



KANSAS CORPORATION COMMISSION 1108126
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 #: _____
09/13/2012 09/20/2012 09/20/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23836-00-00
Spot Description: _____
SW SW NE NE Sec. 28 Twp. 14 S. R. 22 East West
3966 Feet from North / South Line of Section
1203 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Donovan Well #: #1-4
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1041 Kelly Bushing: 0
Total Depth: 945 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 916 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 cmf.

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



1108126

Operator Name: D & Z Exploration, Inc. Lease Name: Donovan Well #: #1-4
 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 Name Top Datum Bartlesville 864
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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	916	50/50 poz	119	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)</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 # 252985

Invoice Date: 09/18/2012 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

DONOVAN I-4 —
34917
28-14-21
09-17-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	119.00	10.9500	1303.05
1118B	PREMIUM GEL / BENTONITE	300.00	.2100	63.00
1111	SODIUM CHLORIDE (GRANULA	230.00	.3700	85.10
1110A	KOL SEAL (50# BAG)	595.00	.4600	273.70
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	916.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts: 1752.85 Freight: .00 Tax: 131.90 AR 3564.75
Labor: .00 Misc: .00 Total: 3564.75
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

TICKET NUMBER 34917
LOCATION Ottawa
FOREMAN Alan Made

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-17-12	3392	Donovan T-4	NE 28	14	21	Jo
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Dt 2 Exploration			516	Alan Mad Safety	Meet	
MAILING ADDRESS			368	Arlen Mad		
901 N Elm			675	Keith Det	BD	
CITY	STATE	ZIP CODE	503	Dan Det	DD	
St Elmo	IL	62458	CASING SIZE & WEIGHT 2 7/8			
JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>945</u>	OTHER			
CASING DEPTH <u>916</u>	DRILL PIPE	TUBING	CEMENT LEFT IN CASING <u>yes</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	RATE <u>4 bpm</u>			
DISPLACEMENT <u>5.3</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>				

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 119 sk 50/150 cement plus 5% salt 2% gel and 5% seal per sack. Circulated cement. flushed pump. Pumped plug to casing TD ran MIT. Set float. Closed valve.

TOS, Chad. Well held 800 PSI for 30 min MIT
Alan Made

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	916'	casing footage	368	
5407	min	ten miles	503	352.00
5502C	2	80 var	675	180.00
1124	119	50/150 cement		1303.05
1118B	300#	gel		63.00
1111	230#	salt		85.10
1110 A	595#	Kol seal		273.70
4402	1	2 1/2 plug		28.00
SALES TAX				131.90
ESTIMATED TOTAL				3564.75

Reven 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

252985

Johnson County, KS
Well: Donovan I-4
Lease Owner: D Z

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

Commenced Spudding:
9/13/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
7	Soil-Clay	7
11	Sandstone	18
11	Shale	29
5	Lime	34
16	Shale	50
6	Lime	56
5	Shale	61
15	Lime	76
9	Shale	85
8	Lime	93
9	Shale	102
17	Lime	119
18	Shale	137
20	Lime	157
7	Shale	164
56	Lime	220
21	Shale	241
10	Lime	251
16	Shale	267
6	Lime	273
4	Shale	277
9	Lime	286
34	Shale	320
1	Lime	321
11	Shale	332
26	Lime	358
8	Shale	366
22	Lime	388
4	Shale	392
6	Lime	398
3	Shale	401
7	Lime	408
117	Shale	525
3	Sand	528
33	Shale	561
6	Sand	567
11	Shale	578
6	Lime	584
3	Shale	587
3	Lime	590

