

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260689
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: _____

1260689



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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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Caskey 33-2
Doc ID	1260689

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
CEMENT BOND LOG
HIGH FREQUENCY DIELECTRIC LOG
MICROLOG
QUAD COMBO LOG
REPEAT PASS

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Caskey 33-2
Doc ID	1260689

Tops

Name	Top	Datum
Heebner	3897	
Toronto	3919	
Lansing	3996	
Kansas City	4289	
Marmaton	4443	
Cherokee	4588	
Atoka	4704	
Morrow	4810	
St Genevieve	4854	
St Louis	4931	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 05426 A

DATE _____ TICKET NO. _____

DATE OF JOB: 4-14-15	DISTRICT: 1717	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER: Merit Energy	LEASE: Caskey	33-2 WELL NO.						
ADDRESS:	COUNTY: Kearney	STATE: KS						
CITY:	STATE:	SERVICE CREW: Juan Carlos Rogetio Hedora R						
AUTHORIZED BY: Tyce Davis	JOB TYPE: 2-42 Sewer							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
89315	12	30464	12			ARRIVED AT JOB	4:10 PM	12:00
38750	12	37724				START OPERATION	4:10 PM	5:10
19842	1					FINISH OPERATION	4:10 PM	6:40
30463	12					RELEASED	4:10 PM	7:30
19586	12					MILES FROM STATION TO WELL		50

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
c1101	✓ Acron Blend	skt	290		5394 00
c1110	✓ Premium Plus	skt	290		3912 00
c109	✓ Calcium chloride	lb	1271		1334 55
c102	✓ CelloFlate	lb	133		492 10
c136	✓ G-51	lb	55		1375 00
cf253	✓ Guideshoe 8 5/8	ea	1		380 00
cf911	✓ 8 5/8 non rotating float collar	ea	1		1250 00
cf912	✓ 8 5/8 non rotating plug	ea	1		950 00
cf4405	✓ Economized Hinged Centralizers	ea	15		1350 00
cf3000	✓ Industrial Rubber ThreadLock	ea	1		34 00
e101	Heavy Equipment Mileage	mi	150		1125 00
ce240	Blending & mixing charge	skt	530		742 00
e113	Bulk Delivery Charge	tm	1248		3118 75
ce207	Depth Charge 1001-2000	4hrs	1		1500 00
ce584	Plug Container Charge	job	1		250 00
e100	Unit Mileage charge Pickup	mi	50		225 00
5003	Service Supervisor	ea	1		175 00
t105	Cement Data Acquisition	ea	1		550 00

Well Caskey 33-2

SUB TOTAL 12,475.10

AFE 44754

SERVICE & EQUIPMENT %TAX ON \$

GL 86002078

MATERIALS %TAX ON \$

Office Garden City

TOTAL

Date 4/14/15

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer	Merit Energy	Lease No.		Date	4-14-15
Lease	Caskey	Well #	33-2	Service Receipt	5426
Casing	85/8	Depth	11629.95	County	Leahey
Job Type	2-42	Formation		State	KS
				Legal Description	Sec 33 Twp-21-R35

