



KANSAS CORPORATION COMMISSION 1108155
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 #: _____
8/16/2012 8/18/2012 8/18/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23830-00-00
Spot Description: _____
E2 E2 NW SE Sec. 29 Twp. 14 S. R. 22 East West
1980 Feet from North / South Line of Section
1540 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 #: #23
Field Name: _____
Producing Formation: BARTLESVILLE
Elevation: Ground: 1011 Kelly Bushing: 0
Total Depth: 940 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 907 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 #: _____

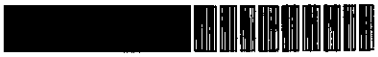
AFFIDAVIT

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



1108155

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: #23
 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	907	50/50 POZ	109	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: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 # 252152

Invoice Date: 08/17/2012 Terms: 0/0/30,n/30

Page 1

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

SUGAR RIDGE FARMS #23
37583
29-14-22 L.D.G.
08-16-2012 -I.D.C.
KS (cementing)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	109.00	10.9500	1193.55
1118B	PREMIUM GEL / BENTONITE	284.00	.2100	59.64
1111	SODIUM CHLORIDE (GRANULA	211.00	.3700	78.07
1110A	KOL SEAL (50# BAG)	545.00	.4600	250.70
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	907.00	.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: 1609.96 Freight: .00 Tax: 121.15 AR 3411.11
Labor: .00 Misc: .00 Total: 3411.11
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 37583
LOCATION Ottawa KS
FOREMAN Fred Madu

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
8/16/12	3392	Sugar Ridge Farm # 23	SE 29	14	22	JO

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Madu	Safety	MLG
495	Harber	HS	
675	Dee Mac	DM	
558	Brauman	BM	

CUSTOMER: DGZ Exploration
MAILING ADDRESS: 901 N Elm St
CITY: St Elmo STATE: IL ZIP CODE: 6

JOB TYPE: Longstring HOLE SIZE: 5 7/8 HOLE DEPTH: 940' CASING SIZE & WEIGHT: 2 1/2 EUE
CASING DEPTH: 907' DRILL PIPE: _____ TUBING: _____ OTHER: _____
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/stk: _____ CEMENT LEFT IN CASING: 2 1/2" Plug
DISPLACEMENT: 527 BBL DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: 52 RPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 109 sks 50/50 Por Mix Cement 2% Gel 5% Salt 5# Kal Seal / sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

TDS Drilling - Chad.

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	195	1030 ⁰⁰
5406	30 mi.	MILEAGE	495	120 ⁰⁰
5402	907'	Casing Footage		N/C
5407	Minimum	Ten Miles	658	350 ⁰⁰
5502C	2 hrs	90 BBL Vac Truck	675	180 ⁰⁰
1124	109 sks	50/50 Por Mix Cement		1193 ⁵⁰
1118B	284#	Premium Gel		59 ⁶⁹
1111	211#	Granulated Salt		78 ⁰⁷
1110A	545#	Kal Seal		250 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.52570	
		SALES TAX		121 ¹⁵
		ESTIMATED TOTAL		3411 ¹¹

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

252152

Johnson County, KS
Well: Sugar Ridge 23
Lease Owner: D Z

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

Commenced Spudding:
8/15/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil-Clay	10
9	Sand Stone	19
14	Shale	33
5	Lime	38
2	Shale	40
16	Lime	56
11	Shale	67
8	Lime	75
8	Shale	83
20	Lime	103
16	Shale	119
22	Lime	141
8	Shale	149
52	Lime	201
19	Shale	220
8	Lime	228
19	Shale	247
7	Lime	254
8	Shale	262
7	Lime	269
45	Shale	314
26	Lime	340
7	Shale	347
23	Lime	370
4	Shale	374
5	Lime	379
4	Shale	383
6	Lime	389
33	Shale	422
17	Sandy Shale	439
125	Shale	564
5	Lime	569
11	Shale	580
8	Lime	588
15	Shale	603
3	Lime	606
14	Shale	620
2	Lime	622
8	Shale	630
7	Red Bed	637

