



KANSAS CORPORATION COMMISSION 1108162
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 #: _____

8/1/2012	8/3/2012	8/3/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23783-00-00

Spot Description: _____

_____ SE Sec. 29 Twp. 14 S. R. 22 East West
1320 Feet from North / South Line of Section
1320 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 #: # 1-13

Field Name: _____

Producing Formation: BARTLESVILLE

Elevation: Ground: 992 Kelly Bushing: 0

Total Depth: 920 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 888 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: 01/22/2013



1108162

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: # I-13
 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
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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	888	50/50 POZ	106	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 <i>(Explain)</i> _____		
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 <i>(Specify)</i> _____	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 # 251809

Invoice Date: 08/08/2012 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 I-13
37540
29-14-22
08-01-2012
KS

NO MIT YET
L.D.E.
-I.D.C.
(cement)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	106.00	10.9500	1160.70
1118B	PREMIUM GEL / BENTONITE	278.00	.2100	58.38
1111	SODIUM CHLORIDE (GRANULA	205.00	.3700	75.85
1110A	KOL SEAL (50# BAG)	530.00	.4600	243.80
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	888.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1566.73 Freight: .00 Tax: 117.90 AR 3364.63
Labor: .00 Misc: .00 Total: 3364.63
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 37540
LOCATION Ottawa KS
FOREMAN Ered Mader

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
8/1/12	3392	Sugar Ridge Farms #I-13	SE 29	14	22	To
CUSTOMER D & Z Exploration			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 901 N Elm St			506	Fred Mad	Safety	MJ
CITY	STATE	ZIP CODE	568	Arl Med	ARM	
St Elmo	IL	62458	369	Dar Mas	DM	
			503	Dan Det	DD	

JOB TYPE Logstring HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 888' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2' Phy
DISPLACEMENT 5.15 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish pump rate. Mix Pump 100# Gel Flush. Mix Pump
106 sks 50/50 for mix cement 2% Gel 5% Salt 5# Kal Seal/sk
Cement to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to casing TD. Pressure to 750# PSI.
Hold + Monitor pressure for 30 min MIT. Release
pressure to set float valve. Shut in casing

TOS Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	365	1030.00
5408	30 mi	MILEAGE	365	120.00
5402	888	Casing Footage		NIC
5407	Minimum	Ten Miles	503	350.00
5502C	2 hrs	80 BBL Vac Truck	369	180.00
1124	106 sks	50/50 Poz Mix Cement		1160.70
1115B	275#	Premium Gel		58.30
1111	205#	Granulated Salt		75.50
1110A	530#	Kal Seal		243.00
4402	1	2 1/2" Rubber Plug		28.00
			7.5257	SALES TAX
				ESTIMATED
				TOTAL
				117.90
				3364.03

Revn 3737 AUTHORIZATION Depe Belden 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

251809

Johnson County, KS
Well: Sugar Ridge I-13
Lease Owner: D Z

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

Commenced Spudding:
7/31/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
10	soil/clay	10
1	sand stone	11
1	shale	12
6	lime	18
6	shale	24
17	lime	41
8	shale	49
9	lime	58
8	shale	66
22	lime	88
15	shale	103
22	lime	125
10	shale	135
53	lime	188
18	shale	206
9	lime	215
19	shale	234
7	lime	241
6	shale	247
6	lime	253
34	shale	287
2	lime	289
10	shale	299
25	lime	324
7	shale	331
23	lime	354
5	shale	359
4	lime	363
10	shale	373
2	lime	375
174	shale	549
6	lime	555
11	shale	566
7	lime	573
15	shale	588
5	lime	593
2	shale	595
8	lime	603
2	shale	605
2	lime	607

