



KANSAS CORPORATION COMMISSION 1108130  
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 #:

9/21/2012	9/23/2012	9/23/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23837-00-00

Spot Description:  
W2 SW NE NE Sec. 28 Twp. 14 S. R. 22  East  West  
4290 Feet from  North /  South Line of Section  
1237 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Johnson

Lease Name: Donovan Well #: #1-5

Field Name:

Producing Formation: Bartlesville

Elevation: Ground: 1048 Kelly Bushing: 0

Total Depth: 940 Plug Back Total Depth: 0

Amount of Surface Pipe Set and Cemented at: 911 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



1108130

Operator Name: D & Z Exploration, Inc. Lease Name: Donovan Well #: #1-5  
 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	6.2	911	50/50 POZ	125	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 # 253206

=====  
Invoice Date: 09/26/2012 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-5  
39669  
4-28-14  
09-21-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	125.00	10.9500	1368.75
1118B	PREMIUM GEL / BENTONITE	310.00	.2100	65.10
1111	SODIUM CHLORIDE (GRANULA	263.00	.3700	97.31
1110A	KOL SEAL (50# BAG)	625.00	.4600	287.50
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	912.00	.00	.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00

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Parts: 1846.66 Freight: .00 Tax: 138.96 AR 3710.62  
Labor: .00 Misc: .00 Total: 3710.62  
Sublt: .00 Supplies: .00 Change: .00  
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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



Johnson County, KS  
Well: Donovan I-5  
Lease Owner: D Z

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

Commenced Spudding:  
9/19/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
8	Soil-Clay	8
12	Sandstone	20
40	Shale	60
6	Lime	66
4	Shale	70
16	Lime	86
8	Shale	94
9	Lime	103
8	Shale	111
18	Lime	129
18	Shale	147
19	Lime	166
7	Shale	173
22	Lime	228
21	Shale	249
9	Lime	258
19	Shale	277
6	Lime	283
4	Shale	287
9	Lime	296
34	Shale	330
1	Lime	331
11	Shale	342
25	Lime	367
8	Shale	375
24	Lime	399
4	Shale	403
5	Lime	408
4	Shale	412
6	Lime	418
112	Shale	530
8	Lime	538
35	Shale	573
6	Sand	579
11	Shale	590
5	Lime	595
3	Shale	598
3	Lime	601
7	Shale	608
7	Lime	615

