Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1217720

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

Address 2:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from Dorth / South Line of Section
Phone:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name: (e.g.xxxxxxx) (e.g.xxxxxxx) Wellsite Geologist:	Phone: ()	
Name:	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	
Purchaser:	Wellsite Geologist:	
Designate Type of Completion:	Purchaser:	
Field Name:	Designate Type of Completion:	Lease Name: Well #:
Producing Formation: Oil WSW Gas D&A Coli Gas OG GSW CM Coal Bed Methane) Cathodic Other (Core, Expl., etc.): Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: Original Total Depth: Plug Back Conv. to ENHR Corginal Comp. Date: Original Total Depth: Plug Back Conv. to ENHR Commingled Permit #: Dual Completion Permit #: SWD Permit #: GSW Permit #: GSW Permit #: Cotation of fluid disposal if hauled offsite: Operator Name: License #: Lease Name: License #: Quarter Sec. TwpS. R East_W		Field Name:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Temp. Abd. Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: Plug Back Conv. to ENHR Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Commingled Permit #: Dual Completion Permit #: SWD Permit #: GSW Permit #: Operator Location of fluid disposal if hauled offsite: Operator Name: Location of fluid disposal if hauled offsite: Operator Name: Location of fluid disposal if hauled offsite: Operator Name: Location of fluid disposal if hauled offsite: Operator Name: Location of fluid disposal if hauled offsite: Operator Name: Location of fluid disposal if hauled offsite: Operator Name: Location of fluid disposal if hauled offsite:		Producing Formation:
OG GSW Temp. Abd. OG GSW Temp. Abd. CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at:F Multiple Stage Cementing Collar Used? YesNo If Workover/Re-entry: Old Well Info as follows: If yes, show depth set:F Operator:		Elevation: Ground: Kelly Bushing:
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): Cathodic Other (Core, Expl., etc.): Amount of Surface Pipe Set and Cemented at: F Multiple Stage Cementing Collar Used? Yes No If workover/Re-entry: Old Well Info as follows: Operator: Comparison Completion Completin Comp		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: If Jees, show depth set: Well Name: Original Comp. Date: Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Commingled Permit #: Dual Completion Permit #: SWD Permit #: Operator of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Spud Date or		Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows: If yes, show depth set:		Multiple Stage Cementing Collar Used?
Operator:		If yes, show depth set: Feet
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 #:	,	If Alternate II completion, cement circulated from:
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Drilling Fluid Management Plan Dual Completion Permit #:	Well Name:	feet depth to:w/sx cmt.
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #: (Data must be collected from the Reserve Pit) Dual Completion Permit #: Dewatering method used: b SWD Permit #: Location of fluid disposal if hauled offsite: b GSW Permit #: Operator Name: Lease Name: License #: Spud Date or Date Reached TD Completion Date or Quarter Sec TwpS. R EastW		
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R	Plug Back Conv. to GSW Conv. to Producer	
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East		Chloride content: ppm Fluid volume: bbls
SWD Permit #: Location of fluid disposal if hauled offsite: ENHR Permit #: Operator Name: GSW Permit #: Lease Name: Spud Date or Date Reached TD Completion Date or		Dewatering method used:
ENHR Permit #: GSW Permit #: Date or Date Reached TD Completion Date or Quarter Sec TwpS. R EastW		Location of fluid disposal if hauled offsite:
GSW Permit #: Operator Name: Spud Date or Date Reached TD Completion Date or Operator Name: License #: Quarter Sec TwpS. R EastW		Location of huid disposal in hadied offsite.
Spud Date or Date Reached TD Completion Date or		Operator Name:
Spud Date or Date Reached ID Completion Date or		Lease Name: License #:
- Free Contraction of Free	Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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:						

	Page Two	1217720
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCEDUCTIONS: Chaw important tang of formations panetrated	Datail all aaraa Banart all final	apping of drill stome tools giving interval tooled, time tool

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 Taker (Attach Additional		Yes No	L	og Formatic	on (Top), Depth and	d Datum	Sample
Samples Sent to Geo	,	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	ed Type and Percent Additives			
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic fracturing treatment on this well?						o questions 2 an	ad 3)
Does the volume of the t	otal base fluid of the hyd	raulic fracturing treatment ex	ceed 350,000 gallons'	Yes	No (If No, skip	question 3)	
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?					No (If No, fill o	out Page Three o	of the ACO-1)
				Asid Eve	stura Chat Comanti		

Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)			Depth				
Siz	ze:	Set At	:	Packe	r At:	Liner F		No	
d Producti	ion, SWD or ENHF	ł.	Producing Me		ping	Gas Lift	Other (Explain)		
	Oil Bb	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
ION OF G	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	FERVAL:
			Open Hole		(Submit A	CO-5)	Commingled (Submit ACO-4)		
	ION OF C	Size: Size: Production, SWD or ENHF Oil Bbl	Specify Footage of Size: Set At Production, SWD or ENHR. Oil Bbls.	Specify Footage of Each Interval Pe	Specify Footage of Each Interval Perforated Size: Set At: Packe Size: Set At: Packe Production, SWD or ENHR. Producing Method: Flowing Pum Oil Bbls. Gas Mcf Oil Bbls. Gas Mcf ION OF GAS: METHOD d Used on Lease	Specify Footage of Each Interval Perforated Size: Set At: Packer At: Size: Set At: Packer At: Oroduction, SWD or ENHR. Oil Bbls. Gas Mcf Wate ON OF GAS: METHOD OF COMPLE Open Hole Perf. Dually (Submit A	Specify Footage of Each Interval Perforated Specify Footage of Each Interval Perforated Size: Set At: Size: Set At: Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Mcf Value Oil Bbls. Gas METHOD OF COMPLETION: d Used on Lease Open Hole Perf. Submit ACO-5)	Specify Footage of Each Interval Perforated (Amount and Kind (Amount and Kind (Amount and Kind Size: Set At: Packer At: Liner Run: Yes d Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Oil Bbls. Gas METHOD OF COMPLETION: (Submit ACO-4) (Submit ACO-4) (Submit ACO-4)	Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Size: Set At: Packer At: Liner Run: Yes No I Production, SWD or ENHR. Producing Method: Yes Flowing Pumping Gas Gas-Oil Ratio Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio ION OF GAS: METHOD OF COMPLETION: PRODUCTION INT d Used on Lease Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) PRODUCTION INT

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion			
Operator	Merit Energy Company, LLC			
Well Name	HANKE B 1			
Doc ID	1217720			

Tops

Name	Тор	Datum
Chase	2580	
Council Grove	2883	
Lansing	4178	
Kansas City A	4648	
Marmaton	4833	
Cherokee	5028	
Morrow	5361	
L Chester	5534	
St Genevieve	5655	