

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1261455
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: _____

1261455



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	Drussell F 1
Doc ID	1261455

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
DUAL SPACED NEUTRON SPECTRAL DENSITY L.OG
MICROLOG
QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Drussell F 1
Doc ID	1261455

Tops

Name	Top	Datum
HEEBNER	3918	
TORONTO	3933	
LANSING	4006	
MARMATON	4509	
PAWNEE	4599	
CHEROKEE	4650	
ATOKA	4773	
MORROW	4877	
ST GENEVIEVE	5058	
ST LOUIS	5074	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 06576 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>7/6/15</u>	DISTRICT: <u>1717</u>	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</u>		LEASE: <u>Drussel F 1</u>				WELL NO.:			
ADDRESS:		COUNTY: <u>Finney</u>		STATE: <u>Ks</u>					
CITY:		STATE:		SERVICE CREW: <u>Gabe E., Ed, Victor</u>					
AUTHORIZED BY: <u>Ctinz</u>		JOB TYPE: <u>Z41 Swr Seal</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>748939</u>	<u>4</u>								
<u>3722339726</u>	<u>4</u>					ARRIVED AT JOB		<u>AM</u>	<u>4:30</u>
<u>27808</u>	<u>4</u>					START OPERATION		<u>AM</u>	<u>6:15</u>
<u>14355</u>	<u>4</u>					FINISH OPERATION		<u>AM</u>	<u>8:00</u>
						RELEASED		<u>AM</u>	<u>8:30</u>
						MILES FROM STATION TO WELL			

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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	✓ A-Con Blend	SK	300		5580.00
CL110	✓ Premium Plus	SK	240		3912.00
CC109	✓ Calcium Chloride	Lb	1298		1362.90
CC102	✓ Caloflake	Lb	135		499.50
CC130	✓ C-51	Lb	57		1425.00
E101	Heavy Equip Mileage	mi	150		1125.00
CE240	Blending & mixing Charge	SK	540		7560.00
E113	Bulk Delivery	Tm	1270		3175.00
CE202	Depth Charge 1801' to 2000'	4hr	1		1500.00
LE504	Plug Container	Jobs	1		250.00
E100	Pickup mileage	mi	50		225.00
5003	Service supervisor	EA	1		175.00
00106	Contract Dodge				
Well <u>Drussell F-1</u>					
AFE <u>44366</u>					
GL <u>83001075</u>					
Office <u>Garden City</u>					

Well Drussell F-1

AFE 44366

GL 83001075

Office Garden City

SUB TOTAL 9,193.28

Date 7/6/15

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

TOTAL

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE Ctinz

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	Lease No.	Date 7/6/15
Lease Drussel F	Well # 1	Service Receipt
Casing 8 5/8	Depth 1643	County Finney State Ks
Job Type Surface	Formation	Legal Description

Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8	Tubing Size	Shots/Ft		Lead 300 SK A Con @ 12.1 #
Depth 1643.5	Depth	From	To	
Volume 101.7	Volume	From	To	Tail in 240 SK P.P. @ 14.8 #
Max Press 1500	Max Press	From	To	
Well Connection RC.	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
16:30					on loc, spot & R.V.
18:14	2000				Test Lines
18:16	150		0	5	st mixing @ 12.1 #
18:58	120		128	4.0	on Tail
19:12	0		57	-	Finished mix, Drop Plug
19:14	90		0	5	Start Disp, Washup on plug
19:35	430		92	2	Slow Rate
19:39	1160		102	-	Plug Down
19:40	1160-400				Rel. Psi, Float didn't hold
19:44	1500				Test Casing
19:59	1500-400				shut in head
20:01	0				Release Psi Job Complete

Service Units	79939	3922337926	27806	14355	
Driver Names	C.Hinz	Gabe E.	Ecl.	Victor	

Early Eion Customer Representative
 Tyler Davis Station Manager
 C.Hinz Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 06482 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-10-15	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 Drussel F#1		WELL NO.					
ADDRESS		COUNTY Finney	STATE KS					
CITY	STATE	SERVICE CREW G. Edwards, M. Rutledge						
AUTHORIZED BY T. Davis		JOB TYPE: 242 PTA						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
78940	6						7-10-15	4:00
27462	6					ARRIVED AT JOB		8:00
14354	6					START OPERATION		9:00
19578	6					FINISH OPERATION		1:00
						RELEASED		2:00
						MILES FROM STATION TO WELL	mi	100

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	220		2640.00
CC200	✓ Cement Gel	lb	380		95.00
E101	Heavy Equipment Mileage	mi	100		750.00
CE240	Blending & Mixing Service	sk	220		308.00
E113	Proppant - Bulk Delivery	ton/yr	475		1187.50
CE302	Pump Depth: 1001-2000'	4hr	1		1500.00
E100	Unit Mileage	mi	50		225.00
SO03	Service Separator	ea	1		175.00
	Well <u>Drussel F-1</u>				
	AFE <u>44366</u>				
	GL <u>83001075</u>				
	Office <u>Ulysses KS</u>				
	Date <u>7/10/15</u>				

SUB TOTAL **2476.98**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: **Paul Rivera** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **Jan [Signature]**
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Cement Report

Customer Merit	Lease No	Date 7-10-15
Lease Drussel F	Well # L	Service Receipt 06482
Casing	Depth	County Finney
Job Type 242-PTA	Formation	State KS
		Legal Description 35-25-33

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
Depth	Depth	From	To	Tail in 270 sk 60/40 Poz
Volume	Volume	From	To	
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00					on loc-site assessment
8:10					spot trucks rig up
8:45					safety meeting JSA
9:00					pressure test 1000#
9:05			15	4	circ @ 1901' pump 15 bbl H ₂ O
			13.4	4	mix + pump 60/40 Poz @ 13.5#
			23.7	4	disp - 4.8 bbl H ₂ O, 18.9 bbl mud
9:30			15	4	circ @ 1684' pump 15 bbl H ₂ O
			13.4	4	mix + pump 50 sk 60/40 Poz
			20.7	4	disp 20.7 bbl H ₂ O
10:00			10	4	circ 950 pump 10 bbl H ₂ O spacer
			13.4	4	mix pump 50 sk 60/40 Poz
			10.2	4	disp 10.2 bbl
10:30			10	4	circ 518' pump 10 bbl H ₂ O
			10.7	4	mix + pump 40 sk 60/40 Poz
			4.8	4	disp 4.8 bbl
11:00					circ @ 84' w/ 3 bbl
					mix + pump 20 sk
12:00					circ cut to surface
					job complete

Service Units	7140	27462	1434-9578		
Driver Names	A Owen	G Edlow	M Ludwig		

James
Customer Representative
T Davis
Station Manager
A Owen
Cementer