



KANSAS CORPORATION COMMISSION 1108142  
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:

API No. 15 - 15-091-23859-00-00  
Spot Description:  
NW SW SE SW Sec. 28 Twp. 14 S. R. 22  East  West  
465 Feet from  North /  South Line of Section  
3950 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Johnson  
Lease Name: CUTTINGS Well #: #C3W  
Field Name:

Producing Formation: BARTLESVILLE  
Elevation: Ground: 1009 Kelly Bushing: 0  
Total Depth: 930 Plug Back Total Depth:  
Amount of Surface Pipe Set and Cemented at: 897 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 #:

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 #:  
09/28/2012 09/30/2012 09/30/2012  
Spud Date or Date Reached TD Completion Date or Recompletion Date

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 Gamison Date: 01/22/2013



1108142

Operator Name: D & Z Exploration, Inc. Lease Name: CUTTINGS Well #: #C3W  
 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>SURFACE</td> <td>858</td> <td></td> </tr> </table>	Name	Top	Datum	SURFACE	858	
Name	Top	Datum					
SURFACE	858						

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	897	50/50 POZ	104	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: <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 # 253327

Invoice Date: 09/30/2012 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

CUTTINGS #C3W  
34978  
28-14-22  
09-28-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	104.00	10.9500	1138.80
1118B	PREMIUM GEL / BENTONITE	275.00	.2100	57.75
1111	SODIUM CHLORIDE (GRANULA)	201.00	.3700	74.37
1110A	KOL SEAL (50# BAG)	520.00	.4600	239.20
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	897.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1538.12 Freight: .00 Tax: 115.75 AR 3333.87  
 Labor: .00 Misc: .00 Total: 3333.87  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 34978  
LOCATION Of 9w9  
FOREMAN Alan 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
9-28-12	3392	Cuttings #C3W	SW 28	14	22	SD
CUSTOMER			TRUCK #			
D & Z Exploration			516	Alan Mader	Safety	Meed
MAILING ADDRESS			368	Der Mas	DM	
901 N Elm			369	Jasric	JK	
CITY	STATE	ZIP CODE	558	Bre Man	BM	
St Elmo	Ih	62458				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
long string	5 7/8	940	2 7/8			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
897						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			YES			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
	800	200	4 bpm			
REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 104 sk 50/50 cement plus 2 bagel 50# salt, 5# kal seal per sack. Circulated cement. Flashed pump. Pumped plug						

TDS, Chad

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1032.00
5406	30	MILEAGE	368	120.00
5402	897'	casing footage	368	
5407	Min	top mileage	558	350.00
5302C	2	80 vul	769	180.00
1124	104	50/50 cement		1138.80
11183	275#	gel		57.75
1111	201#	salt		74.37
1110A	520#	kal seal		239.20
4402	1	2 1/2 plug		28.00
SALES TAX				115.75
ESTIMATED TOTAL				3333.87

Revin 3737

AUTHORIZATION

*Date Belder*

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.

253327

Johnson County, KS  
Well: Cuttings C3W  
Lease Owner: D Z

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

Commenced Spudding:  
9/27/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
13	Soil/Clay	13
10	Shale	23
7	Lime	30
4	Shale	34
15	Lime	49
9	Shale	58
8	Lime	66
3	Shale	69
1	Lime	70
5	Shale	75
23	Lime	98
19	Shale	117
18	Lime	135
10	Shale	145
12	Lime	157
7	Shale	164
40	Lime	204
15	Shale	219
8	Lime	227
22	Shale	249
7	Lime	256
3	Shale	259
8	Lime	267
46	Shale	313
25	Lime	338
10	Shale	348
22	Lime	370
3	Shale	373
5	Lime	378
5	Shale	383
5	Lime	388
114	Shale	502
6	Sand	508
59	Shale	567
4	Lime	571
14	Shale	585
7	Lime	592
16	Shale	608
3	Lime	611
4	Shale	615

