

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260977
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: _____

1260977

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: 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

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"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ENTERPRISES A 7
Doc ID	1260977

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 INCH
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2 INCH
ARRAY COMPENSATED SONIC ARRAY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
CEMENT BOND LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ENTERPRISES A 7
Doc ID	1260977

Tops

Name	Top	Datum
HEEBNER	4136	
TORONTO	4155	
LANSING	4233	
KANSAS CITY	4683	
MARMATON	4833	
PAWNEE	4947	
CHEROKEE	5000	
ATOKA	5264	
MORROW	5308	
CHESTER	5397	
ST GENEVIEVE	5472	
ST LOUIS	5596	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05430 A

DATE _____ TICKET NO. _____

DATE OF JOB: 4-20-15	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: Enterprises A		WELL NO.:		7		
ADDRESS:		COUNTY: Haskell		STATE: KS				
CITY:		STATE:		SERVICE CREW: Juan Carlos Lopez Hector				
AUTHORIZED BY: Tyce Davis		JOB TYPE: 2-42 SWR Seal						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
32315	10	38750	10			ARRIVED AT JOB	4:00 PM	2:00
30463		14812	1			START OPERATION	4:00 PM	3:18
19566						FINISH OPERATION	4:00 PM	4:20
27828						RELEASED	4:00 PM	5:30
37724						MILES FROM STATION TO WELL		35

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	Axon Blend	skt	275		5115 00
c1110	Premium Plus Cement	skt	230		3749 00
c1109	Calcium Chloride	lb	1211		1271 95
c1102	Coiloflate	lb	127		469 90
c1130	C-51	lb	52		1300 00
e101	Heavy Equipment Mileage	m	105		787 50
e240	Blending Mixing Charge	skt	505		707 00
e113	Bulk Delivery charge	tm	833		2082 50
e202	Depth Charge 1001-2000	4hrs	1		1500 00
e203	High Head	ea	1		300 00
e204	Plug Container charge	job	1		250 00
e100	Unit Mileage Charge Pickup	m	35		157 50
5003	Service Supervisor	ea	1		175 00
T105	Cement Data	ea	1		550 00

Well **Enterprise A-7**

AFF **44404**

GL **83001025**

Office **Liberal KS**

Date **4/20/15**

SUB TOTAL **\$9207.48**

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE: _____ THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **Juan Lopez**
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



Cement Report

Customer	Merit Energy Enterprises II		Lease No.	7		Date	4-20-15		
Lease	8518		Well #	7		Service Receipt	5430		
Casing	8518	Depth	1520		County	Haskell		State	KS
Job Type	2-42		Formation			Legal Description	Sec 21-Top 30 R-32		

