



KANSAS CORPORATION COMMISSION 1071856
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 #: _____

<u>11/04/2011</u>	<u>11/08/2011</u>	<u>11/08/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23707-00-00

Spot Description: _____
E2 W2 E2 SE Sec. 29 Twp. 14 S. R. 22 East West
1320 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 #: # 1-8
Field Name: _____

Producing Formation: Bartlesville
Elevation: Ground: 1002 Kelly Bushing: 0
Total Depth: 910 Plug Back Total Depth: 900
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 fl completion, cement circulated from: 900
feet depth to: 0 w/ 117 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 Garbar Date: 01/17/2012



1071856

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: # 1-8
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bartlesville	
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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	900	50/50 poz	117	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. 12/15/2011	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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <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 # 245690

Invoice Date: 11/10/2011 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-8
33065
SE 29 14 22 JO
11/07/11
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	117.00	10.4500	1222.65
1118B	PREMIUM GEL / BENTONITE	297.00	.2000	59.40
1111	GRANULATED SALT (50 #)	226.00	.3500	79.10
1110A	KOL SEAL (50# BAG)	585.00	.4400	257.40
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	.00	.21	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1646.55 Freight: .00 Tax: 123.90 AR 3375.45
Labor: .00 Misc: .00 Total: 3375.45
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

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

Sugar Ridge Farms #1-8
API # 15-091-23707-00-00
SPUD DATE 11-4-11

Footage	Formation	Thickness	Set 20' of 7"
2	Topsoil	2	TD 910'
14	clay	12	Ran 900' of 2 7/8
17	shale	3	
45	lime	28	
53	shale	8	
63	lime	10	
66	shale	3	
92	lime	26	
106	shale	14	
130	lime	24	
140	shale	10	
190	lime	50	
211	shale	21	
219	lime	8	
232	shale	13	
258	lime	26	
303	shale	45	
327	lime	24	
339	shale	12	
360	lime	21	
364	shale	4	
381	lime	17	
554	shale	173	
557	lime	3	
561	shale	4	
578	lime	17	
718	shale	140	
726	sand	8	little bleed & ok odor
840	shale	114	
841	lime	1	
846	sand	5	good odor & good bleed
848	black sand	2	
910	shale	62	