



KANSAS CORPORATION COMMISSION 1108144
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 #: _____
10/09/2012 10/11/2012 10/11/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23860-00-00
Spot Description: _____
NE SE SE SW Sec. 28 Twp. 14 S. R. 22 East West
453 Feet from North / South Line of Section
2688 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: GARDNER HOLDINGS Well #: #E5
Field Name: _____
Producing Formation: BARTLESVILLE
Elevation: Ground: 1026 Kelly Bushing: 0
Total Depth: 960 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 913 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



1108144

Operator Name: D & Z Exploration, Inc. Lease Name: GARDNER HOLDINGS Well #: #E5
 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 <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>BARTLESVILLE</td> <td>882</td> <td></td> </tr> </table>	Name	Top	Datum	BARTLESVILLE	882	
Name	Top	Datum					
BARTLESVILLE	882						

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	913	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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes 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 # 253622

Invoice Date: 10/12/2012 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

GARDNER HOLDING E-5 -
35004
28-14-22
10-09-2012
KS

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
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	913.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

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 _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35004
LOCATION Ottawa KS
FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

Gunder No 10 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/9/12	3392	<u>Cottages #E-5</u>	SW 28	14	22	JO

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
D + Z Exploration Mailing Address 901 N Elm St. City: St Elmo STATE: IL ZIP CODE: 62459	389	Fred Mader	Safety 1100	
	495	Kei Car	KC	D
	675	Kei Det	KD	
	558	Brian	Bm	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 960' CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 913.0 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 5.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.3 BPM

REMARKS: Establish pump rate mix & Pump 100# Gel Flush. Mix + Pump 120 SKS 50/50 Poz Mix Cement 220 gal 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. Hold & Monitor Pressure for 30 min. MIT. Release pressure to set float valve. Shut in casing

ToS Drilling - Chad

Fred Mader

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	9.3	Casing footage		116 ⁰⁰
5407	Minimum	Ton Miles	558	350 ⁰⁰
55024	2 hr	80 BBL Vac Truck	675	180 ⁰⁰
1124	120 SKS	50/50 Poz Mix Cement		1314 ⁰⁰
11180	302#	Premium Gel		63 ⁴²
1111	232#	Granulated Salt		85 ⁸¹
1110A	600#	Kol Seal		276 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.525%	SALES TAX
				132 ²⁷
				ESTIMATED TOTAL
				3580 ²⁵

Revin 3737

AUTHORIZATION Deke 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.

253622

Johnson County, KS
Well: Gardner E-5
Lease Owner: D Z

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

Commenced Spudding:
10/8/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
24	Soil-Clay	24
3	Sandstone	27
17	Shale	44
7	Lime	51
5	Shale	56
16	Lime	72
9	Shale	81
8	Lime	89
8	Shale	97
24	Lime	121
18	Shale	139
22	Lime	161
8	Shale	169
11	Lime	180
8	Shale	188
39	Lime	227
16	Shale	243
8	Lime	251
22	Shale	273
7	Lime	280
3	Shale	283
8	Lime	291
48	Shale	339
24	Lime	363
8	Shale	371
23	Lime	394
4	Shale	398
4	Lime	402
6	Shale	408
7	Lime	415
113	Shale	528
6	Sand	534
56	Shale	590
5	Lime	595
13	Shale	608
7	Lime	615
17	Shale	632
3	Lime	635
4	Shale	639
13	Lime	652

