



KANSAS CORPORATION COMMISSION 1085566
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>04/20/2012</u>	<u>04/22/2012</u>	<u>04/22/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23765-00-00
Spot Description: _____
N2 N2 NW SE Sec. 29 Twp. 14 S. R. 22 East West
2420 Feet from North / South Line of Section
1980 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 #: #30
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1006 Kelly Bushing: 0
Total Depth: 920 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 30 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 Gertner Date: 06/27/2012



1085566

Operator Name: D & Z Exploration, Inc. Lease Name: Sugar Ridge Farms Well #: #30
 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 Wireline 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>831</td> <td></td> </tr> </table>	Name	Top	Datum	Bartlesville	831	
Name	Top	Datum					
Bartlesville	831						

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	893.63	50/50 poz	126	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 68720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 249301

Invoice Date: 04/26/2012 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 #30 *L.D.E.*
36681
29-14-22
04-23-2012
KS
I.D.C.
(cementing SRF #30)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	126.00	10.9500	1379.70
1118B	PREMIUM GEL / BENTONITE	312.00	.2100	65.52
1111	SODIUM CHLORIDE (GRANULA	244.00	.3700	90.28
1110A	KOL SEAL (50# BAG)	630.00	.4600	289.80
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	894.00	.00	.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1853.30 Freight: .00 Tax: 139.46 AR 3672.76
Labor: .00 Misc: .00 Total: 3672.76
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



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 36681

LOCATION Ottawa KS

FOREMAN Fred Madir

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/23/12	3392	Sugar Ridge Farms # 30	S0129	14	22	JO
CUSTOMER			TRUCK #			
D&Z Exploration			DRIVER			
MAILING ADDRESS			TRUCK #			
901 N. Elm St.			DRIVER			
CITY			TRUCK #			
St. Elmo			DRIVER			
STATE			TRUCK #			
IL			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 894 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush - Mix + Pump 126 sks 50/50 for mix cement 2% Gel 5% Salt 5# Kal Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" rubber plug to TD Pressure to 800# PSI. Release pressure to set float valve. Shut in Casing.

TDS Drilling (Chad)

Fred Madir

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1038.00
5406	30 mi	MILEAGE	495	12000
5402	894	Casing footage		N/C
5407	Minimum	Ten Miles		350.00
5502C	2 hrs	80 BBL Vac Truck	369	180.00
1124	126 sks	50/50 for mix cement		1379.70
1118B	312#	Premium Gel		65.00
1111	244#	Granulated Salt		90.00
1101	630#	Kal Seal		289.80
4402	1	2 1/2" Rubber		25.00
			7.5252	SALES TAX
				ESTIMATED
				TOTAL

Rev 5737

AUTHORIZATION

[Signature]

249301

TITLE ANTHONY CAVANI

DATE

SALES TAX 139.40
ESTIMATED TOTAL 3672.70

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

Johnson County, KS
Well: Sugar Ridge 30
Lease Owner: D Z

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

Commenced Spudding:
4/20/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil/Clay	10
15	Shale	25
5	Lime	30
3	Shale	33
17	Lime	50
10	Shale	60
8	Lime	68
7	Shale	75
19	Lime	94
17	Shale	111
23	Lime	134
6	Shale	140
54	Lime	194
18	Shale	212
9	Lime	221
19	Shale	240
8	Lime	248
6	Shale	254
7	Lime	261
45	Shale	306
24	Lime	330
8	Shale	338
24	Lime	362
4	Shale	366
15	Lime	381
44	Shale	425
10	Broken Sand	435
120	Shale	555
9	Lime	564
6	Shale	570
8	Lime	578
145	Shale	723
15	Broken Sand	738
93	Shale	831
3	Sandy Lime	834
3	Sand	837
1	Sand	838
1	Sandy Shale	839
2	Sandy Lime	841
6	Sandy Shale	847

Sage Lake ^{Camp} Farm: Johnson County

KS State; Well No. 30

Elevation 1096

Commenced Spuding 4-20 20 12

Finished Drilling 4-23 20 12

Driller's Name Clad Weber

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Mike Myers

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TCS

29 14 22

(Section) (Township) (Range)

Distance from S line, 2420 ft.

Distance from E line, 1480 ft.

9651-4660-9 hrs

^{3-10 sections}
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

8" Set 25' 8" Pulled _____

6 1/2" Set _____ 6 1/2" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8" Set 89.3' ³ 2" Pulled _____

829 ³ seat nipple

TD 919

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.

Thickness of Strata	Formation	Total Depth	Remarks
10	oil/clay	10	
15	shale	25	
5	Lime	30	
3	shale	33	
17	Lime	50	
10	shale	60	
8	Lime	68	
7	shale	75	
19	Lime	94	
17	shale	111	
23	Lime	134	
6	shale	140	
54	Lime	194	
18	shale	212	
9	Lime	221	
19	shale	240	
8	Lime	248	
6	shale	254	
7	Lime	261	
45	shale	306	
24	Lime	330	
8	shale	338	
24	Lime	362	
4	shale	366	
15	Lime	381	
44	shale	425	
10	Broken sand	435	

435

Thickness of Strata	Formation	Total Depth	Remarks
120	shale	555	
9	lime	564	
6	shale	570	
8	limestone	578	
145	shale	723	
15	Broken sand	738	was red bed, with some lime section.
93	shale	831	
3	sandy lime	834	10% oil, clay, sand bleed
3	sand	837	solid
1	sand	838	50%
1	sandy shale	839	50%
2	sandy lime	841	50%
6	sandy shale	847	no oil
72	shale	919	70