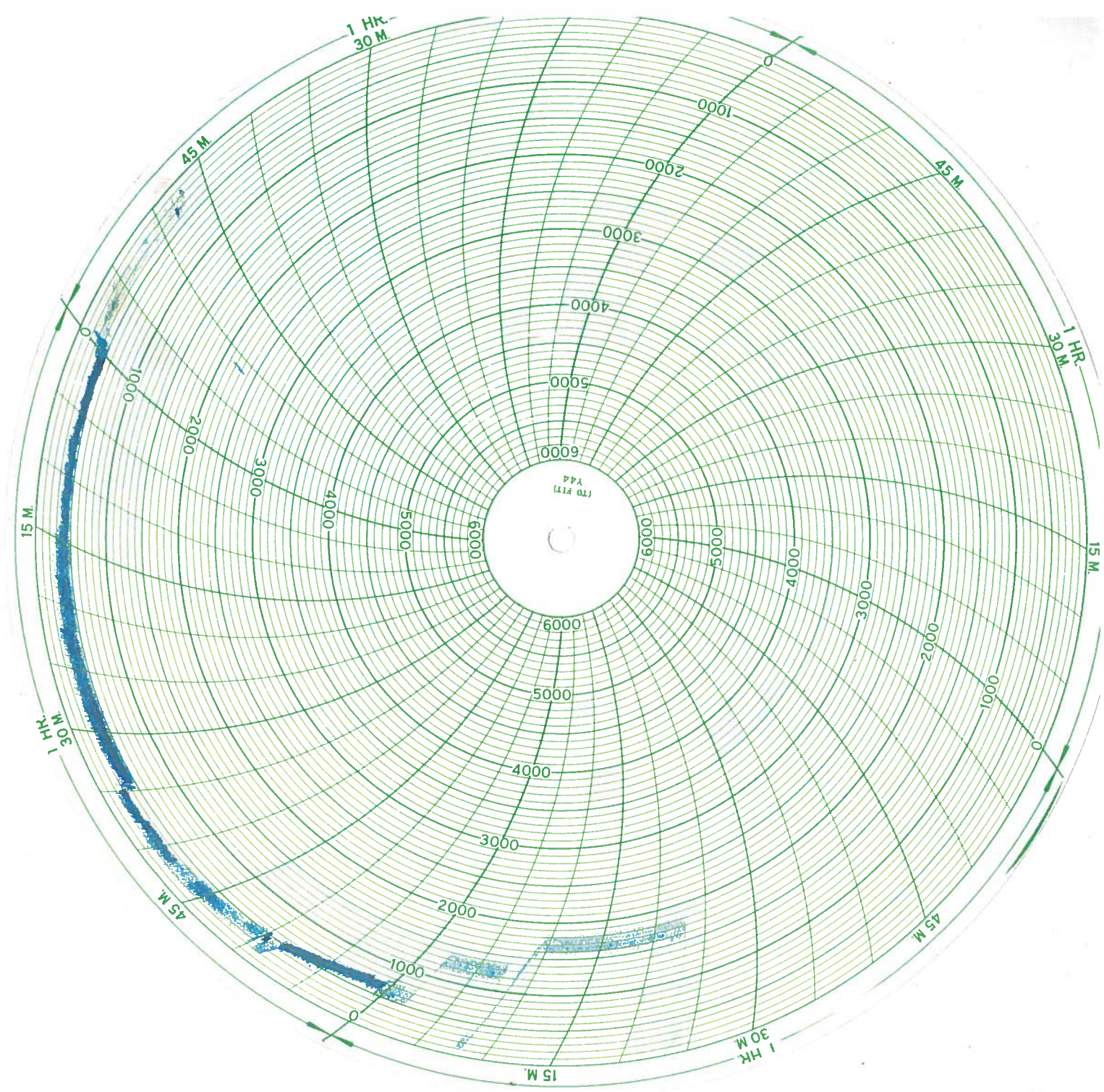
Pipe Data		Perforating Data		Cement Data
Casing size	85/8	Tubing Size		Lead
Depth	158257	Depth	From	To
Volume	100.84	Volume	From	To
Max Press	1500	Max Press	From	To
Well Connection	85/8	Annulus Vol.	From	To
Plug Depth		Packer Depth	From	To

Den 12-1
200 sks
Yield 2.40
gal/sk 14.00
Tail in Dec 14.8
240 sks
Yield 1.34
gal/sk 6.33

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30					On location
4:00					Safety Meeting to rig up
5:10	1500		1	—	Prime up & Test
5:15	50		124	6.0	Start Load Cement
5:36	150		58	5.0	Start Tail Cement
5:48	0		—	—	Shutdown
5:50					Drop Plug
5:52					Washup
5:52	50		1	5.0	Start Displacement
6:07	200		36	5.0	Circulated Cement
6:13	400		90	3.0	Slowdown Rate
6:13	450		95	2.0	Slowdown Rate
6:17	1000		101	—	Shutdown
6:22	0		—	—	Released Back
6:23					Float held
6:24	1500		1	0.5	Casing Psi Test
6:39	0				Released back
					Rig down

Service Units	89315	38750	19842	30463/19566	30464/37724
Driver Names	JUAN	Carlos		Rogelio	Hector R.

