



KANSAS CORPORATION COMMISSION 1085571
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>04/23/2012</u>	<u>04/25/2012</u>	<u>04/25/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23766-00-00
Spot Description: _____
NW NW NW SE Sec. 29 Twp. 14 S. R. 22 East West
2420 Feet from North / South Line of Section
2420 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 #: #36
Field Name: _____
Producing Formation: bartlesville
Elevation: Ground: 1000 Kelly Bushing: 0
Total Depth: 920 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gombos</u> Date: <u>06/27/2012</u>



1085571

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: #36
 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 832
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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	889.66	50/50 poz	120	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	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input 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-5)</i> <i>(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 # 249400

Invoice Date: 04/30/2012 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

SUGAR RIDGE FARMS #36
36698
29-14-22
04-25-2012
KS

L.D.E.
-I.D.C.
(Cementing DAF#36)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	120.00	10.9500	1314.00
1118B	PREMIUM GEL / BENTONITE	302.00	.2100	63.42
1111	SODIUM CHLORIDE (GRANULA	232.00	.3700	85.84
1110A	KOL SEAL (50# BAG)	600.00	.4600	276.00
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	889.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1767.26	Freight:	.00	Tax:	132.99	AR	3580.25
Labor:	.00	Misc:	.00	Total:	3580.25		
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

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 36698
LOCATION Ottawa
FOREMAN Alan Mader

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-23-12	3392	Sugar Ridge Farms #36	SE 29	14	23	JO
CUSTOMER			TRUCK #			
D & Z Exploration			516	Alan M	Safety	Meet
MAILING ADDRESS			368	Artem	AM	
901 N. Elm			370	Keith C	KC	
CITY			510	Daniel G	DG	
St Elmo	STATE	ZIP CODE				
	IL	62458				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 889 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 5.16 DISPLACEMENT PSI 800 MIX PSI 200 RATE 2 1/2 bpm

REMARKS: held crew meet. Established rate. Mixed & pumped 100# gel followed by 120 sk 50/50 cement plus 5# Kol-seal, 5# salt, 2# gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

TDS Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30	MILEAGE		120.00
5402	889	Casing Footage		
5407	min	ten mileage		350.00
5502C	2	BD VAC		180.00
1124	120 sk	50/50 Cement		1314.00
1118B	302#	gel		63.42
1111	232#	salt		85.84
1110A	600#	Kol-seal		276.00
4402	1	2 1/2 plug		28.00
SALES TAX				132.99
ESTIMATED TOTAL				3580.25

Rev'n 8787

AUTHORIZATION Deke Belden TITLE 249400 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: Sugar Ridge 36
 Lease Owner: D Z

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

Commenced Spudding:
 4/23/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
14	Soil/Clay	14
14	Shale	28
5	Lime	33
2	Shale	35
17	Lime	52
11	Shale	63
9	Lime	72
6	Shale	78
20	Lime	98
17	Shale	115
23	Lime	138
7	Shale	145
52	Lime	197
19	Shale	216
9	Lime	225
19	Shale	244
7	Lime	251
5	Shale	256
8	Lime	264
44	Shale	308
25	Lime	333
9	Shale	342
23	Lime	365
4	Shale	369
15	Lime	384
38	Shale	422
5	Sand	427
6	Broken Sand	433
69	Shale	502
13	Sand	515
45	Shale	560
18	Lime	578
72	Shale	650
10	Sandy Shale	660
65	Shale	725
13	Broken Sand	738
94	Shale	832
1	Sand	833
1	Sand	834
13	Core	847

~~Sageon Bluffs~~ Farm: Johnson County

KS State; Well No. 310

Elevation 1000

Commenced Spuding 4-23 20 D

Finished Drilling 4-25 20 D

Driller's Name David Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Mike Myers

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TCS

29 14 22

(Section) (Township) (Range)

Distance from S line. 2420 ft.

Distance from E line. 2420 ft.

9661 - 4677 - 16 hrs

conced

3 - sections
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

7" Set 26' 8" Pulled _____

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

4" Set _____ 4" Pulled _____

2 7/8" Set 829' 66 2" Pulled _____

919 TD

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.

Thickness of Strata	Formation	Total Depth	Remarks
14	soil clay	14	
14	shale	28	
5	lime	33	
2	shale	35	
17	lime	52	
11	shale	63	
9	lime	72	
6	shale	78	
20	lime	98	
17	shale	115	
23	lime	138	
7	shale	145	
52	lime	197	
19	shale	216	
9	lime	225	
19	shale	244	
7	lime	251	
5	shale	256	
8	lime	264	
44	shale	308	
25	lime	333	
9	shale	342	
23	lime	365	
4	shale	369	
15	lime	384	
55	shale	422	
5	sand	427	

427

Thickness of Strata	Formation	Total Depth	Remarks
6	Broken sand	433	
69	shale	502	
13	sand	515	
45	shale	560	
18	lime	578	with some shale seen
72	shale	650	with some lime seen
10	sandy shale	660	
65	shale	725	
13	Broken sand	738	
	shale	832	
1	sand	833	
1	sand	834	100% c.l
13	core	847	see page 4
5	sandy shale	852	
67	shale	919	TW

core

Thickness of Strata	Formation	Total Depth	Remarks
		834	
3	sand	837	60%
3	sand	840	solid
2.5	sand	842.5	laminated 50%
2.5	sand	845	laminated no
2	sand	847	gray, no oil