



KANSAS CORPORATION COMMISSION 1108157
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>7/24/2012</u>	<u>7/26/2012</u>	<u>7/26/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23781-00-00

Spot Description: _____
NW SW SE SE Sec. 29 Twp. 14 S. R. 22 East West
438 Feet from North / South Line of Section
1305 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 #: # 1-11

Field Name: _____

Producing Formation: BARTLESVILLE

Elevation: Ground: 1012 Kelly Bushing: 0

Total Depth: 960 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 915 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



1108157

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: # I-11
 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	915	50/50 POZ	111	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. _____		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) (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 # 251615

Invoice Date: 07/30/2012 Terms: 0/0/30,n/30

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D & Z EXPLORATION
901 N. ELM ST.
P.O. BOX 159
ST. ELMO IL 62458
(618)829-3274

SUGAR RIDGE FARMS I-11
37515
29-14-22
07-24-2012
KS

L.D.E.
-I.D.C.

(I-11 cementing)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	111.00	10.9500	1215.45
1118B	PREMIUM GEL / BENTONITE	286.00	.2100	60.06
1111	SODIUM CHLORIDE (GRANULA	233.00	.3700	86.21
1110A	KOL SEAL (50# BAG)	555.00	.4600	255.30
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
548 MIN. BULK DELIVERY	1.00	350.00	350.00
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
666 CASING FOOTAGE	914.00	.00	.00

Parts:	1645.02	Freight:	.00	Tax:	123.79	AR	3448.81
Labor:	.00	Misc:	.00	Total:	3448.81		
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
820-431-9210 or 800-467-8676

TICKET NUMBER 37515
LOCATION Okawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/24/12	3392	Sugar Ridge Farms #I-11	SE 29	14	22	JO
CUSTOMER <u>D + Z Exploration</u>			TRUCK #			
MAILING ADDRESS <u>901 N. Elm St</u>			DRIVER			
CITY <u>St Elmo</u>		STATE <u>IL</u>	ZIP CODE <u>62458</u>	TRUCK #		
				DRIVER		
				<u>481 Caslon dc</u>		
				<u>666 Gar Moo GM</u>		
				<u>369 Der Moo DM</u>		
				<u>548 Mik Hra MH</u>		

JOB TYPE lengthening HOLE SIZE 5 5/8" HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 914' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" rubber plug
 DISPLACEMENT 5.31 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 111 sks 50/50 Pozmix cement w/ 2 7/8 gel, 5 7/8 salt, + 5 # Kolseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.31 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030. ⁰⁰
5406	30 mi	MILEAGE		120. ⁰⁰
5402	914'	casing footage		
5407	minimum	100 Mileage		350. ⁰⁰
5502C	2 hrs	80 Vac		180. ⁰⁰
1124	111 sks	50/50 Pozmix cement		1215.45
1118B	286 #	Premium Gel		60.06
1111	233 #	Salt		86.21
1110A	555 #	Kolseal		255.30
4402	1	2 1/2" rubber plug		28. ⁰⁰
			7.525%	SALES TAX
				ESTIMATED TOTAL
				3448.81

Rev 3737

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: Sugar Ridge I-11
 Lease Owner: D Z

Town Oilfield Service, Inc. commenced Spudding: 7-23-2012
 (913) 837-8400

WELL LOG

Thickness of Strata	Formation	Total Depth
14	Soil/Clay	14
10	Sandstone	24
9	Shale	33
6	Lime	39
4	Shale	43
15	Lime	58
8	Shale	66
9	Lime	75
8	Shale	83
10	Lime	93
6	Shale	99
9	Lime	108
17	Shale	125
21	Lime	146
11	Shale	157
12	Lime	169
8	Shale	177
34	Lime	211
18	Shale	229
8	Lime	237
18	Shale	255
9	Lime	264
6	Shale	270
6	Lime	276
46	Shale	322
25	Lime	347
6	Shale	353
24	Lime	377
4	Shale	381
5	Lime	386
4	Shale	390
7	Lime	397
173	Shale	570
5	Lime	575
15	Shale	590
8	Lime	598
15	Shale	613
5	Lime	618
2	Shale	620
11	Lime	631

