



KANSAS CORPORATION COMMISSION 1071860
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 #: _____
11/01/2011 11/02/2011 11/02/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23709-00-00
Spot Description: _____
SE NW NE SE Sec. 29 Twp. 14 S. R. 22 East West
2200 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 #: # 1-10
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1023 Kelly Bushing: 0
Total Depth: 928 Plug Back Total Depth: 917
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: 917
feet depth to: 0 w/ 119 sx cm.

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 Garbar Date: 01/17/2012



1071860

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: # I-10
 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 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	917	50/50 poz	119	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
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Date of First, Resumed Production, SWD or ENHR. <u>12/12/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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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 # 245594

Invoice Date: 11/10/2011 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-10
33058
SE 29 14 22 JO
11/02/11
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	119.00	10.4500	1243.55
1118B	PREMIUM GEL / BENTONITE	300.00	.2000	60.00
1111	GRANULATED SALT (50 #)	230.00	.3500	80.50
1110A	KOL SEAL (50# BAG)	595.00	.4400	261.80
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	917.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1673.85 Freight: .00 Tax: 125.97 AR 3404.82
 Labor: .00 Misc: .00 Total: 3404.82
 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 33058
LOCATION Ottawa
FOREMAN Alan 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
11-2-11	3392	Sugar Ridge Farm I-10	SE 29	14	22	IO
CUSTOMER D#2 Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 901 N Elm			516	Alan M	Safety	Meet
CITY STATE ZIP CODE St. Elmo IL 62458			368	Alan M	AM	
JOB TYPE <u>long string</u>			370	Gary M	GM	
HOLE SIZE <u>5 7/8</u>			510	Keith D	KD	
HOLE DEPTH <u>928</u>			CASING SIZE & WEIGHT <u>2 1/8</u>			
CASING DEPTH <u>917</u>			OTHER			
SLURRY WEIGHT			WATER gal/sk			
SLURRY VOL			CEMENT LEFT IN CASING <u>yes</u>			
DISPLACEMENT <u>5 1/3</u>			MIX PSI <u>800</u>			
DISPLACEMENT PSI <u>800</u>			RATE <u>5 gpm</u>			
REMARKS: <u>Held Safety Meet. Established rate. Mixed & pumped 100# gel to flush hole followed by 119.5sk 50# 150 #02 plus 5# Kolseal 5% salt, 2% gel, per sack. Circulated cements. Flushed pump. Pumped plug to casing TD. Well held 800 PSI.</u>						

HAT, Inc

Alan 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	917	casing footage		
5407	min	ten miles		330.00
5502C	2	80 gal		180.00
1124	119.5sk	50 150 #02		1243.50
1118B	300#	gel		60.00
1111	230#	salt		80.50
1110A	595#	kolseal		261.80
4402	1	2 1/2 plug		28.00
245594				

Rev'n 9737

SALES TAX 125.97
ESTIMATED TOTAL 3404.82

AUTHORIZATION Derek Bollen 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 #1-10
 API # 15-091-23709-00-00
 SPUD DATE 11-1-11

Footage	Formation	Thickness	Set 30' of 7"
2	Topsoil	2	TD 928'
38	clay	36	Ran 917' of 2 7/8
47	shale	9	
53	lime	6	
60	shale	7	
72	lime	12	
81	shale	9	
91	lime	10	
97	shale	6	
116	lime	19	
134	shale	18	
152	lime	18	
162	shale	10	
217	lime	55	
236	shale	19	
244	lime	8	
265	shale	21	
271	lime	6	
276	shale	5	
284	lime	8	
317	shale	33	
320	lime	3	
329	shale	9	
350	lime	21	
361	shale	11	
404	lime	43	
577	shale	173	
582	lime	5	
594	shale	12	
598	lime	4	
616	shale	18	
620	lime	4	
861	shale	241	
867	sand	6	good odor & good bleed
868	lime	1	
873	sand	5	good odor & good bleed
928	shale	55	