Confidentiality Requested:
☑ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1234405

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 # 34339
Name: D & Z Exploration, Inc.
Address 1: 900 N ELM ST.
Address 2: PO BOX 159
City: ST ELMO State: IL Zip: 62458 + ____
Contact Person: NINA FLOWERS
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
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #: ____
☐ Dual Completion Permit #: ____
☐ SWD Permit #: ____
☐ ENHR Permit #: ____
☐ GSW Permit #: ____

11/3/2014	11/4/2014	11/4/2014
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-24388-00-00
Spot Description: ____
NE - SE - NW - SE Sec. 28 Twp. 14 S. R. 22 ☑ East ☐ West
1870 Feet from ☐ North / ☑ South Line of Section
1485 Feet from ☑ East / ☐ West Line of Section

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

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

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Johnson
Lease Name: MEYERS Well #: #I-20
Field Name: ____
Producing Formation: BARTLESVILLE
Elevation: Ground: 1032 Kelly Bushing: 0
Total Vertical Depth: 960 Plug Back Total Depth: 935
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
If yes, show depth set: ____ Feet
If Alternate II completion, cement circulated from: 20
feet depth to: 0 w/ 10 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

☑ **Confidentiality Requested**
Date: 12/08/2014
☑ **Confidential Release Date:** 12/07/2016
☐ **Wireline Log Received**
☐ **Geologist Report Received**
☑ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** NAOMI JAMES **Date:** 12/09/2014

[redacted] 1234405

Operator Name: D & Z Exploration, Inc. Lease Name: MEYERS Well #: #I-20

Sec. 28 Twp. 14 S. R. 22 ☑ East ☐ West County: Johnson

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 ☐ Yes ☑ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☑ No

Cores Taken ☐ Yes ☑ No

Electric Log Run ☐ Yes ☑ No

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
BARTLESVILLE	886	

CASING RECORD ☐ New ☑ 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	20	PORTLAND	10	NONE
PRODUCTION	5.625	2.825	6.2	935	50/50 POZ	120	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	- -			

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 *(Amount and Kind of Material Used)*	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: ☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)* ☐ Other *(Specify)* _____

PRODUCTION INTERVAL:

Form	ACO1 - Well Completion
Operator	D & Z Exploration, Inc.
Well Name	MEYERS #I-20
Doc ID	1234405

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
SURFACE	9.825	7	20	20	PORTLAND	10	NONE
PRODUCTION	5.625	2.825	6.2	935	50/50 POZ	120	NONE

Johnson County, KS
Well: Meyer I-20
Lease Owner: D Z

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

Commenced Spudding:
11/3/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
8	Soil-Clay	8
5	Sandstone	13
32	Shale	45
5	Lime	50
5	Shale	55
17	Lime	72
10	Shale	82
7	Lime	89
8	Shale	97
20	Lime	117
16	Shale	133
19	Lime	152
10	Shale	162
56	Lime	218
19	Shale	237
8	Lime	245
19	Shale	266
6	Lime	272
5	Shale	277
9	Lime	286
34	Shale	320
1	Lime	321
11	Shale	332
12	Lime	344
2	Limey Sand	346
6	Lime	352
2	Shale	354
3	Lime	357
8	Shale	365
23	Lime	388
4	Shale	392
3	Lime	395
7	Shale	402
6	Lime	408
177	Shale	585
5	Lime	590
11	Shale	601
4	Lime	605
17	Shale	622
5	Lime	627

Johnson County, KS
Well: Meyer I-20
Lease Owner: D Z

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

Commenced Spudding:
11/3/2014

6	Shale	633
2	Lime	635
6	Shale	641
3	Lime	644
104	Shale	748
5	Broken Sand	753
10	Sandy Shale	763
108	Shale	871
3	Broken Sand	874
9	Oil Sand	883
2	Broken Sand	885
5	Sandy Shale	890
50	Shale	960-TD

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals D^2x.14xh

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 - RPMxd over SPMxR

d - SPMxRxD over RPM

SPM - RPMXD over RxD

R - RPMXD over SPMxD

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

* Need these to figure belt length

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

746 WATTS equal 1 HP

Log Book

Well No. I-20

Farm Meyer

KS (State) Johnson (County)

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

For D + Z Exploration (Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

_____ Farm: _____ County

_____ State; Well No. _____

Elevation _____ Feet

Commenced Spuding 11-3, 20 14

Finished Drilling 11-4, 20 14

Driller's Name _____

Driller's Name _____

Driller's Name Kenny Gunn

Tool Dresser's Name Cole Holcomb

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name _____

_____

(Section) (Township) (Range)

Distance from _____ line, _____ ft.

Distance from _____ line, _____ ft.

