



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

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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



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

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

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 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 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 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
_____ 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: 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
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Midwestern Exploration Company
Well Name	Merriloy 4-10
Doc ID	1107460

All Electric Logs Run

Dual Induction/SP/GR
Compensated Neutron-Density/GR
Microlog/GR
Sonic Log/GR

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Tops

Name	Top	Datum
Base Heebner	4354	(-1367)
Toronto Lime	4363	(-1376)
Lansing Lime	4465	(-1478)
Kansas City	4868	(-1881)
Marmaton Lime	5205	(-2218)
Cherokee Shale	5595	(-2608)
Lower Atoka Lime	5899	(-2912)
Morrow Shale	5934	(-2847)
Lower Morrow Lime	6233	(-3246)
Chester C Lime	6309	(-3322)
Ste Genevieve	6636	(-3649)
St. Louis	6704	(-3717)

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Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Tyep and Percent Additives
Conductor	30	20	65	80	Grout	10	
Surface	12.25	8.625	24	1654	Class A	400	3%CC, 1/4# flocele
Surface	12.25	8.625	24	1654	Class C	150	2% CC
Production	7.875	5.5	15.5	6690	ACS	200	5# Gilsonite, 1/4# flocele

SouthWest Acid Services, LLC

TREATMENT REPORT

Customer Midwestern Exploration		Lease Name Merriloy	
Date 11/20/12		Well # 4-10	
Ticket # _____		Formation _____	
Casing 5 1/2		Tubing 2 3/8	
Job Type Acid Ballout		County & State Stevens KS	
Pipe Data Casing Size _____ Tubing Size _____		Perforating Data Shots/Ft _____	
Customer Billy Daugherty		Acid Type NEFF	
Treater Kris Thomas		Volume 1000	
Driver Jacob Day		Flush Type _____	
Truck 3-3T		Volume 36661	
Max PSI _____		Treatment Resume	
Well Connection _____		Rate _____ Pressure _____	
Plug Depth _____		ISIP 600	
Packer Depth 6536		5 Min VAC	
N2 Volume _____		10 Min _____	
		15 Min _____	
		Total Load 50.53	

Time	Casing Pressure	Tubing Pressure	Bbl Pumped	Rate	Jog Log
0830					Arrive on location
0840					Rig up
0857					Go down tubing with acid balls
0904		9#	15	2.6	Pumping
0907		7	23	2.6	On Flush
0908		1200	26.6	2.0	Tubing loaded
0914		1848	44.2	2.7	Pumping
0917		600	50.53	0.0	Shutdown
0922		VAC			5min Vac
0928					Rig Down
					Total load 50.53 bbl
					Thanks for Calling
					SouthWest Acid Services
					Kris/Jacob

Customer Midwestern Exploration	Lease No.	Date
Lease MERR. LOU	Well # 4-10	11-26-12
Field/Order # 3351 A	Station 1717	Casing 5 1/2
		Depth
Type Job N2 Form Frac Pro Frac 2000	Formation CHESTER Sand	County STEVENS
		State KS
		Legal Description 10-355-35

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid #		RATE	PRESS	ISIP 3616
Depth 6576	Depth	From	To	Pre Pad Pro Frac 2000		Max 12.9	3616	5 Min. 3565
Volume 56.51	Volume	From	To	Pad 6000 gal 60 G		Min 12.5	1897	10 Min. 3557
Max Press 3500	Max Press	From	To	Frac 1500 gal 60 G		Avg 12.7	2650	15 Min. 3550
Well Connection	Annulus Vol.	From	To	Pro Frac 2000		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush Pro Frac 2000 6000 gal 60 G		Gas Volume 330 gal	Pro Frac 2000	Total Load 241

Customer Representative 311	Station Manager STEVE BENNETT	Treater JIM O. T. SEBA
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Service Units	71183	39378	14376	30325	12945	70230	70192	12978	70330		13704
Driver Names	Tom	Jim O	Greg	EVER	JIM G	Heckel		Carlos			total

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:00					called out
					on loc w/tek's & hold SAFETY mtg
					Rig up to well
10:13	3800				Prime up 5 PSI TEST LINES
10:14	43			6.0	START 6000 gal Pro 1/2 RATE
10:20	1489		13		LOWRIDE
10:20	1897		17	12.6	EST RATE
10:29	3021		57	12.7	START 2000 GAL 1" 20/40
10:34	3060		77	12.9	START 3000 GAL 1 1/2" 20/40
10:38	2950		108	12.9	START 3000 GAL 2" 20/40
10:41	2771		120	12.7	1" 20/40 on Bottom
10:44	2612		139	12.5	START 2000 GAL 2 1/2" 20/40
10:44	2737		140	12.5	1 1/2" 20/40 on Bottom
10:47	2577		160	12.7	START 1500 GAL 3" 16/30 RC
10:49	2665		171	12.7	2" 20/40 on Bottom
10:51	2551		183	12.7	START Flush
10:55	2653		202	12.9	2 1/2" 20/40 on Bottom
11:00	2817		223	12.8	3" 16/30 RC on Bottom
11:04	3616		241		START DOWN
	3616				ISIP
11:09	3565			5	
11:14	3557			10	