



KANSAS CORPORATION COMMISSION 1085409
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 # 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 #: _____

<u>4/9/2012</u>	<u>4/11/2012</u>	<u>4/11/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23777-00-00
Spot Description: _____
SW NW SE NE Sec. 28 Twp. 14 S. R. 22 East West
3465 Feet from North / South Line of Section
1025 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Donovan Well #: #3
Field Name: _____
Producing Formation: bartlesville
Elevation: Ground: 1031 Kelly Bushing: 0
Total Depth: 940 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: 06/25/2012



1085409

Operator Name: D & Z Exploration, Inc. Lease Name: Donovan Well #: #3
 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 (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	856	
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	914	50/50 poz	135	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
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Date of First, Resumed Production, SWD or ENHR. 6/16/2012	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 Bbbs. Gas Mcf Water Bbbs. 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) (Submit ACO-4) <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 # 248993

Invoice Date: 04/13/2012 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 3
36622
NE 28 14 22 JO
4/11/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	135.00	10.9500	1478.25
1118B	PREMIUM GEL / BENTONITE	327.00	.2100	68.67
1111	SODIUM CHLORIDE (GRANULA	261.00	.3700	96.57
1110A	KOL SEAL (50# BAG)	675.00	.4600	310.50
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	915.00	.00	.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1981.99 Freight: .00 Tax: 149.16 AR 3811.15
Labor: .00 Misc: .00 Total: 3811.15
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

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 36622

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/11/12	3392	Donovan #3	NE 28	14	22	JO
CUSTOMER DEZ Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 901 W. Elm St			506	FREEMAD	Safety	MDY
CITY STATE ZIP CODE St Elmo IL 62458			495	HARBEC	HB	J
			369	DERMAS	DM	
			510	ASAMIC	AM	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 940' CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 915' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 5.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush
Mix + Pump 135 sks 50/50 Por Mix Cement 270 Gal 5% Salt 5#
Kal Seal/sk. Cement to surface. Flush pump + lines clean.
Displace 2 1/2" Rubber plug to casing TD. Pressure to 800#
PSI. Release pressure to set float valve. Shut in casing

TAS Drilling (Chad)

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 ⁰⁰
5402	915	Casing footage		N/C
5407	Minimum	Tax Miles	510	350 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1104	135 SKS	50/50 Por Mix Cement		1478 ²⁵
1158B	327 #	Premium Gel		68 ⁶⁷
1111	261 #	Granulated Salt		96 ⁵⁷
1110A	675 #	Kal Seal		310 ⁵⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
<u>248993</u>				
			7.525	SALES TAX
				ESTIMATED TOTAL
				149 ⁶
				381 ¹⁵

Rev'n 8797

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 # 3
Lease Owner: D Z

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

Commenced Spudding:
4/9/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
4	Soil/Clay	4
16	Sandstone	20
16	Shale	36
1	Lime	37
8	Shale	45
6	Lime	51
5	Shale	56
16	Lime	72
8	Shale	80
8	Lime	88
9	Shale	97
17	Lime	114
16	Shale	130
19	Lime	149
8	Shale	157
57	Lime	214
20	Shale	234
8	Lime	242
20	Shale	262
7	Lime	269
4	Shale	273
9	Lime	282
33	Shale	315
1	Lime	316
12	Shale	328
23	Lime	351
9	Shale	360
23	Lime	383
4	Shale	387
5	Lime	392
5	Shale	397
6	Lime	403
154	Shale	557
9	Sand	566
10	Shale	576
8	Lime	584
2	Shale	586
1	Lime	587
6	Shale	593
6	Lime	599

Dwelling Farm: Johnson County

KS State; Well No. 3

Elevation 1031

Commenced Spudding 4-9 2012

Finished Drilling 4-11 2012

Driller's Name Alfred Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Mike Myers

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

28 14 22

(Section) (Township) (Range)

Distance from S line, 3465 ft.

Distance from E line, 1025 ft.

9574 - 7584 - 15 hrs

3 sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

9" Set 24' 8" Pulled _____

6 1/2" Set _____ 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2 1/2" Set 9450 2" Pulled _____

85300 read nipple

944 TO

Thickness of Strata	Formation	Total Depth	Remarks
4	soil/clay	4	
16	sandstone	20	
16	shale	36	
1	Lime	37	
8	shale	45	
6	Lime	51	
5	shale	56	
16	Lime	72	
8	shale	80	
8	Lime	88	
9	shale	97	
17	Lime	114	
16	shale	130	
19	Lime	149	
8	shale	157	
57	Lime	214	
20	shale	234	
8	Lime	242	
20	shale	262	with some lime seams
7	Lime	269	
4	shale	273	
9	Lime	282	
33	shale	315	
1	Lime	316	
12	shale	328	
23	Lime	351	
9	shale	360	

Thickness of Strata	Formation	Total Depth	Remarks
		360	
23	Lime	383	
4	shale	387	
5	Lime	392	
5	shale	397	
6	Lime	403	
154	shale	557	
9	sand	566	no oil
10	shale	576	
8	Lime	584	
2	shale	586	
1	Lime	587	
6	shale	593	
6	Lime	599	
16	shale	615	
5	Lime	620	
2	shale	622	
11	Lime	633	
109	shale	742	oil and bed
8	Arcken sand	750	along very slight bed
51	shale	801	
11	sand	812	oil, no oil
38	shale	850	
19	concrete	869	
4	sand	873	
3	sandy shale	876	
68	shale	944	

Thickness of Strata	Formation	Total Depth	Remarks
		850	
4	shale	854	
2	sandy Lime	856	no oil
2	sandy Lime	858	solid
2	sand	860	solid
8	sand	863	80% Laminated
1	sand	864	Laminated 30%
3	sandy shale	867	Laminated no oil
2	shale	869	