



KANSAS CORPORATION COMMISSION 1085398
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: nona
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____
4/11/2012 4/13/2012 4/13/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23776-00-00
Spot Description: _____
NW SW SE NE Sec. 28 Twp. 14 S. R. 22 East West
3135 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 #: #2
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1041 Kelly Bushing: 0
Total Depth: 959 Plug Back Total Depth: 925
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 Gerrits Date: 06/25/2012



1085398

Operator Name: D & Z Exploration, Inc. Lease Name: Donovan Well #: #2
 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 Name <u>Bartlesville</u> Top <u>867</u> Datum _____
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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	925	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 (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. <u>06/16/2012</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. (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Commingled (Submit ACO-4)	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 # 249141

Invoice Date: 04/18/2012 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 #2
36629
28-14-22
04-13-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	119.00	10.9500	1303.05
1118B	PREMIUM GEL / BENTONITE	300.00	.2100	63.00
1111	SODIUM CHLORIDE (GRANULA	230.00	.3700	85.10
1110A	KOL SEAL (50# BAG)	594.00	.4600	273.24
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
370 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
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1752.39 Freight: .00 Tax: 131.86 AR 3564.25
Labor: .00 Misc: .00 Total: 3564.25
Subt: .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 36629

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
4/10/12	3392	Donovan # 2	NE 28	14	22	JO
CUSTOMER			TRUCK #			
D&E Exploration			506	FREMAN	Safety	My
MAILING ADDRESS			495	NARBEC	HB	0
901 Elm St			370	KEICAR	KC	
CITY	STATE	ZIP CODE	503	KEI DET	KO	
St Elmo	IL	62458				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 954 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 925 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.38 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix & Pump 100# Premium Gel flush. Mix & Pump 119 SKS 50/50 Por Mix Cement 2% Gel 5% Salt 5# Kol 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.

Tos 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	925	Casing footage		N/C
5407	Minimum	Ten Miles	583	350.00
5502C	2 hrs	80 BB Vac Truck	370	180.00
1124	119 sks	50/50 Por Mix Cement		1303.25
1118B	300 #	Premium Gel		63.00
1111	230 #	Granulated Salt		85.10
110A	594 #	Kol Seal		273.20
4402	1	2 1/2" Rubber Plug		28.00
			7.525%	SALES TAX
				ESTIMATED TOTAL
				3564.25

Rev'n 8757

AUTHORIZATION Deke Belden

TITLE 249141

DATE _____
ESTIMATED TOTAL 3564.25

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 2
Lease Owner: D Z

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

Commenced Spudding:
4/11/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
8	Soil-Clay	8
12	Sandstone	20
14	Shale	34
2	Lime	36
8	Shale	44
14	Lime	60
6	Shale	66
16	Lime	82
8	Shale	90
8	Lime	98
9	Shale	107
17	Lime	124
17	Shale	141
17	Lime	158
10	Shale	168
58	Lime	226
19	Shale	245
8	Lime	253
20	Shale	273
8	Lime	281
3	Shale	284
9	Lime	293
33	Shale	326
2	Lime	328
10	Shale	338
26	Lime	364
9	Shale	373
22	Lime	395
5	Shale	400
5	Lime	405
4	Shale	409
6	Lime	415
108	Shale	523
13	Sand	536
38	Shale	574
7	Sand	581
8	Shale	589
6	Lime	595
2	Shale	597
1	Lime	598

Barren Farm: Schweitzer County

KS State: Well No. 2

Elevation 1041

Commenced Spuding 4-11-20 12

Finished Drilling 4-13-20 12

Driller's Name Chad Wauer

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Mike Myers

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name JOS

28 14 22

(Section) (Township) (Range)

Distance from S line. 3125 ft.

Distance from E line. 1025 ft.

9589-9604 - -15hr

4 - sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

7 Set 20' 5" 8" Pulled _____

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

4" Set _____ 4" Pulled _____

27 1/2 Set 925 55 2" Pulled _____

863 66 acnt nipple
959 TO

Thickness of Strata	Formation	Total Depth	Remarks
8	silt/clay	8	
12	sandstone	20	
14	shale	34	
2	Lime	36	
8	shale	44	
14	Lime	60	
6	shale	66	
16	Lime	82	
8	shale	90	
8	Lime	98	
9	shale	107	
17	Lime	124	
17	shale	141	
17	Lime	158	
10	shale	168	
58	Lime	226	
19	shale	245	
8	Lime	253	
20	shale	273	
8	Lime	281	
3	shale	284	
9	Lime	293	
33	shale	326	
2	Lime	328	
10	shale	338	
26	Lime	364	
9	shale	373	

373			
Thickness of Strata	Formation	Total Depth	Remarks
22	Lime	395	
5	shale	400	
5	Lime	405	
4	shale	409	
6	Lime	415	
108	shale	523	
13	sand	536	
38	shale	574	
7	sand	581	
8	shale	589	
6	Lime	595	
2	shale	597	
1	Lime	598	
8	shale	606	
7	Lime	613	
13	shale	628	
5	Lime	633	
2	shale	635	
13	Lime	648	
103	shale	751	665 red bed
8	limestone sand	759	sandy, very slight bleed
53	shale	812	
10	sand	822	
36	shale	858	
1	sandy lime	859	no oil
20	carve	879	
	sandy shale	884	

Thickness of Strata	Formation	Total Depth	Remarks
		854	
8	shale	867	
4	sandy lime	871	30% oil
2	sand	873	sand
3.5	sand	876.5	Laminated 80%
2.5	sand	879	Laminated 20%