CASING AND TUBING RECORD

10" Set		10" Pulled	
8" Set	20'	8" Pulled	
6¼" Set		6¼" Pulled	
4" Set		4" Pulled	
2" ⅞ Set	935.75	2" Pulled	

Thickness of Strata	Formation	Total Depth	Remarks
8	soil & clay	8	
5	sandstone	13	
32	shale	45	
5	lime	50	
5	shale	55	
17	lime	72	
10	shale	82	
7	lime	89	
8	shale	97	
20	lime	117	
16	shale	133	
19	lime	152	
10	shale	162	
56	lime	218	
19	shale	237	
8	lime	245	
19	shale	266	
6	lime	272	
5	shale	277	
9	lime	286	
34	shale	320	
1	lime	321	
11	shale	332	
12	lime	344	
2	lime, sand	346	Lite oil bleed.
6	lime	352	
2	shale	354	

354

Thickness of Strata	Formation	Total Depth	Remarks
3	lime	357	
8	shale	365	
23	lime	388	
4	shale	392	
3	lime	395	
7	shale	402	
6	lime	408	Hertha
177	shale	585	
5	lime	590	
11	shale	601	
4	lime	605	
17	shale	622	
5	lime	627	
6	shale	633	
2	lime	635	
6	shale	641	
3	lime	644	
104	shale	748	
5	broken sand	753	very little odor
10	sandy shale	763	
108	shale	871	
3	broken sand	874	lite odor
9	oil sand	883	very good bleed great saturation
2	broken sand	885	good bleed lite saturation
5	sandy shale	890	no oil
50	shale	960	TD

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

INOICE Invoice # 801915

Invoice Date: 11/18/2014 Terms: Net 30 Page 1

D & Z EXPLORATION

901 N. ELM ST.
ST. ELMO IL 62458
USA
6188293274

MEYERS I-20

Part Number	Dscription	Qty	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.00	1,085.00	0.00	1,085.00
5406	Mileage Charge	1.00	0.00	0.00	0.00
5402	Casing Footage	935.75	0.00	0.00	0.00
5407	Min. Bulk Delivery Charge	1.00	368.00	0.00	368.00
5502C	80 Vacuum Truck Cement	1.50	100.00	0.00	150.00
1124	Poz Cement Mix	120.00	11.50	30.00	966.00
1118B	Premium Gel / Bentonite	302.00	0.22	30.00	46.51
1111	Sodium Chloride (Granulated	242.00	0.39	30.00	66.07
1110A	Kol Seal (50# BAG)	600.00	0.46	30.00	193.20
4402	2 1/2 Rubber Plug	1.00	29.50	0.00	29.50

Sub Total	3,449.32
Discounted Amount	545.05
SubTotal After Discount	2,904.28

Amount Due 3,585.49 if paid after 12/18/2014

Tax:	95.97
Total:	3,000.25

803/811

CONSOLIDATED
Oil Well Services, LLC

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

INVOICE# 801915

TICKET NUMBER 50618
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-4-14	3392	Meyers #I-20	SE 28	14	22	JO

CUSTOMER: D & Z Exploration
MAILING ADDRESS: 910 N Elm St
CITY: St Elmo | STATE: IL | ZIP CODE: 62458

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fre Mad		
666	Mel Kar		
370	Mik Fox		
548	Dam Wha		

JOB TYPE Longstring | HOLE SIZE 5 7/8 | HOLE DEPTH 960 | CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 935.75 | DRILL PIPE | TUBING | OTHER
SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT in CASING 2½" Plug
DISPLACEMENT 5.44 BBL | DISPLACEMENT PSI | MIX PSI | RATE 4½ BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix & Pump 100# Gel Flush. Mix & Pump 120 sks 50/50 Por Mix Cement 2% Gel 5% Salt 5# Kol Seal/sk. Cement to Surface. Flush pump & lines clean. Displace 2½" Rubber plug to casing TD. Pressure to 800# PSI. Monitor pressure for 30 Min MIT. Release pressure to set float valve. Shut in Casing.

TOS Drilling. Fred Mader

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666		1085.00
5406	—	MILEAGE			N/C
5402	935.75	Casing Footage			N/C
5407	Minimum	Ton Miles	548		368.00
5502C	1½ hr	80 BBL Vac Truck	370		150.00
1124	120 SKS	50/50 Por Mix Cement		1380.00	
1118B	302#	Premium Gel		66.44	
1111	242#	Granulated Salt		94.35	
1110A	600#	Kol Seal		276.00	
		Material		1816.82	
		Less 30%		-545.05	
		Total			1271.77
4402	1	2½" Rubber Plug			29.50
				3585.49	
			7.375%	SALES TAX	95.97
				ESTIMATED TOTAL	3000.24

1310

Ravin 3737

AUTHORIZTION _____ 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.