

**KANSAS CORPORATION COMMISSION,
OIL & GAS CONSERVATION DIVISION**

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: Evans Energy Development
Wellsite Geologist: None
Purchaser: Coffeyville Resources

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
 Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>7/14/11</u>	<u>7/20/11</u>	<u>7/20/11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23483-00-00

Spot Description: _____
N2_N2_SE_SE Sec. 29 Twp. 14 S. R. 22 East West
1,100 Feet from North / South Line of Section
660 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 #: 9

Field Name: Gardner South

Producing Formation: Bartlesville

Elevation: Ground: 997.75 Kelly Bushing: NA

Total Depth: 920 Plug Back Total Depth: 910.34

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: 910
feet depth to: 8 w/ 124 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____ **RECEIVED**

Location of fluid disposal if hauled offsite: **AUG 24 2011**

Operator Name: _____

Lease Name: _____ License #: **KCC WICHITA**

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: [Signature]

Title: Authorized Agent Date: 8/10/11

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: 8/29/11

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: 9
 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 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 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"	NA	30	Portland	10	Consolidated
Production	5 5/8	2 7/8"	NA	910.34	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	841.0-851.0	2" DML RTG	841.0
			851.0

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TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>910.34</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>August 10, 2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>1</u>	Gas Mcf	Water Bbls. <u>NA</u> 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 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: _____ _____
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Well Form View Well History New Well New Docket Existing Docket Well Reempl.

Search I-1s / Letters Search Well Inventory

Docket No/Ext: D28269.0 API Well #: 15-095-21855-00-00 Status: AI Dist 02 Hender Detail
 Oper/Status: (3372) Dixon Energy, Inc. A Well Nm: ROLFELAND 1 Well Details
 Work Oper: County: RINGMAN Loc. S,I,R,Spot: 18, 30 S, 10 W, NWNESW FIG: 2240 FSL 3952 FEL
 Docket & Extension: D28269.0 UIC Dkt Loc.: 18, 30 S, 10 W, NWNESW FIG: 2240 FSL 3875 FEL
 GPS Lat: 37.433690 Long: 98.459640 Datum Ref: NAD27 Dt: 01/07/2004 By: Steve VanGlorer

UIC Well Stat/Type:
 AC
 SWD

Current Action Code: Approved, 0
 Not Apprvd, 0
 Denial, 3
 Withdrawn, 4
 Revocation, 5
 App. Valid, 6
 Cancelled, 7
 Denial, in Use, 8
 Pond Cls, 9

Additional Location Desc.

Rpt. Yr	Dt Rpt Rec	Oper No	Bg In Dt	End In Dt	Vol In	Max Tbg Pr
2006	09/13/2007	3372	01/01/2006	12/31/2006	0	0
*	2010		01/01/2010	12/31/2010		

Data Sheet Well Search

Select by:
 SGWA
 Irregular Section

Test Dt-Tm	Dt Rpt Rec	Witnessed	Typ TB	Tst Rslt
01/07/2004 0:00	01/26/2004	Yes	SAPT	Acceptable
*			NAPT	

MIT Detail
 Edit Dkt Max PSL/Rate

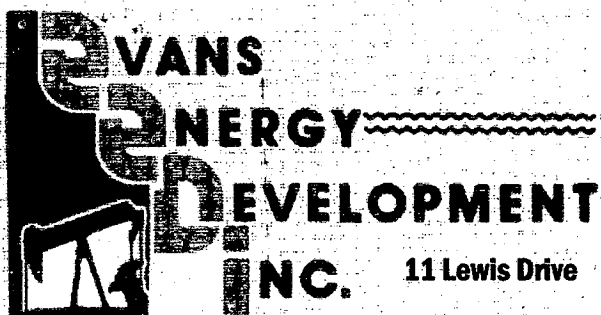
Company
 API No.
 Date ACO-1 Received
 01/27/2006

Next MIT Due Date for Well: 01/05/2009 Exceedance Report

Well Comments:

Date/By	Well Comment
05/17/2006 emelcaif	SWD Permit D-28,269 approved date is 1/24/04, issued on 5/17/06. (Footages on Permit are 2240FSL & 3875FEL)
03/20/2006 mdarling	Footages edited per GPS. D-28,269 Dual completion.

Record: 14 1 of 2



**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 #9

API # 15-091-23,483

July 16 - July 20, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
10	shale	24
21	lime	45
8	shale	53
7	lime	60
4	shale	64
25	lime	89
14	shale	103
25	lime	128 making water
9	shale	137
8	lime	145
40	shale	185
6	lime	191
18	shale	209
5	lime	214
22	shale	236
9	lime	245
4	shale	249
8	lime	257
31	shale	288
4	lime	292
10	shale	302
25	lime	327
8	shale	335
22	lime	357
5	shale	362
8	lime	370
3	shale	373
6	lime	379
173	shale	552
12	lime	564
28	shale	592
4	lime	596
14	shale	610

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2	lime	612
58	shale	670
4	lime	674
45	shale	719
7	oil sand	726 brown, good sand, ok bleeding
22	shale	748
3	lime	751
91	shale	842
7	oil sand	849 brown, good bleeding, good sand
71	shale	920 TD

Drilled a 9 7/8" hole to 30.9'

Drilled a 5 5/8" hole to 920'

Set 30.9' of 7" surface casing cemented with 6 sacks of cement.

Set 910.4' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 seating nipple, 1 clamp.

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 KCC WICHITA



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 # 242784

Invoice Date: 07/21/2011 Terms: 0/0/30,n/30

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

SUGAR RIDGE FARMS 9
32677
SE 29-14-22 JO
07/20/2011
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)	2.50	90.00	225.00
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	905.00	.00	.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

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Parts:	1742.40	Freight:	.00	Tax:	131.12 AR	3523.52
Labor:	.00	Misc:	.00	Total:	3523.52	
Sublt:	.00	Supplies:	.00	Change:	.00	

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32677
LOCATION Ottawa KS
FOREMAN Fred Maden

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
7/20/11	3392	Sugar Ridge Farms # 9	SE 29	14	22	Jo
CUSTOMER D&Z Exploration			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 901 N. Elm St			506	Fred	Safety Mkt	
CITY St. Elmo			495	Casey	CK	
STATE IL			380	Art Baker		
ZIP CODE 62458			506 518	T. [unclear]	CK TL	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 900 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 5.26 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Check casing depth w/ wireline. Mix + Pump 100* Premium Gel
Flush Mix + Pump 124 sks 50/50 Poz Mix Cement 2 7/8 Gel 5%
Salt 5" Nol Seal/sk. Cement to surface. Flush pump +
lines clean. Displace 2 1/2" Rubber plug to casing TD
w/ 5.26 BBL Fresh water. Pressure to 800* PSI.
Release pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc. (Kraus)

Fred Maden

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	905	Casing footage		N/C
5407	Minimum	Ton Miles		330 ⁰⁹
5502C	2 1/2 hrs	80 BBL Vae Truck		225 ⁰⁹
1124	124 SKS	50/50 Poz Mix Cement		1295 ⁰⁰
1118B	309#	Premium Gel	RECEIVED	61 ⁰⁰
1111	240#	Granulated Salt	AUG 24 2011	84 ⁰⁹
1110A	1620#	Nol Seal		272 ⁸⁰
4402	1	2 1/2" Rubber Plug	KCC WICHITA	28 ⁰⁹
		WO # 242784		
			7.525%	SALES TAX ESTIMATED TOTAL
				131 ¹²
				3523 ⁵²

Ravin 3737

AUTHORIZATION Depe Belden

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.