



KANSAS CORPORATION COMMISSION 1085416
OIL & GAS CONSERVATION DIVISION

Form AGO-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 # 33715

Name: Town Oilfield Service

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 #: _____

04/03/2012 04/05/2012 04/05/2012

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23780-00-00

Spot Description: _____

SE NE SW NE Sec. 28 Twp. 14 S. R. 22 East West

3465 Feet from North / South Line of Section

1450 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Johnson

Lease Name: Donovan Well #: #11

Field Name: _____

Producing Formation: bartlesville

Elevation: Ground: 1031 Kelly Bushing: 0

Total Depth: 933 Plug Back Total Depth: _____

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: _____

feet depth to: _____ w/ _____ 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: 06/26/2012



1085416

Operator Name: D & Z Exploration, Inc. Lease Name: Donovan Well #: #11
 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 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>853</td> <td></td> </tr> </table>	Name	Top	Datum	Bartlesville	853	
Name	Top	Datum					
Bartlesville	853						

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	912.75	50/50poz	122	none

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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>06/21/2012</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-3)</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 # 248953

Invoice Date: 04/11/2012 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

DONOVAN 11
36573
NE 28 14 22 JO
4/5/12
KS

Donovan
-L.D.E.
-I.D.C.
(remittance)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	122.00	10.9500	1335.90
1118B	PREMIUM GEL / BENTONITE	305.00	.2100	64.05
1111	SODIUM CHLORIDE (GRANULA	236.00	.3700	87.32
1110A	KOL SEAL (50# BAG)	610.00	.4600	280.60
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	913.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1795.87 Freight: .00 Tax: 135.15 AR 3611.02
 Labor: .00 Misc: .00 Total: 3611.02
 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 36573

LOCATION Ottawa KS

FOREMAN Fred Maden

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
4/5/12	3392	Danavon # 11	NE 28	14	22	JO
CUSTOMER			TRUCK# DRIVER TRUCK# DRIVER			
D.E.Z. Exploration			506	FREMAO	Safety	Md.
MAILING ADDRESS			495	HARBEC	HB	
20090th Elm St			369	DERMAS	DM	
CITY	STATE	ZIP CODE	503	DANGAR	OG	
St Elmo	IL	62458				

JOB TYPE log string HOLE SIZE 5 7/8" HOLE DEPTH 933 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 913 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.31 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.3 PM

REMARKS: Establish Pump rate. Mix Pump 100% Premium Gel Flush.
 Mix Pump 122 sks 50/50 Poz Mix Cement 290 Gal 590
 Salt 5# Kal Seal/sk. Cement to surface. Flush pump & lines
 clean. Displace 2 1/2" Rubber plug to casing TD. Pressure
 to 200# PSI. Release pressure to set float value. Shut in
 casing.

TOS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁹
5402	913	Casing Footage		N/C
5407	Minimum	Ton miles	503	350 ⁰⁸
5502C	2 hrs	50 BBL vac Truck	369	180 ⁰⁰
1124	122 sks	50/50 Poz Mix Cement		7835 ⁹⁰
118B	305#	Premium Gel		64 ⁸⁵
111	236#	Granulated Salt		87 ³³
1110A	610#	Kal Seal		280 ⁶⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.525	135 ¹⁵
			SALES TAX	
			ESTIMATED	
			TOTAL	3611 ⁰²

Rev 5/77

AUTHORIZATION [Signature]

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

Johnson County, KS
Well: Donovan # 11
Lease Owner: D Z

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
4/3/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
7	Soil-Clay	7
8	Sandstone	15
21	Shale	36
6	Lime	42
6	Shale	48
15	Lime	63
9	Shale	71
9	Lime	80
8	Shale	88
19	Lime	107
15	Shale	122
17	Lime	139
10	Shale	149
59	Lime	208
17	Shale	225
10	Lime	235
20	Shale	255
7	Lime	262
3	Shale	265
9	Lime	274
34	Shale	308
1	Lime	309
11	Shale	320
24	Lime	344
8	Shale	352
22	Lime	374
6	Shale	380
5	Lime	385
4	Shale	389
6	Lime	395
112	Shale	507
7	Sand	514
37	Shale	551
8	Sand	559
11	Shale	570
12	Lime	582
5	Shale	587
6	Lime	593
13	Shale	608
3	Lime	611

Danavon Farm: Johnson County

KS State: Well No. 11

Elevation 1031

Commenced Spuding 4-3 20 12

Finished Drilling 4-5 20 12

Driller's Name Chad Wagner

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Mike Myers

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name _____

25 14 20

(Section) (Combit) (Range)

Distance from S 5 3465 ft.

