubing Annulus
A

The bottom of the tested zone is shut in with Rubber Plug
Test Date 10-19-10 Using Consolidated Company's Equipment
The operator hereby certifies that the zone between 0 feet and 928.5 feet
was the zone tested Deke Belden
Signature Title

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

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