

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1261447
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: _____

1261447



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	Frazier 19-1
Doc ID	1261447

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Frazier 19-1
Doc ID	1261447

Tops

Name	Top	Datum
HEEBNER	3846	
TORONTO	3863	
LANSING	3928	
KANSAS CITY	4247	
MARMATON	4422	
PAWNEE	4493	
CHEROKEE	4533	
ATOKA	4655	
MORROW	4705	
ST LOUIS	4761	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 06476 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-12-15	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 Frazier #19-1	WELL NO.							
ADDRESS	COUNTY Finney KS	STATE							
CITY	STATE	SERVICE CREW G Edwarria H Rutaga, Schave							
AUTHORIZED BY T Davis	JOB TYPE: 242-808 Surface								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 6-12-15	AM	TIME 6:00
78940	2	19837	2			ARRIVED AT JOB		PM	12:00
31203	2	378047	2			START OPERATION		PM	3:00
3106	2					FINISH OPERATION		PM	4:00
30463	2					RELEASED		PM	6:00
19566	2					MILES FROM STATION TO WELL			50 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
CL101	✓ Acon	sk	300		5580.00
CL110	✓ Premium Plus	sk	240		3912.00
CC109	✓ Calcium Chloride	lb	1298		1362.90
CC102	✓ Well Flare	lb	135		499.50
CC130	✓ C-51	lb	57		1425.00
E101	Heavy Equipment Mileage	mi	150		1125.00
CE240	Blending & Mixing Service	sk	540		756.00
E113	Propellant & Bulk Delivery	ton/mi	1270		3175.00
CE202	Ramp Depth: 100' - 200'	hr	1		1500.00
CE504	Two Containers	ea	1		250.00
CE503	High Lead 8'	ea	1		300.00
E100	Unit Mileage	mi	50		225.00
SO03	Service Supervisor	ea	1		175.00
<u>Well Frazier 19-1</u>					
<u>AFE 45122</u>					
<u>GL 83001025</u>					

SUB TOTAL \$9306.28

Office: Holcomb KS
Date: 6/12/15

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

SERVICE REPRESENTATIVE <i>Paul Sipe</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Jarvis</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

Cement Report

Customer	Merit Energy	Lease No.		Date	6-12-15
Lease	Frazier	Well #	19-1	Service Receipt	06476
Casing	8 5/8" 24"	Depth	1685'	County	Finney
Job Type	242-8 5/8" Surface	Formation		State	KS
				Legal Description	19-23-32

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24"	Tubing Size		Lead 300 sk Alcon
Depth	1685'	Depth	From To	
Volume	105 bbl	Volume	From To	Tail in 240 sk Premium Plus
Max Press	1500 #	Max Press	From To	
Well Connection	ID-1685'	Annulus Vol.	From To	
Plug Depth	ST-45'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					on loc-site assessment
					spot trucks- tie up
					CSE on btm, break circ
					Safety meeting - OSA
					pressure test 2000 #
	200		128	6	mix & pump 300 sk Alcon
	100		57	6	switch to 240 sk Prem. Plus
	100		0	6	drop plug, disp csg
	800		95	2	slow rate
4:00	1200		105	0	land plug, float held
4:15	1500				psi test csg 1500 # - OK 15 min
					job complete - circ cut surface

Service Units	78940	37223-37226	50463-19866	19831-37547
Driver Names	A Duxon	G Felton	R Ortega	S Chavez

T Jones
Customer Representative
T Davis
Station Manager
A Duxon
Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05572 A

DATE 6/15 TICKET NO. _____

DATE OF JOB <u>6/15/15</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>Frazier</u>	WELL NO. <u>19-1</u>				
ADDRESS		COUNTY <u>Firney</u>	STATE <u>KS</u>				
CITY	STATE	SERVICE CREW <u>Tony Hector Mario</u>					
AUTHORIZED BY <u>Chad Howe</u>		JOB TYPE: <u>7420 Plug To Abandon</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <u>6/15</u> AM/PM <u>PM</u> TIME <u>12:30</u>
<u>86543</u>	<u>5</u>					ARRIVED AT JOB	<u>2:50</u>
<u>38119/19540</u>	<u>5</u>					START OPERATION	<u>4:13</u>
<u>14354/19578</u>	<u>5</u>					FINISH OPERATION	<u>6:40</u>
						RELEASED	<u>7:15</u>
						MILES FROM STATION TO WELL	<u>30</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
CL103	✓ 60/40 Poz	sk	160		1920.00
CL200	✓ Cement Gel	lb.	276		69.00
E101	Heavy Equipment Mileage	Mi	150		1125.00
CE240	Blend in - mixing separate charge	sk	160		224.00
E113	Proppant to bulk delivery charge	tm	345		862.50
CE202	Depth Charge 1001 2000	4hrs	1		1500.00
E100	Unit Mileage Charge	mi	50		225.00
5003	Service Supervisor	eq	1		175.00
T105	Data Acq. Monitor	eq	1		550.00

Well Frazier 19-1

AFE 45122

GL 83001075

Office Holcomb KS

Date 6/15/15

SUB TOTAL 3657.78

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE Tommy

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer	Merit Energy	Lease No		Date	6/15/15
Lease	Frazier	Well #	19-1	Service Receipt	1717-05572A
Casing	8 5/8	Depth		County	Finney
Job Type		Formation		State	KS
				Legal Description	19 / 23 / 32

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead 160 s/c 60/40 @ 13.5
Depth	Depth	From	To	
Volume	Volume	From	To	1.5 7.5
Max Press	Max Press	From	To	Tail in
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					Callout
14:30					On location
15:48					Spot in Safety net w/BSE Equip
15:05					Pump
16:13			14 BBL		Pump water ahead
16:17			13.3 BBL		Cement #1 Plug
16:26			17.5 BBL		Pump Mud Disp. (Slow from Pig)
16:41					Shutdown Pull Pipe
17:12			10 BBL		Pump Spacer water
17:17			13.5		Cement #2 Plug
17:24			11.5		Displace with water
17:28					Shutdown Pull Pipe
17:51			10.6		Start Cementing #3 Plug
17:58			4.8		Disp w water
18:00					Shut down Pull Pipe
18:20			5.4		Start Cementing Surface
18:30					Cement to Surface Shutdown
18:40					Washup to Pit
					Job Complete.

Service Units	86573	38119/19570	14354/19578		
Driver Names					

James
Customer Representative
Tyler Davis
Station Manager
Tommy Maxwell
Cementer