



KANSAS CORPORATION COMMISSION 1108100
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>09/21/2012</u>	<u>09/23/2012</u>	<u>09/25/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23788-00-00
Spot Description: _____
NW SW NE NE Sec. 28 Twp. 14 S. R. 22 East West
4455 Feet from North / South Line of Section
1025 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Donovan Well #: #6
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1049 Kelly Bushing: 0
Total Depth: 960 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 926 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 Gantson Date: 01/22/2013



1108100

Operator Name: D & Z Exploration, Inc. Lease Name: Donovan Well #: #6
 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-collapse: collapse;"> <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>869</td> <td></td> </tr> </table>	Name	Top	Datum	Bartlesville	869	
Name	Top	Datum					
Bartlesville	869						

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	926	50/50 poz	121	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 # 253207
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D & Z EXPLORATION
901 N. ELM ST.
P.O. BOX 159
ST. ELMO IL 62458
(618) 829-3274

DONOVAN #6
39691
28-14-22
09-25-2012
KS

DE IDC cementing

Invoice Date: 09/26/2012 Terms: 0/0/30,n/30 Page 1

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	10.9500	1324.95
1118B	PREMIUM GEL / BENTONITE	303.00	.2100	63.63
1111	SODIUM CHLORIDE (GRANULA)	234.00	.3700	86.58
1110A	KOL SEAL (50# BAG)	605.00	.4600	278.30
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	926.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

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Parts:	1781.46	Freight:	.00	Tax:	134.06	AR	3595.52
Labor:	.00	Misc:	.00	Total:	3595.52		
Sublt:	.00	Supplies:	.00	Change:	.00		

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Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39691
LOCATION Ottawa KS
FOREMAN Fred Maden

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
9/25/12	3392	Denovan # 6	NE 28	14	22	JO
CUSTOMER D&Z Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 901 N. Elm St.			506 Fre Mad Safety Mtg			
CITY STATE ZIP CODE St Elmo IL 62458			495 Hal Bee H B			
			675 Kei Det KO			
			55K Brennan 3M			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 960 CASING SIZE & WEIGHT 2 1/2" EUE
 CASING DEPTH 926 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix Pump 200# Gel Flush. Mix Pump 121 sks 50/50 Prem Mix Cement 2% Gel 5% Salt 5# Hal Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" rubber plug to casing TD. Pressure to 600# PSI. Release pressure to set float valve. Shut in casing.

Fred Maden

TOS Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5404	30mi	MILEAGE	495	1200 ⁰⁰
5402	926	Casing footage		NIC
5407	Minimum	1000 Miles	5	350 ⁰⁰
5302C	2hrs	80 BBL Vne Truck	675	160 ⁰⁰
1124	121 sks	50/50 Prem Mix Cement		1324 ⁸⁵
1118B	302#	Premium Gel		63 ⁶³
1111	234#	Granulated Salt		86 ⁵⁸
1110A	605#	Hal Seal		272 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.5252	SALES TAX
				ESTIMATED TOTAL
				134 ⁰⁶
				3595 ⁵²

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.

253207

Johnson County, KS
Well: Donovan 6
Lease Owner: D Z

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

Commenced Spudding:
9/21/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
9	Soil-Clay	9
11	Sandstone	20
19	Shale	39
2	Lime	41
20	Shale	61
6	Lime	67
5	Shale	72
15	Lime	87
8	Shale	95
9	Lime	104
8	Shale	112
18	Lime	130
18	Shale	148
17	Lime	165
8	Shale	173
56	Lime	229
21	Shale	250
8	Lime	258
19	Shale	277
6	Lime	283
5	Shale	288
9	Lime	297
34	Shale	331
1	Lime	332
11	Shale	343
25	Lime	368
8	Shale	376
23	Lime	399
4	Shale	403
5	Lime	408
4	Shale	412
6	Lime	418
112	Shale	530
8	Sand	538
35	Shale	573
6	Sand	579
11	Shale	590
5	Lime	595
2	Shale	597
3	Lime	600

