



KANSAS CORPORATION COMMISSION 1071848
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 #: _____
11/08/2011 11/15/2011 11/15/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23705-00-00
Spot Description: _____
NE SW SE SE Sec. 29 Twp. 14 S. R. 22 East West
440 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 #: # 1-6
Field Name: Gardner South
Producing Formation: Bartlesville
Elevation: Ground: 996 Kelly Bushing: 0
Total Depth: 914 Plug Back Total Depth: 904
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: 904
feet depth to: 0 w/ 120 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 Garrison Date: 01/18/2012



1071848

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: # 1-6
 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 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Bartlesville</td> <td></td> <td></td> </tr> </table>	Name	Top	Datum	Bartlesville		
Name	Top	Datum					
Bartlesville							

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	904	50/50 poz	120	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 # 245946

Invoice Date: 11/22/2011 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 I-6
33100
SE 29 14 22 JO
11/15/11
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	120.00	10.4500	1254.00
1118B	PREMIUM GEL / BENTONITE	302.00	.2000	60.40
1111	GRANULATED SALT (50 #)	232.00	.3500	81.20
1110A	KOL SEAL (50# BAG)	600.00	.4400	264.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	904.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
548 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts:	1687.60	Freight:	.00	Tax:	127.00	AR	3374.60
Labor:	.00	Misc:	.00	Total:	3374.60		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

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 33100

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	
11/15/11	3392	Sugar Ridge Farm # I-6	SE 29	14	22	JO	
CUSTOMER DEZ Exploration				TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 901 Elm St. Box 159				506	FREMAD	Safety	Wkg
CITY ST Elmo		STATE IL	ZIP CODE 62458	368	ARMCD	ARM	
				370	GARMOO	Gm	
				518	KEIDET	KO	

JOB TYPE Logstring HOLE SIZE 5 7/8 HOLE DEPTH 915 CASING SIZE & WEIGHT 2 3/8" EUE
CASING DEPTH 904 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2' Plug
DISPLACEMENT 5.25 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix Pump 100# Gal Flush. Mix & Pump 120 sks 50/50 Poz mix Cement 2% Gal 5% Salt 5# Kal Seal/sk. Cement to surface Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD w/ 5.25 BBLs Fresh water. Pressure to 800# PSI. Reduce pressure to set float valve. Shut in Casing.

Hat Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	925.00
5406	30 mi	MILEAGE	368	120.00
5402	904	Casing footage.		NK
5407	Minimum	Ten Miles.		330.00
5502	1 1/2 hrs	80 BBL Vac Truck	370	135.00
1124	120 sks	50/50 Poz Mix Cement		1254.00
1116B	302#	Premium Cal		684.00
1111	232#	Granulated Salt		812.00
1110A	600#	Kal Seal		264.00
4402	1	2 1/2" Rubber Plug.		25.00
			7.525%	SALES TAX
				ESTIMATED TOTAL

245 946

Revin 3737

AUTHORIZATION Deke Bolden 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 #1-6
API # 15-091-23705-00-00
SPUD DATE 11-13-11

Footage	Formation	Thickness	Set 20' of 7"
2	Topsoil	2	TD 915'
11	clay	9	Ran 904' of 2 7/8
18	shale	7	
23	lime	5	
27	shale	4	
42	lime	15	
53	shale	11	
61	lime	8	
67	shale	6	
91	lime	24	
97	sand	6	
100	lime	3	
110	shale	10	
132	lime	22	
141	shale	9	
154	lime	13	
164	shale	10	
200	lime	36	
213	shale	13	
228	lime	15	
242	shale	14	
246	lime	4	
252	shale	6	
256	lime	4	
315	shale	59	
360	lime	45	
365	shale	5	
367	lime	2	
375	shale	8	
381	lime	6	
554	shale	173	
560	lime	6	
565	shale	5	
580	lime	15	
595	shale	15	
599	lime	4	
620	shale	21	
628	red bed	8	
842	shale	214	
844	sand	2	
845	lime	1	
850	sand	5	
852	blk sand	2	
915	shale	63	