



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1256081
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
-----------------------------------	-----------------	---

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: _____



1256081

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	LMLU 207
Doc ID	1256081

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
QUAD COMBO LOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	LMLU 207
Doc ID	1256081

Tops

Name	Top	Datum
HEEBNER	3923	
TORONTO	3937	
LANSING	4008	
KANSAS CITY	4423	
MARMATON	4594	
PAWNEE	4684	
CHEROKEE	4735	
ATOKA	4929	
MORROW	5046	
CHESTER	5277	
ST GENEVIEVE	5385	
ST LOUIS	5479	

ALLIED OIL & GAS SERVICES, LLC 065428

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Liberal KS #21

DATE <u>02-11-15</u>	SEC. <u>12</u>	TWP. <u>27</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00 AM</u>	JOB FINISH <u>2:20 PM</u>
LEASE <u>LMLU</u>	WELL # <u>207</u>	LOCATION <u>Subletters, North to CR 50</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				West to CR 1/4, North East into			

CONTRACTOR Saxon #142

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1672

CASING SIZE 8 5/8 17# DEPTH 1676

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 43.27

CEMENT LEFT IN CSG. 2.8 BBL

PERFS.

DISPLACEMENT 104 BBL

EQUIPMENT

OWNER

CEMENT

AMOUNT ORDERED 245 5/8 Class C, 2 1/4" gyoseal

2 1/4" Nams, 3 1/2" cc, 1/4" # floseal, 0.2" SA-51

240 5/8 class C, Nams, 3 1/2" cc, 1/4" # floseal

COMMON @

POZMIX @

GEL @

CHLORIDE 1509 @ 1.10 1659.90

ASC @

Floseal 134 @ 2.97 397.98

AM-D Cement class c 2 1/4" @ 31.00 9145.00

SASI 50 @ 17.55 922.80

Class C plus 240 @ 24.40 5856.00

HANDLING @

MILEAGE @

TOTAL 18404.68

PUMP TRUCK CEMENTER Cesar Pavia

549-550 HELPER Evan Carrillo

BULK TRUCK

993-1066 DRIVER Andres Zabin

BULK TRUCK

705-842 DRIVER Ramon Escorceda

Thank you! REMARKS:

Well LMLU 207

AFE 35029

GL 83001025

Office Ulysses KS

Date 2/11/2015

CHARGE TO: Merit Energy

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB Circulation from 1 @ 1125.00

PUMP TRUCK CHARGE 1 @ 2213.75

EXTRA FOOTAGE LVM 50 @ 4.40 220.00

MILEAGE HVM 50 @ 7.70 385.00

MANIFOLD 1 @ 275.00 275.00

Handling 59800 @ 248 1483.04

Drayage 1328 @ 2.75 3652.00

TOTAL 9353.79

PLUG & FLOAT EQUIPMENT

Top plug 1 @ 131.00 131.00

Float collar NBM-42 1 @ 1440.00 1440.00

Guide shoe 1 @ 460.00 460.00

Centralizer 14 @ 75.00 1050.00

Stop collar 1 @ 56.00 56.00

TOTAL 3237.00

To: Allied Oil & Gas Services, LLC.

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 JAMES CARTER

SIGNATURE James Carter

SALES TAX (If Any)

TOTAL CHARGES 39532.47

DISCOUNT - PAID IN 30 DAYS

Net 17,403.51

ALLIED OIL & GAS SERVICES, LLC 052822

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67565

SERVICE POINT:
Liberals KS

DATE <u>02-14-15</u>	SEC. <u>12</u>	TWP. <u>27S</u>	RANGE <u>35W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00</u>	JOB FINISH <u>10:00 AM</u>
LEASE <u>LMLU</u>	WELL# <u>207</u>	LOCATION <u>Sublete KS N to CR 50, W</u>		COUNTY <u>Grant</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)		<u>11M. to CR 4-7000, N2M. To Rig</u>					

CONTRACTOR Saxon #142 OWNER MERIT ENERGY

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5558 ft

CASING SIZE 5 1/2 17 ft DEPTH 5551 ft

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 1500 PSI MINIMUM

MEAS. LINE SHOE JOINT 40.58 ft

CEMENT LEFT IN CSG. 1.0 BBIS

PERFS.

DISPLACEMENT 128 BBIS

EQUIPMENT

PUMP TRUCK CEMENTER F.uben Chavez

531-541 HELPER R.ch/Ricardo Landa

BULK TRUCK

994-642 DRIVER Jose Calderon

BULK TRUCK

DRIVER

REMARKS:

Well LMLU 207

AFE 35029

GL 83001075

Office Ulysses KS

Date 2/14/15

CEMENT

AMOUNT ORDERED 300 sk 50/50 H-Poz

2% Cel, 5% Exp Seel, 10% Salt, 5lb/sk

Kol Seal, 1/4 lb/sk Cell/Flokes, 5% FLA,

• 2% Cem. Dispersant

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
50/50 Poz-H 300 sk	@ 21.79		6,537.00
Havis Sweep 12 BBIS	@ 25.00		300.00
Exp Sum 1260 lb	@ .88		1,108.80
Sodium Chloride 1762 lb	@ .68		1,198.16
Kol Seal 1500 lb	@ .98		1,470.00
Celluphan Flakes 75 lb	@ 2.97		2,227.50
FLA- 126 lb	@ 18.25		2,299.50
Dispersant Si 1 lb	@ 7.13		394.23
HANDLING	@		
MILEAGE			
TOTAL			<u>13,530.44</u>

SERVICE

Mat Handling 385 cf	@ 2.48		954.80
PUMP TRUCK CHARGE			3099.25
Dragage 761.9 T.M	@ 2.60		1,980.94
MILEAGE Heavy 50 Mi	@ 7.70		385.00
MANIFOLD + head 1	@ 275.00		275.00
Light Vehicle 50 Mi	@ 4.40		220.00
Circulating Iron 1	@		1,125.00
TOTAL			<u>8,039.99</u>

PLUG & FLOAT EQUIPMENT

Guideshoe 1	@		281.00
S.S. Float Collar 1	@		725.00
Centralizer 20	@ 57.00		1,140.00
Top rubber plug 1	@		85.00
Stop collar 1	@		49.00
TOTAL			<u>2,280.00</u>

CHARGE TO: MERIT ENERGY

STREET _____

CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
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 James Carter

SIGNATURE Jim Carter

SALES TAX (If Any) _____

TOTAL CHARGES 23,850.43

DISCOUNT _____

NET = 13,594.75

PAID IN 30 DAYS