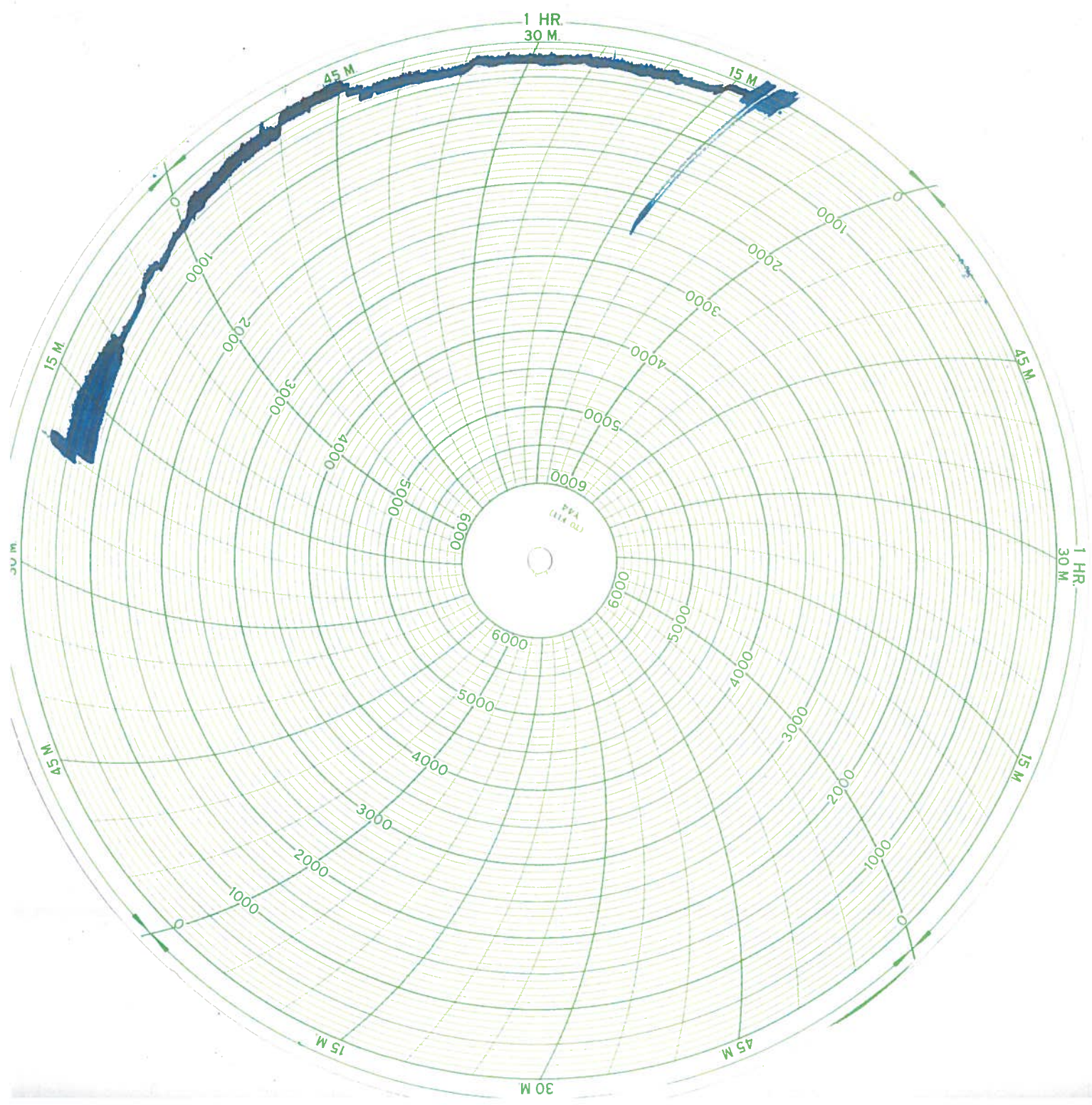
Pipe Data		Perforating Data		Cement Data
Casing size	8518	Tubing Size	Shots/Ft	
Depth	1479.56	Depth	From	To
Volume	94.10	Volume	From	To
Max Press	1500	Max Press	From	To
Well Connection	8518	Annulus Vol.	From	To
Plug Depth		Packer Depth	From	To

Lead 2753ks
 Yield 2004
 9015k 14.00
 Tail in 0m 14.9
 2303ks
 Yield 1.34
 9015k 6233

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00					on location
2:30					Safety Meeting & Rig up
3:18	2000		1	—	Prime up psi Test
3:22	150		118	6.0	Start Lead Cement
3:40	200		55	6.0	Start Tail Cement
3:50	0		—	—	Shut Down
3:52					Drop Plug
3:53	100		1	5.0	Start Displacement
3:55	200		70	5.0	Circulated Cement
3:59	400		25	5.0	1ft psi
4:09	500		84	3.0	Slowdown Rate
4:10	600		90	2.0	slowdown Rate
4:12	1000		94	—	Plug landed
4:12	1000		—	—	Shut Down
4:12	1500		—	—	psi up casing had 15min
4:27	0		—	—	Release back Flowhead
4:30					Rig down

Service Units	89365	30750 14842	30463 14506	27808 3174	
Driver Names	SWAN	Carlos	Rogelio	Hector	

