



KANSAS CORPORATION COMMISSION 1071852
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: _____

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 #: _____
11/15/2011 11/16/2011 11/16/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23706-00-00
Spot Description: _____
SE NW SE SE Sec. 29 Twp. 14 S. R. 22 East West
880 Feet from North / South Line of Section
880 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 #: # 1-7
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 990 Kelly Bushing: 0
Total Depth: 906 Plug Back Total Depth: 896
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: 896
feet depth to: 0 w/ 125 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 Garris Date: 01/18/2012



1071852

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: # 1-7
 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 type="checkbox"/> Yes <input checked="" 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 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	896	50/50 poz	125	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 <i>(Amount and Kind of Material Used)</i>	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. <u>12/16/2011</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.	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)</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 # 245960

Invoice Date: 11/22/2011 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 I-7
32626
SE 29 14 22 JO
11/16/11
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	125.00	10.4500	1306.25
1118B	PREMIUM GEL / BENTONITE	310.00	.2000	62.00
1111	GRANULATED SALT (50 #)	263.00	.3500	92.05
1110A	KOL SEAL (50# BAG)	625.00	.4400	275.00
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	896.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	1.50	112.00	168.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1763.30 Freight: .00 Tax: 132.70 AR 3489.00
 Labor: .00 Misc: .00 Total: 3489.00
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK 818/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 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

TICKET NUMBER 32626
LOCATION Ottawa, KS
FOREMAN Cosey Kennedy

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
10/16/11	3392	Sugar Ridge Farms I-7	SE 29	14	22	JO
CUSTOMER D + Z Exploration						
MAILING ADDRESS 901 N Elm St P.O. Box 159						
CITY St Elmo	STATE IL	ZIP CODE 62458				
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		481	Gas Ken	CK		
		495	Har Bec	HB		
		548	Gar Moo	GM		
		505-T106	Cec Par	CHP		

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 906' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 896' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 5.21 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls freshwater, mixed + pumped 125 sks 50/50 Pozmix cement w/ 2% Gel, 5% Salt, + 5# Kal Seal per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to casing TD w/ 5.21 bbls fresh water, pressured to 800 PSI, released pressure to set float valve, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump	495	975.00
5406	30	MILEAGE pump truck	495	120.00
5402	896'	casing footage		
5407	minimum	ton mileage	548	330.00
5501c	1.5 hrs	water transport	505-T106	168.00
1124	125 sks	50/50 Pozmix cement		1306.25
1118B	310 #	Premium Gel		62.00
1111	263 #	Salt		92.05
1110A	625 #	Kal Seal		275.00
4402	1	2 1/2" rubber plug		28.00
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				3489.00

Handwritten number: 245960

Ravin 3737

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

Sugar Ridge Farms #1-7
 API # 15-091-23705-00-00
 SPUD DATE 11-15-11

Footage	Formation	Thickness	Set 30' of 7"
2	Topsoil	2	TD 906'
11	clay	9	Ran 896' of 2 7/8
19	lime	8	
21	shale	2	
35	lime	14	
45	shale	10	
55	lime	10	
59	shale	4	
60	lime	1	
64	shale	4	
86	lime	22	
104	shale	18	
112	lime	8	
117	shale	5	
124	lime	7	
136	shale	12	
145	lime	9	
152	shale	7	
197	lime	45	
207	shale	10	
215	lime	8	
236	shale	21	
244	lime	8	
247	shale	3	
255	lime	8	
300	shale	45	
328	lime	28	
330	shale	2	
366	lime	36	
370	shale	4	
376	lime	6	
558	shale	182	
576	lime	18	
615	shale	39	
625	red bed	10	
836	shale	211	
843	sand	7	good odor
906	shale	63	