



KANSAS CORPORATION COMMISSION 1108115
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 #:

09/19/2012	09/21/2012	09/21/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23831-00-00

Spot Description:
NW SW SE NE Sec. 28 Twp. 14 S. R. 22 East West
2984 Feet from North / South Line of Section
1215 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson

Lease Name: Donovan Well #: #1-1

Field Name:

Producing Formation: Bartlesville

Elevation: Ground: 1041 Kelly Bushing: 0

Total Depth: 940 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 917 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



1108115

Operator Name: D & Z Exploration, Inc. Lease Name: Donovan Well #: #1-1
 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>865</td> <td></td> </tr> </table>	Name	Top	Datum	Bartlesville	865	
Name	Top	Datum					
Bartlesville	865						

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	910	50/50 poz	113	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: _____ _____
---	---	--



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 # 253117

Invoice Date: 09/25/2012 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

DONOVAN I-1
34932
28-14-21
09-20-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	113.00	10.9500	1237.35
1118B	PREMIUM GEL / BENTONITE	290.00	.2100	60.90
1111	SODIUM CHLORIDE (GRANULA	218.00	.3700	80.66
1110A	KOL SEAL (50# BAG)	565.00	.4600	259.90
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	910.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00
T-106 WATER TRANSPORT (CEMENT)	1.50	112.00	168.00

Parts: 1666.81 Freight: .00 Tax: 125.43 AR 3460.24
 Labor: .00 Misc: .00 Total: 3460.24
 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

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 34932
LOCATION Ottawa
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-20-12	3392	Donovan F-1	NE 28	14	21	JO

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan Mader	Safety	Meet
368	Al Mader	MH	
505/1106	Mikhaa	MH	
503	Dan Det	DD	

CUSTOMER: D & Z Exploration
MAILING ADDRESS: 901 N Elm St.
CITY: ST Elmo STATE: IL ZIP CODE: 62458

JOB TYPE: long string HOLE SIZE: 5 7/8 HOLE DEPTH: 940 CASING SIZE & WEIGHT: 2 7/8
CASING DEPTH: 910 DRILL PIPE: _____ TUBING: _____ OTHER: _____
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: yes
DISPLACEMENT: 5.3 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 46 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 113 sks 50/50 cement plus 2% gel, 5% salt 5# gel seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minutes M.I.T. Set float closed valve.

TOS, 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	910	casing footage	369	—
5407	mi	ten miles	503	350.00
5501C	1 1/2	transport	T-106	168.00
1124	113	50/50 Cement		1237.35
1118B	290 #	gel		60.90
1111	218 #	salt		80.66
110 A	565 #	gel seal		259.90
4402	1	2 1/2 plug		28.00
SALES TAX				125.43
ESTIMATED TOTAL				3460.24

Form 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.

253117

Johnson County, KS
Well: Donovan I-21
Lease Owner: D Z

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

Commenced Spudding:
9/17/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
5	Soil/Clay	5
12	Sandstone	17
7	Shale	24
2	Lime	26
17	Shale	43
7	Lime	50
4	Shale	54
16	Lime	70
8	Shale	78
8	Lime	86
9	Shale	95
18	Lime	113
19	Shale	132
16	Lime	148
10	Shale	158
57	Lime	215
20	Shale	235
9	Lime	244
19	Shale	263
7	Lime	270
4	Shale	274
9	Lime	283
33	Shale	316
1	Lime	317
11	Shale	328
24	Lime	352
8	Shale	360
24	Lime	384
4	Shale	388
6	Lime	394
3	Shale	397
7	Lime	404
111	Shale	515
8	Sand	523
38	Shale	561
9	Sand	570
7	Shale	577
5	Lime	582
2	Shale	584
1	Lime	585