Early Customer Representative
 Tyce Davis Station Manager
 JUAN Ortiz Cementer





BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 05402 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-17-15	DISTRICT 1717	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER Merit Energy		LEASE Caskey # 33-2				WELL NO.		
ADDRESS		COUNTY Hearns		STATE KS				
CITY		STATE		SERVICE CREW G Edwards, Aludaga S Chavez				
AUTHORIZED BY Caskey T Davis		JOB TYPE: 242 - 5 1/2" Production						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
7840	5	30463	5				4/17/15	8:00
37223	5	19866	5			ARRIVED AT JOB		AM 1:00
37726	5					START OPERATION		AM 4:00
27808	5					FINISH OPERATION		AM 8:00
37725	5					RELEASED		AM 10:00
						MILES FROM STATION TO WELL	00 mi	

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CU104	50/50 Poz	SK	235		2 985 00
CU101	Alcon	SK	250		46 50 00
CU111	Salt	lb	1306		6 53 00
CU201	Gilsonite		1175		787 25
CU113	Gypsum		990		742 50
CU103	Cl-15		119		1 487 50
CU105	Cl-11P		50		2 00 00
CU109	Calcium Chloride		705		746 25
CU102	Cellulose		63		2 33 10
EU101	Heavy Equipment Mileage	mi	100		7 50 00
CE240	Blending & Mixing Service	SK	485		6 79 00
EU113	Proppant & Bulk Delivery	ton/mi	1083		2 706 25
CE206	Pump Depth: 5001-6000'	4hr	1		2 880 00
CE409	Additional Stage	ea	1		2 160 00
CE504	Plug Container	ea	1		2 50 00
EU100	Light Mileage	mi	50		2 25 50
SO03	Service Supervisor	ea	1		1 75 00
TI03	Data Acquisition	ea	1		5 50 00
CE503	High Head 8'	ea	1		3 00 00

Well Caskey 33-2

SUB TOTAL \$ 10239.23

CHEMICAL / ACID DATA:

AFE 44754

SERVICE & EQUIPMENT

%TAX ON \$

GL 83001025

MATERIALS

%TAX ON \$

Office Hulcomb 1LS

TOTAL

Date 4/17/15

SERVICE REPRESENTATIVE

Deel Owen

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

Jurke

(WELL OWNER, OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Cement Report

Customer Merit Energy		Lease No.		Date						
Lease Caskey		Well # 332		Service Receipt						
Casing 5 1/2" 17# Depth 5051'		County		State						
Job Type 242-5 1/2" Production		Formation		Legal Description						
Pipe Data			Perforating Data			Cement Data				
Casing size 5 1/2" 17#		Tubing Size		Shots/Ft			Lead 235 sk 50/50 Poz			
Depth 5051'		Depth								
Volume Disp-116 bbl		Volume		From			To			
Max Press 2500#		Max Press		From			To			
Well Connection D-5069		Annulus Vol.		From			To			
Plug Depth ST-44'		Packer Depth DV-3517'		From			To			
Tail in 250 sk ACon										
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log					
1:00					on loc-site assesment spot trucks - rig up csg on botm break circ Safety meeting - JSA pressure test @ 3000#					
4:00	200		66	7	mix + pump 235 sk 50/50 Poz @ 13.5# - 1.58 ft/sk wash pumping lines					
4:10	100		0	7	drop plug, disp csg					
	1000		106	3	slow rate					
4:30	1500		116	0	land plug float held					
5:00					drop dart - was 15 min - open DV tool @ 1300#, circ 2 hrs					
7:00	200		131	7	mix + pump 250 sk ACon @ 11.4# - 2.95 ft/sk					
	100		0	7	drop plug, disp csg					
	1000		70	3	slow rate					
8:00	2000		82	0	land plug float held job complete					
Service Units		78040		37223-37726		2788-37725		30463-19566		
Driver Names		A Oyer		G Polmaria		A Lutaga		S Chavez		

Jones
Customer Representative

T Davis
Station Manager

Adverta
Cementer

