



KANSAS CORPORATION COMMISSION 1108163
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 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 #: _____

<u>8/14/2012</u>	<u>8/16/2012</u>	<u>8/16/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23784-00-00
Spot Description: _____
N2 S2 N2 SE Sec. 29 Twp. 14 S. R. 22 East West
1760 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 #: # I-14
Field Name: _____

Producing Formation: BARTLESVILLE
Elevation: Ground: 1007 Kelly Bushing: 0
Total Depth: 930 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 906 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



1108163

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: # I-14
 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	9.8257	7	20	30	PORTLAND	10	NONE
PRODUCTION	5.628	2.825	6.5	906	50/50 POZ	118	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 # 252079

Invoice Date: 08/16/2012 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-14
39507
29-14-22 L.D.E.
08-14-2012 I.D.C.
KS (Cementing I-14)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	118.00	10.9500	1292.10
1118B	PREMIUM GEL / BENTONITE	320.00	.2100	67.20
1111	SODIUM CHLORIDE (GRANULA)	271.00	.3700	100.27
1110A	KOL SEAL (50# BAG)	558.00	.4600	256.68
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
T-106 WATER TRANSPORT (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

Parts: 1744.25 Freight: .00 Tax: 131.27 AR 3555.52
Labor: .00 Misc: .00 Total: 3555.52
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 39507

LOCATION Ottawa, KS

FOREMAN Jim Grech

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
08-14-12	3392	Sugar Ridge Farm # 14 SE 29	14	14	22	50
CUSTOMER <u>O & Z Exploration</u>			TRUCK #			
MAILING ADDRESS <u>901 N ELM ST</u>			DRIVER			
CITY <u>St Elmo</u>		STATE <u>FL</u>	ZIP CODE <u>62548</u>	TRUCK #		
				DRIVER		

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 930' CASING SIZE & WEIGHT 2 1/2"
 CASING DEPTH 906.15' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Held crew meeting. Establish pump rate mix and pump 100 #
Gel to flush hole. Mix and pump 118 sk 5% Por mix cement, with 5% salt, 5" Kol-seal, 2% gel. Circulated cement. Flush pump
Clean. Pump 2 1/2" Rubber plug to total depth of casing.
Pressure up to 800 # PSE well held good. Set float.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	One	PUMP CHARGE Cement on well		1030.00
5406	30	MILEAGE Pump TK		128.00
5407	min	Bulk Ton Mileage		350.00
5501C	2 HRS	VAL TK		180.00
1124	118 sk	5% Por Mix Cement		1292.14
118B	320 #	Premium Gel		67.20
1111	271 #	Granulated Salt		100.38
1110A	558 #	Kol-seal		256.68
4402	One	2 1/2" Rubber Plug		28.00
			SALES TAX	137.27
			ESTIMATED TOTAL	3533.50

Revin 3737

AUTHORIZATION

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.

252079

Johnson County, KS
Well: Sugar Ridge I-14
Lease Owner: D Z

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

Commenced Spudding:
8/13/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil-Clay	10
7	Sand Stone	17
7	Shale	24
6	Lime	30
5	Shale	35
17	Lime	52
10	Shale	62
9	Lime	71
6	Shale	77
22	Lime	99
15	Shale	114
22	Lime	136
9	Shale	145
53	Lime	198
19	Shale	219
8	Lime	225
20	Shale	245
6	Lime	251
5	Shale	256
7	Lime	263
45	Shale	308
26	Lime	334
10	Shale	344
22	Lime	366
3	Shale	369
5	Lime	374
4	Shale	378
7	Lime	385
3	Shale	388
4	Lime and Shale	392
28	Shale	420
9	Sandy Shale	429
131	Shale	560
3	Lime	563
12	Shale	575
8	Lime	583
14	Shale	597
5	Lime	602
4	Shale	606
5	Lime	611