Distance from E 5 1350 ft.

9541 - 9556 - 15 hrs

coned

**5 sacks
CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

8" Set 21' 8" Pulled _____

8 1/2" Set _____ 8 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2 1/2" Set 912⁷⁵ 2" Pulled _____

850³⁰ seat nipple

939 TO

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
950	30	seat nipple			
912	30	seat nipple			

Thickness of Strata	Formation	Total Depth	Remarks
7	soil/clay	7	
8	sandstone	15	
21	shale	36	
6	lime	42	
6	shale	48	
15	lime	63	
9	shale	71	
9	lime	80	
8	shale	88	
19	lime	107	
15	shale	122	
17	lime	139	
10	shale	149	
59	lime	208	
17	shale	225	
10	lime "	235	
20	shale	255	with some lime seams
7	lime	262	
3	shale	265	
9	lime	274	
34	shale	308	
1	lime	309	
11	shale	320	
24	lime	344	
8	shale	352	
22	lime	374	
6	shale	380	

Thickness of Strata	Formation	Total Depth	Remarks
		350	
6	Lime	355	
4	shale	359	
6	Lime	365	
112	shale	477	
7	sand	484	sandy shale
37	shale	521	
8	sand	529	
11	shale	540	
12	lime	552	
5	shale	557	
6	lime	563	
13	shale	576	
3	lime	579	
5	shale	584	
7	lime	591	
116	shale	707	red bed 640
10	sand	717	broken sand
99	shale	816	
20	conc	836	pass 8
4	sandy shale	840	
66	shale	906	TD

4

5

Thickness of Strata	Formation	Total Depth	Remarks
		849	
	shale	853	
0.5	sandy lime	855	60%
1	sandy lime	859	no oil
0.5	sandy lime	855	50%
1.5	sandy lime	860	no oil
3.5	sand	867	solid
2	sand	862	laminated 80%
2	sand	864	laminated 80% 30%
1	sandy shale	865	laminated 10% 15%
1	sandy shale	866	no oil
3	sand	869	5% oil
4	sandy shale	873	
	shale		

BUCKEYE SUPPLY PIPE TALLEY

FROM <u>Wellsville</u>				DATE <u>4/5/12</u>			
TO <u>D+Z Exploration</u>				P.O. NO.			
TALLY OF	SIZE	IN.	KIND	NEW	USED		
	<u>2 1/8</u>		<u>UPSET</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
THREAD	WEIGHT		CHG. NO.				
<u>8rd</u>							
ON (R.R. OR TRUCK CO.)				CAR OR TRUCK NO.			

NO.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.	FEET	IN.
1	32	00	31	70						
2	32	20	31	65						
3	31	45	31	40						
4	31	35	31	60						
5	31	55	31	10						
6	31	70	31	55						
7	31	40	31	55						
8	31	70	31	65	<i>Below seat</i>					
9	31	55	31	10	<i>Below seat</i>					
10	31	70								
11	31	95								
12	31	75			<i>W/O THDS TO seat</i>					
13	31	55								
14	31	65					850	30		
15	31	90								
16	31	80			<i>W/O THDS TOTAL</i>					
17	31	80								
18	31	40					912	75		
19	31	70								
20	31	65								
TOTAL	633	75								

TOTALS	No. of Pieces	Length	FL	INS.
	<u>29</u>	<u>917</u>	<u>05</u>	

Remarks	<u>Dunbar #11</u>
Talied By	<u>Dennis + Trig</u>
Received By	<u>Tos</u>