James Customer Representative
 Tyce Davis Station Manager
 SWAN Ortiz Cementer





BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05556 A

DATE 4/15 TICKET NO. _____

DATE OF JOB <u>4/15</u> DISTRICT _____	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 <u>Merit Energy</u>	LEASE <u>Enterprise A</u> WELL NO. <u>7</u>
ADDRESS _____	COUNTY <u>Haskell</u> STATE <u>KS</u>
CITY _____ STATE _____	SERVICE CREW <u>Tommy, Ed, Santiago</u>
AUTHORIZED BY <u>Chad Hinz</u>	JOB TYPE: <u>742 Production</u>
EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT# HRS	TRUCK CALLED <u>4/15</u> <u>AM</u> <u>6:00</u>
<u>80573</u> <u>8</u>	ARRIVED AT JOB <u>AM</u> <u>9:00</u>
<u>38119/19570</u> <u>8</u>	START OPERATION <u>4/24</u> <u>AM</u> <u>2:25</u>
<u>30464/37724</u> <u>8</u>	FINISH OPERATION <u>4/24</u> <u>AM</u> <u>3:45</u>
	RELEASED <u>AM</u> <u>5:00</u>
	MILES FROM STATION TO WELL <u>50</u>

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
CL104 ✓	50/50 Pot	sk	255		2805 00
CC111 ✓	Salt	lb	1418		709 00
CC201 ✓	Gilsonite	lb	1280		857 60
CC113 ✓	Gypsum	lb	1075		806 25
CC103 ✓	CUTS	lb	129		1612 50
CC105 ✓	C-41P	lb	54		216 00
E101	Heavy Equipment Mileage	mi	100		750 00
CE240	Blending & Mixing Service Charge	sk	255		357 00
E113	Proppant Bulk Reloading Charge	tm	538		1343 75
CE206	Depth Charge 5001-6000	4hrs	1		2880 00
CE504	Plg Container Utilization Charge	Sub	1		250 00
E100	Unit Mileage Charge - Pick up	mi	50		225 00
5003	Service Supervisor First 8hrs on loc	ea	1		175 00
T105	Data Acquisition Monitor	ea	1		550 00

Well Enterprises A-7

SUB TOTAL 6091.70

CHEMICAL / ACID DATA:

APE 44404

SERVICE & EQUIPMENT %TAX ON \$
MATERIALS %TAX ON \$

GL 823001075

TOTAL

Office Liberal

Date 4/24/15

SERVICE REPRESENTATIVE Tommy W...

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	Merit Energy		Lease No.		Date	4/24/15	
Lease	Enterprise #		Well #	7	Service Receipt	1717-05556A	
Casing	5 1/2 17#	Depth	5535.96		County	Haskell	
Job Type	Production		Formation		Legal Description	21/30/32	
State	KS						

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2 17#	Tubing Size		Lead
Depth	5535.96	Depth		2555K 50/50#2
Volume	127.39	Volume		@ 13.5
Max Press	2500	Max Press		1.58
Well Connection	PC	Annulus Vol.		7.36
Plug Depth	5291.29	Packer Depth		Tail in

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
21:00					On loc. Spot in
21:15					Safety mts w/ BEE Emp.
01:45					Safety mts w/ Rig crew
02:25					Pressure Test 2500
02:35	100			5.5	Start mixing
02:55					Shut down Drilling
02:56					Washup to pit
02:59					Start Disp.
	200		10	6.5	
	200		20	6.5	
	200		30	6.5	
	200		40	6.5	
	200		50	6.5	
	300		60	5.8	
	400		70	5.5	
	500		80	5.3	
	600		90	4.6	
	900		100	5.2	
			104 1/2		Lost Water Pump / Snap Valve to Use twin
	650		110		
	1000		120		
	1200		128		Shut down Did not land plug Continued w/ Early Released Back float held

Service Units	86573	38119/19570	30464/37724		
Driver Names	Tommy Marcellis	Ed Mendoza	Sancti Spiritus		

Early Customer Representative
 Tyce Davis Station Manager
 Tommy Marcellis Cementer