

ORIGINAL

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

API No. 15 - 15-091-23462-00-00

Spot Description: _____
SW NE SE SE SE Sec. 29 Twp. 14 S. R. 22 East West
440 0 Feet from North / South Line of Section
0 440 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Johnson
Lease Name: Sugar Ridge Farms Well #: GH1

Field Name: Gardner South

Producing Formation: Bartlesville

Elevation: Ground: 998.67 Kelly Bushing: N/A

Total Depth: 890 Plug Back Total Depth: 880.4

Amount of Surface Pipe Set and Cemented at: 30' 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 SLOW
- 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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>6/29/11</u>	<u>7/1/11</u>	<u>7/1/11</u>
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: 8/11/11

KCC Office Use ONLY

- Letter of Confidentiality Received **RECEIVED**
- Date: _____
- Confidential Release Date: AUG 15 2011
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Dlg Date: 8/23/11

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: GH1
 Sec. 29 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 type="checkbox"/> Yes <input checked="" 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: Gamma Ray/Neutron/CCL	<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
Surface	9 7/8	7"	N/A	30'	Portland	10	Consolidated
Production	5 5/8	2 7/8"	6.5	880.4	50/50 Poz	124	Consolidated

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
2	21 shots from 842.0-852.0	2" DML RTG	842.0
			852.0

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>880.4</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: ENHR	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. <u> </u> Gas Mcf <u> </u> Water Bbls. <u>NA</u> Gas-Oil Ratio <u> </u> Gravity <u> </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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: RECEIVED AUG 15 2011 KCC WICHITA
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32643

LOCATION Ottawa 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
7/1/11	3392	Sugar Ridge Farms # GH-1	SE 29	14	22	JO
CUSTOMER			TRUCK #			
D & Z Exploration			506	Fred	Safety	Wtz
MAILING ADDRESS			495	Harold	NJB	
901 N Elm St			370	Arlen	AMM	
CITY	STATE	ZIP CODE	558	Gary	GM	
St Elmo	IL	62458				

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 880' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 880' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix + Pump 100 # Gel Flush. Mix Pump 124 SKs 50/50 Poz 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 w/ 5.1 BBL Fresh water. Pressure to 800 # PSI. Hold pressure for 30 min MIT Release pressure to set Float Valve

Evans Energy Dev (Travis)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	30	MILEAGE		120 ⁰⁰
5402	880	Casing footage		NK
5407	Minimum			330 ⁰⁰
5502L	2 Hrs 1	50 BBL Vac Truck		180 ⁰⁰
1124	124	50/50 Poz Mix Cement		1295 ⁵⁰
115B	309 ⁰⁰	Premium Gel		61 ⁵⁰
111	240 ⁰⁰	Granulated Salt		84 ⁰⁰
1110A	620 ⁰⁰	Kol Seal		272 ⁵⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			RECEIVED	
		WZ# 242486	AUG 15 2011	
			KCC WICHITA	
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				131 ¹²
				3478 ⁵²

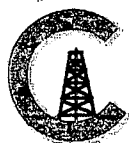
Ravin 3737

AUTHORIZATION Deke Bellin

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.



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 # 242486

=====
Invoice Date: 07/13/2011 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

SUGAR RIDGE FARMS GH-1
32643
SE 29-14-22 JO
07/01/2011
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	124.00	10.4500	1295.80
1118B	PREMIUM GEL / BENTONITE	309.00	.2000	61.80
1111	GRANULATED SALT (50 #)	240.00	.3500	84.00
1110A	KOL SEAL (50# BAG)	620.00	.4400	272.80
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
	Description	Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495	CEMENT PUMP	1.00	975.00	975.00
495	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495	CASING FOOTAGE	880.00	.00	.00
558	MIN. BULK DELIVERY	1.00	330.00	330.00

=====
Parts: 1742.40 Freight: .00 Tax: 131.12 AR 3478.52
Labor: .00 Misc: .00 Total: 3478.52
Sublt: .00 Supplies: .00 Change: .00
=====

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AUG 15 2011

Signed _____

Date **RCC WICHITA**

BARTLESVILLE, Ok
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

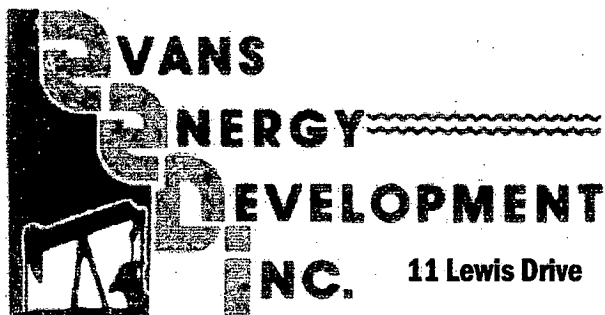
GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



**EVANS
ENERGY
DEVELOPMENT
INC.**

11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

D & Z Exploration, Inc.
Sugar Ridge Farms #GH1
API # 15-091-23,462
June 29 - July 1, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
2	shale	16
6	lime	22
4	shale	26
19	lime	45
6	shale	51
8	lime	59
8	shale	67
23	lime	90
19	shale	109
20	lime	129
11	shale	140
11	lime	151
10	shale	161
35	lime	196
16	shale	212
8	lime	220
23	shale	243
6	lime	249
2	shale	251
10	lime	261
45	shale	306
5	lime	311
6	shale	317
14	lime	331
7	shale	338
25	lime	363
2	shale	365
16	lime	381 base of the Kansas City
176	shale	557
4	lime	561
54	shale	615
2	lime	617
27	shale	644
4	lime	648
72	shale	720

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7	oil sand	727 brown, lite bleeding
19	shale	746
1	coal	747
28	shale	775
1	coal	776
15	shale	791
2	coal	793
48.2	shale	841.2
9	oil sand	850.2
1.8	broken sand	852 black & white sand, 10% bleeding
38	shale	890 TD

Drilled a 9 7/8" hole to 28.6'

Drilled a 5 5/8" hole to 890'

Set 28.6' of 7" surface casing cemented with 6 sacks of cement.

Set 880' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.

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CASING MECHANICAL INTEGRITY TEST

DOCKET # _____

Disposal Enhanced Recovery:

SW SW SW, Sec 28, T 14 S, R 22 ^{CPW}

NW Repressuring
 Flood
 Tertiary

GPS 452 Feet from South Section Line
5285 Feet from East Section Line

Date injection started _____
 API #15 - 091 - 23462

Lease Sugar Ridge Farms Well # 6H1
 County Johnson

Operator: D+Z Exploration, Inc.

Operator License # 34339

Name & Address 901 N. Elm St. P.O. Box 159

Contact Person David Belden

St. Elmo, IL 62458

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	Tubing
Size _____	<u>7"</u>	<u>2 7/8"</u>	_____	_____	_____
Set at _____	<u>30'</u>	<u>880.4'</u>	_____	Set at _____	_____
Cement Top _____	<u>0</u>	<u>0</u>	_____	Type _____	_____
" Bottom _____	<u>30'</u>	<u>880.4'</u>	_____	_____	_____
DV/Perf. _____	TD (and plug back) _____		_____	<u>890</u>	ft. depth
Packer type _____	Size _____	Set at _____	Perf. or open hole _____		
Zone of injection _____	ft. to ft. _____	_____	_____		

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 _____
 L Set up 2 | Annular Pres. during test _____
 D Set up 3 | Fluid loss during test _____ bbls.
 D
 A
 T
 A

Tested: Casing or Casing - Tubing Annulus

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

Test Date 7-1-11 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 880.4' feet

was the zone tested Deke Belden Signature Title

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

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

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