



KANSAS CORPORATION COMMISSION 1069681
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: 901 N Elm St.
Address 2: PO BOX 159
City: ST ELMO State: IL Zip: 62458 +
Contact Person: Zane Belden
Phone: (618) 829-3274
CONTRACTOR: License # 33734
Name: Hat Drilling LLC
Wellsite Geologist: none
Purchaser: Coffeyville Crude

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 (Corr., 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>10/13/2011</u>	<u>10/13/2011</u>	<u>10/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23474-00-00

Spot Description: _____
_____ Sec. 28 Twp. 14 S. R. 22 East West
2640 Feet from North / South Line of Section
2640 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 #: #NE

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1022 Kelly Bushing: 0

Total Depth: 915 Plug Back Total Depth: 905

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: 30

feet depth to: 0 w/ 10 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

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

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gantzer Date: 12/08/2011



1069681

Operator Name: D & Z Exploration, Inc. Lease Name: Gardner Holdings Well #: #NE
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Bartlesville
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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	9.825	7	20	30	Portland	10	none
Production	5.625	2.825	6.5	905	50/50 poz	132	none

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
— Perforate				
— Protect Casing	-			
— Plug Back TD				
— 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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 (Explain) _____	
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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CASING MECHANICAL INTEGRITY TEST

DOCKET # E-28683

Disposal Enhanced Recovery:

SESE SE NW, Sec 28, T 14 S, R 22 E

W/O

Repressuring
Flood
Tertiary

695 2636 Feet from South Section Line
2669 Feet from East Section Line

Date injection started _____
API #15 - 091 - 23474

Lease Gardner Holdings Well # NE
County Johnson

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

Operator License # 34339
Contact Person David Belden
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	7"	2 7/8"	Size
Set at	30	904.95	Set at
Cement Top	0	0	Type
" Bottom	30	904.95	
DV/Perf.		TD (and plug back)	915 ft. depth
Packer type		Size	Set at
Zone of injection	ft. to ft.		Perf. or open hole

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.

I	E	L	D	D	A	A
Pressures:	800	800	800	Set up 1	System Pres. during test	
				Set up 2	Annular Pres. during test	
				Set up 3	Fluid loss during test	bbls.

Tested: Casing or Casing - Tubing Annulus

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

Test Date 10-14-11 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 904.95 feet

was the zone tested Joakim Ruy Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Taylor C Heruman Title PEAT Witness: Yes _____ No

REMARKS: Well not perforated

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

Computer Update

38.803953 - 94.973852

KCC Form U-7 6/84

NAD83



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 # 245186

Invoice Date: 10/25/2011 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

GARDNER HOLDING NE
32954
SW 28 14 22 JO
10/14/11
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	132.00	10.4500	1379.40
1118B	PREMIUM GEL / BENTONITE	322.00	.2000	64.40
1111	GRANULATED SALT (50 #)	255.00	.3500	89.25
1110A	KOL SEAL (50# BAG)	660.00	.4400	290.40
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
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
503 MIN. BULK DELIVERY	1.00	330.00	330.00
505 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

Parts: 1851.45 Freight: .00 Tax: 139.33 AR 3639.78
Labor: .00 Misc: .00 Total: 3639.78
Subt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7684

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER **32954**
LOCATION **Ottawa KS**
FOREMAN **Fred Madar**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/14/11	3392	Gardner Holding # NE	SW 28	14	22	JO
CUSTOMER			TRUCK #			
D & Z Exploration			DRIVER			
MAILING ADDRESS			TRUCK #			
901 N Elm St			DRIVER			
CITY			TRUCK #			
St Elmo			DRIVER			
STATE			TRUCK #			
IL			DRIVER			
ZIP CODE			TRUCK #			
62459			DRIVER			

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
Long string	5 7/8"	915	2 1/2" EUE
CASING DEPTH	DRILL PIPE	TUBING	OTHER
9050			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING
			2 1/2" Plug
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
5.26			5 BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush.
 Mix + Pump 132 SKS 50/50 Per Mix Cement w/ 2% Gel 5% Salt 5#
 Hal 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 600# PSI. Hold pressure for 30 min
 M.I.T. Release pressure to set float valve. Shut in
 casing

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975.00
5406	30 mi	MILEAGE	495	120.00
5402	905	Casing footage		N/C
5407	Minimum	Ten Miles		330.00
5501C	2 hrs	Transport		224.98
1124	132 SKS	50/50 Per Mix Cement		1379.40
1118B	322#	Premium Gel		64.40
1111	255#	Granulated Salt		89.25
1110A	660#	Hal Seal		270.90
4402	1	2 1/2" Rubber Plug		28.00
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				3609.88

2457810

Rev 4/11/07

AUTHORIZATION Deke Beldon

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.

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

Gardner Holdings NE
 API # 15-091-23474-00-00
 SPUD DATE 10-13-11

Footage	Formation	Thickness	Set 30' of 7" surface TD 915' Ran 904' of 2 7/8
2	Topsoil	2	
23	clay	21	
34	shale	11	
63	lime	29	
70	shale	7	
83	lime	13	
87	shale	4	
102	lime	15	
105	shale	3	
110	lime	5	
125	shale	15	
142	lime	17	
151	shale	9	
206	lime	55	
226	shale	20	
236	lime	10	
242	shale	6	
257	sand	15	
276	lime	19	
326	shale	50	
348	lime	22	
356	shale	8	
378	lime	22	
382	shale	4	
398	lime	16	
566	shale	168	
569	lime	3	
586	shale	17	
590	lime	4	
608	shale	18	
612	lime	4	
630	shale	18	
635	red bed	5	
730	shale	95	
734	sand	4	
852	shale	118	
859	sand	7	good odor, good bleed
915	shale	56	