



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234403
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1234403

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: 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

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 272299

=====
Invoice Date: 10/31/2014 Terms: 0/30/10,n/30 Page 1
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D & Z EXPLORATION
901 N. ELM ST.
P.O. BOX 159
ST. ELMO IL 62458
(618)829-3274

MEYERS I-6
50551
SE28-14-22
10-30-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	127.00	11.5000	1460.50
1118B	PREMIUM GEL / BENTONITE	413.00	.2200	90.86
1111	SODIUM CHLORIDE (GRANULA	267.00	.3900	104.13
1110A	KOL SEAL (50# BAG)	635.00	.4600	292.10
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-584.28

Description	Hours	Unit Price	Total
370 MIN. BULK DELIVERY	1.00	368.00	368.00
548 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
666 CASING FOOTAGE	946.00	.00	.00

Amount Due 3901.90 if paid after 11/10/2014

Parts:	1977.09	Freight:	.00	Tax:	102.72	AR	3274.53
Labor:	.00	Misc:	.00	Total:	3274.53		
Sublt:	-584.28	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 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



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

272299

TICKET NUMBER 50551
LOCATION Chanute, KS
FOREMAN Casey Kennedy

691
661

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/30/14	3392	Meyers # I-6	SE 28	14	22	JO
CUSTOMER Dt Z Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 901 N. Elm St			729 Caslen ✓ Safety, Maching			
CITY STATE ZIP CODE St Elmo IL 62458			6666 KeiCar ✓			
			548 Dan Wilson ✓			
			370 Mik Fox ✓			
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
long string	5 7/8"	980'	2 7/8" EUE			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
946'						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
5.48 bbls			4.5 bpm			

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 127 sks 59/50 Pozmix cement w/ 2% gel, ~~prossured to 800 PSI~~ 5% salt, + 5 # Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.48 bbls fresh water, prossured to 800 PSI, well hold pressure for 30 min MIT, released pressure, shut in casing.

Casey Kennedy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	30 mi	MILEAGE		126.00
5402	946'	casing footage		
5407	minimum	ton mileage		368.00
8502C	2 hrs	80 Vac		200.00
1124	127 sks	59/50 Pozmix cement	1460.50	
1118B	413 #	Premium Gel	90.86	
1111	267 #	Salt	104.13	
1110A	635 #	Kalseal	292.10	
		materials	1947.59	
		-30%	584.28	
		subtotal		1363.31
4402	1	2 1/2" rubber plug		29.50
			3901.90	
		7.375% SALES TAX		102.72
		ESTIMATED TOTAL		3274.53

AUTHORIZATION _____ 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.

Johnson County, KS
Well: Meyers I-6
Lease Owner: D Z

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

Commenced Spudding:
10/29/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
4	Soil-Clay	4
24	Sandstone	28
8	Grey Sand	36
11	Shale	47
7	Lime	54
19	Shale	73
7	Lime	80
5	Shale	85
17	Lime	102
8	Shale	110
9	Lime	119
8	Shale	127
19	Lime	146
16	Shale	162
20	Lime	182
9	Shale	191
57	Lime	248
20	Shale	268
6	Lime	274
22	Shale	296
7	Lime	303
3	Shale	306
9	Lime	315
35	Shale	350
1	Lime	351
12	Shale	363
26	Lime	389
7	Shale	396
24	Lime	420
4	Shale	424
2	Lime	426
5	Shale	431
9	Lime	440
78	Shale	518
7	Grey Sand	525
90	Shale	615
5	Lime	620
13	Shale	633
3	Lime	636
21	Shale	657

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$
 D equals diameter in feet.
 h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

- * D - Diameter of Pump Sheave
- * d - Diameter of Engine Sheave
- SPM - Strokes per minute
- RPM - Engine Speed
- R - Gear Box Ratio
- *C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 16

Farm Meyers

Kansas Johnson
 (State) (County)

28 14 22
 (Section) (Township) (Range)

For D+Z Exploration
 (Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
 Louisburg, KS 66053
 913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
4	soil + clay	4	
24	sandstone	28	
8	grey sand	36	
11	shale	47	
7	lime	54	
19	shale	73	
7	lime	80	
5	shale	85	
17	lime	102	
8	shale	110	
9	lime	119	
8	shale	127	
19	lime	146	
16	shale	162	
20	lime	182	
9	shale	191"	
57	lime	248	
20	shale	268	
6	lime	274	
22	shale	296	
7	lime	303	
3	shale	306	
9	lime	315	
35	shale	350	
1	lime	351	
12	shale	363	
26	lime	389	

Thickness of Strata	Formation	Total Depth	Remarks
7	shale	396	
24	lime	420	
4	shale	424	
2	lime	426	
5	shale	431	
9	lime	440	
78	shale	518	
7	grey sand	525	
90	shale	615	
5	lime	620	
13	shale	633	
3	lime	636	
21	shale	657	
3	lime	660	
8	shale	668	
2	lime	670	
5	shale	675	
2	lime	677	
113	shale	790	
10	grey sand	800	
103	shale	903	
5	broken sand	908	the odor poor infraction
6	ol sand	914	very good bleed
3	broken sand	917	lite bleed good infraction
8	sandy shale	925	
55	shale	980	10

399