



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234406
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: _____

1234406

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Meyer I-19
Lease Owner: D Z

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

Commenced Spudding:
11/4/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
16	Soil-Clay	16
21	Shale	37
4	Lime	41
9	Shale	50
15	Lime	65
10	Shale	75
8	Lime	83
8	Shale	91
21	Lime	112
15	Shale	127
20	Lime	147
10	Shale	157
56	Lime	213
18	Shale	231
8	Lime	239
21	Shale	260
7	Lime	267
3	Shale	270
10	Lime	280
33	Shale	313
1	Lime	314
12	Shale	326
28	Lime	354
6	Shale	360
21	Lime	381
4	Shale	385
4	Lime	389
6	Shale	395
8	Lime	403
110	Shale	513
12	Grey Sand	525
12	Sandy Shale	537
37	Shale	574
4	Lime	578
14	Shale	592
6	Lime	598
18	Shale	616
2	Lime	618
128	Shale	746
3	Broken Sand	749

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 $BPH \times PSI \times .0004$

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. I-19

Farm Meyer

KS 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

Farm: _____ County _____

State: Well No. _____

Elevation _____

Commenced Spuding 11-4 20 14

Finished Drilling 11-5 20 14

Driller's Name _____

Driller's Name _____

Driller's Name Kenny Gunn

Tool Dresser's Name Cole Holcom

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~~ 8" Set 20' 8" Pulled _____

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8" Set 915.57 2" Pulled _____

USED

FEET IN.

THDS
w/o THDS

Ins.

[Handwritten signature]

Thickness of Strata	Formation	Total Depth	Remarks
16	soil & clay	16	
21	shale	37	
4	lime	41	
9	shale	50	
15	lime	65	
10	shale	75	
8	lime	83	
8	shale	91	
21	lime	112	
15	shale	127	
20	lime	147	
10	shale	157	
56	lime	213	
18	shale	231	
8	lime	239	
21	shale	260	
7	lime	267	
3	shale	270	
10	lime	280	
33	shale	313	
1	lime	314	
12	shale	326	
28	lime	354	
6	shale	360	
21	lime	381	
4	shale	385	
4	lime	389	

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Thickness of Strata	Formation	Total Depth	Remarks
6	shale	395	
9	lime	403	Herthia
110	shale	513	
12	grey sand	525	no oil
12	sandy shale/shale	537	
37	shale	574	
4	lime	578	
14	shale	592	
6	lime	598	
18	shale	616	
2	lime	618	
128	shale	746	
3	broken sand	749	lite color no show
4	grey sand	753	no oil
7	sandy shale	760	
102	shale	862	
4	broken sand	866	lite color 70% white sand 30% broken sand
8	oil sand	874	very good bleed great saturation
1	broken sand	875	lite bleed ok saturation
5	sandy shale	880	
80	shale	960	TD



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 # 801922

Invoice Date: 11/18/2014

Terms: Net 30

Page 1

D & Z EXPLORATION

MEYERS I-19

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

Part Number	Description	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	915.00	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	126.00	11.50	30.00	1,014.30
1118B	Premium Gel / Bentonite	311.00	0.22	30.00	47.89
1111	Sodium Chloride (Granulated)	254.00	0.39	30.00	69.34
1110A	Kol Seal (50# BAG)	630.00	0.46	30.00	202.86
4402	2 1/2 Rubber Plug	1.00	29.50	0.00	29.50
Sub Total					3,538.78
Discounted Amount					571.88
SubTotal After Discount					2,966.89

Amount Due 3,681.54 if paid after 12/18/2014

Tax: 100.59
 Total: 3,067.48



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

INVOICE #801922

TICKET NUMBER 50622
LOCATION Oklahoma KS
FOREMAN Fred Mader

891
818

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-5-14	3392	Meyers I-19	BE 20	14	22	JO
CUSTOMER D&Z Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 910 N. Elm St.			712 Fred Mader			
CITY STATE ZIP CODE St Elmo IL 62458			495 Hal Ber			
			675 Kie Det			
			548 Max Cap			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 960' CASING SIZE & WEIGHT 2 1/8 EUE
CASING DEPTH 915' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 5.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold 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 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Monitor pressure for 30 min MITI. Release pressure to set float valve. Shut in casing.

Tos Drilling - Kenny

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	-	MILEAGE		N/C
5402	915	Casing Footage		N/C
5407	Minimum	Ton Miles	548	368.00
5502	1 1/2 hr	80 BBL Vac Truck	475	150.00
1124	126 SKS	50/50 Por Mix Cement	1449.00	1449.00
1118B	311#	Premium Gel	68.42	21280.00
1111	254#	Granulated Salt	99.06	25161.24
1110A	630#	Kol Seal	289.50	182445.00
		Material less 30%	1906.28	1906.28
		Total	- 571.88	133440.20
41402	1	2 1/2" Rubber Plug		29.50
			368.54	
			7.3758	
		SALES TAX		100.59
		ESTIMATED TOTAL		3067.48

Revin 3737

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.