



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238843
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: _____



1238843

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CHARGE TO: Meridian Energy
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 25596

PAGE 1 OF 2

WELL PROJECT NO. #2
 SERVICE LOCATIONS:
 1. Hays KS
 2. Ness City KS
 3.
 4.
 REFERRAL LOCATION

LEASE: Holmes
 COUNTY/PARISH: Rockis
 STATE: KS
 CITY: Zurich
 DATE: 6-24-14

TICKET TYPE: SERVICE SALES
 CONTRACTOR: Royal Drilling
 RIG NAME/NO.:
 WELL TYPE: Oil
 WELL CATEGORY: Development
 JOB PURPOSE: Cement 5 1/2" Longstring
 WELLS LOCATION: Zurich 165-54 1/2 W. Sink

INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	DIS-AGREE	UNIT PRICE	AMOUNT
		LOC	ACCT								
575		1					40	mi		6.00	240.00
579		1		MILEAGE Trk #113						2000.00	2000.00
402		1		Pump Change - Two Stage Centralizer	5 1/2	in	8	ea		70.00	560.00
403		1		Cement Baskets	5 1/2	in	3	ea		300.00	900.00
407		1		Insert Float Shoe w/ Auto Fill	5 1/2	in	1	ea		375.00	375.00
408		1		D.V. Tool + Plug Set	5 1/2	in	1	ea		3550.00	3550.00
417		1		D.V. Latch Down Plug + Baffle	5 1/2	in	1	ea		200.00	200.00
419		1		Retubing Head Rental	5 1/2	in	1	job		200.00	200.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *David H. H. H.* TIME SIGNED: 2:00 P.M.
 DATE SIGNED: 6-24-14

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

PAGE TOTAL: \$18025.00
 Subtotal: 19,167.60
 Taxes: 897.44
 TOTAL: 20,065.04

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES - The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: *David H. H. H.* APPROVAL: *David H. H. H.*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 6-24-14 PAGE NO. /

CUSTOMER Meridian Energy WELL NO. #2 LEASE Holmes JOB TYPE Cement 5 1/2" Longstring TICKET NO. 25596

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2030							On location
								RTD-3468 LTD-3465
								TP-3464 SJ-#1 3421
								DU: #48 1383 5 1/2" 14"
								180 sks EA-2 w/ 1/4" #9 250 sks SMD w/ 1/4" #6
								Cent- 1, 83, 4, 6, 84, 9, 11, 47
								Basket-83, 84, 47
	2050							Start 5 1/2" 14" casing in well
	2255							Drop Ball circulate - Rotate -
	2330	6 1/2	12		✓		350	Pump 500 gal Mud Flush
		6 1/2	20		✓		350	Pump 200 bbl KCL Flush
	2350	4 1/2	36		✓		250	Mix 150 sks EA-2 @ 15.5 ppq
								Wash out Pump + Lines
								Release Latch Down Plug
6-25-14	0000	6 1/2	∅		✓		100	Start Displacement
		6 1/2	64		✓		300	Lift Pressure
		6 1/2	83		✓		600	Max Lift Pressure
	0015	6 1/2	83.5		✓		1500	Land Latch Down Plug - Release Hold -
								Drop Bomb
	0025	∅	∅		✓		1200	Open D.U. Tool
			17-11					Plug RH- MH (30-20)
	0040	4	20		✓		200	Pump 20 bbl KCL Flush
	0045	3 1/2	101		✓		150	Mix 200 sks SMD @ 11.2 ppq
								Wash out Pump + Lines
								Release Top Plug
	0145	4	∅		✓		100	Start Displacement
		4	33		✓		400	Lift Pressure
		4	33.7		✓		1500	Circulate Cement = 30 sks to pit =
	0155	4	33.7		✓		1500	Land Top Plug Release Pressure
								Shut D.U. Tool - Hold -
	0230							Job Complete

Thank You
Dave Jon Rob

GLOBAL CEMENTING, L.L.C.

1367

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS

DATE <u>6-20-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Holmes</u>	WELL # <u>2</u>	LOCATION <u>North of Zurich 3rd 1/2 West Southgate</u>			COUNTY <u>Rooks</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR Royal Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 221.31

CASING SIZE 8 5/8 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 300psi MINIMUM 100psi

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20ft

PERFS

DISPLACEMENT 12 3/4 bbl

EQUIPMENT

PUMP TRUCK CEMENTER Cody

P1 HELPER Brad

BULK TRUCK

B2 DRIVER Arick

BULK TRUCK

DRIVER

OWNER

CEMENT AMOUNT ORDERED 15000 lbm 3/4 cc

2% gel

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

REMARKS:

Run 5375 of 8 5/8 casing and landing JT

ES + Circulation

Hook up and mix 15052 and disp 12 3/4 bbl

at 1120 show 10 300psi

Cement did circulate

CHARGE TO: Meridian

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE 1072 @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

TOTAL

Global Cementing, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME

SIGNATURE Tom Blake

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS