



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1265219
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: _____



1265219

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> _____
-------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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	Drussel A 6
Doc ID	1265219

All Electric Logs Run

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
REPEAT PASS

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Drussel A 6
Doc ID	1265219

Tops

Name	Top	Datum
Heebner	3899	
Toronto	3915	
Lansing	3988	
Marmaton	4485	
Cherokee	4624	
Atoka	4761	
Morrow	4843	
St Genevieve	5045	
St Louis	5078	
Spergen	5234	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05419 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-30-15	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: Drussels A#6		WELL NO.:					
ADDRESS:		COUNTY: Finney	STATE: KS					
CITY:		SERVICE CREW: G. Ellwain, J. Ortiz, G. Mendoza						
AUTHORIZED BY: T. Davis		JOB TYPE: 242-858' Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
78940	4	30463	4					6:00 AM
37223	4	19566	4					11:00 AM
37726	4							3:30 PM
30463	4							4:30 PM
37726	4							5:00 PM
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	Alon	Sk	300		5580.00
CL110	Premium Plus	Sk	240		3912.00
CL109	Calcium Chloride	lb	1298		1362.90
CL102	Ceulake	lb	135		499.50
CL130	C-SI	lb	57		1425.00
E101	Heavy Equipment Mileage	mi	150		1125.00
E240	Blending & Mixing Service	hr	540		756.00
E113	Proppant & Bulb Delivery	ton/ft	1270		3175.00
E202	Pump Dolly	4hr	1		1500.00
E503	High Head 8'	ea	1		300.00
E504	Blue Centrifuge	ea	1		250.00
E100	Unit Mileage	mi	50		225.00
T105	Data Acquisition	ea	1		175.00
S003	Service Supervisor	ea	1		550.00

Well Drussel A-6

AFE 44984

GL 83001075

SUB TOTAL 9584.20

Office Garden City SERVICE & EQUIPMENT %TAX ON \$
MATERIALS %TAX ON \$

Date 5/30/15

TOTAL

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: <u>Deel Davis</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer	Merit Energy	Lease No.		Date	5-30-15
Lease	Brussel A	Well #	6	Service Receipt	05419
Casing	8 5/8" 24' Depth	County	Finney	State	KS
Job Type	242-8 5/8" surface	Formation		Legal Description	27-25-33

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24'	Tubing Size		Lead 300sk Acon
Depth	1628'	Depth	From To	
Volume	Disp-101 bbl	Volume	From To	Tail in 240sk Premium Plus
Max Press	2500#	Max Press	From To	
Well Connection	TD-1625'	Annulus Vol.	From To	
Plug Depth	55-1043'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1700					on loc - site assessment spot trucks - rig up CSG on btm - break circ safety meeting JSA pressure test @ 3000#
3:30	100		128	5	mix & pump 300sk Acon @ 12.1 #
	200		58	5	switch to tail 240sk premium Plus @ 14.8
	100		0	5	drop plug & disp CSG
	600		90	2	slow rate
4:30	1200		100	0	land plug, float held job complete

Service Units	78940	37223-37224	30464-37224	30463-19866
Driver Names	Alvera	G. Belanger	J. Ortiz	G. Mendoza

Early Zien Customer Representative
 T. Davis Station Manager
 A. Sierra Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05567 A

DATE 6/2 TICKET NO. _____

DATE OF JOB <u>6/2/15</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>Drussel A</u>						WELL NO. <u>#6</u>
ADDRESS		COUNTY <u>Finney</u>	STATE <u>KS</u>					
CITY	STATE	SERVICE CREW <u>Tommy Ed Hector</u>						
AUTHORIZED BY <u>Tyler Davis</u>		JOB TYPE: <u>Z4Z Production</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>810573</u>	<u>4 1/2</u>						<u>6/2</u>	<u>1:30</u>
<u>38119/19540</u>	<u>4 1/2</u>					ARRIVED AT JOB		<u>4:54</u>
<u>24808/34425</u>	<u>4 1/2</u>					START OPERATION		<u>6:56</u>
						FINISH OPERATION		<u>8:15</u>
						RELEASED		<u>9:30</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: X
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	✓ 50/50 POZ	SK	260		2860 00
CC111	✓ Salt	lb	1600		800 00
CC201	✓ Gilsomite	lb	1300		871 00
CC113	✓ Gypsum	lb	1095		821 25
CC103	✓ C-15	lb	132		1650 00
CC105	✓ C-41P	lb	55		220 00
E101	Heavy Equipment Mileage	mi	100		750 00
CE240	Blending/Mixing Service Charge	SK	260		364 00
E113	Proppant Bulk Reblending Charge	TL	548		1368 75
CE206	Depth Charge 5001-6000	gals	1		2880 00
CE504	Plu Container Utilization Charge	Job	1		250 00
E108	UNH Mileage Charge Pickup	mi	50		275 00
SC03	Service Supervisor	ea	1		175 00
T105	Cement Data Acquisition Monitor	ea	1		590 00
Well <u>Drussel A-6</u>					
AFE <u>44984</u>					
GL <u>83001075</u>					
SUB TOTAL					<u>4962 60</u>

CHEMICAL / ACID DATA:	Office <u>Garden City</u>	SERVICE & EQUIPMENT	%TAX ON \$
	Date <u>6/2/15</u>	MATERIALS	%TAX ON \$
TOTAL			

SERVICE REPRESENTATIVE <u>Tommy Mavelles</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X</u>
FIELD SERVICE ORDER NO.	(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

Cement Report

Customer <i>Merit Energy</i>	Lease No.	Date <i>6-2-15</i>
Lease <i>Drossel A</i>	Well # <i>6</i>	Service Receipt <i>1717-05567A</i>
Casing <i>5 1/2 14#</i>	Depth <i>5311.70</i>	County <i>Finney</i>
Job Type <i>Production</i>	Formation	State <i>KS</i>
		Legal Description <i>24/25/33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2 14#</i>	Tubing Size	Shots/Ft		Lead <i>260 SF</i> <i>13.5 50/50 SF</i>
Depth <i>5311.70</i>	Depth	From	To	
Volume <i>122.19</i>	Volume	From	To	<i>1.58</i> <i>7.36</i>
Max Press <i>3800 press test</i>	Max Press	From	To	Tail in
Well Connection <i>PC</i>	Annulus Vol.	From	To	
Plug Depth <i>5267.06</i>	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:30</i>					<i>Callout</i>
<i>3:10</i>					<i>Safety w/ty / Journey Management w/ Bos Eng</i>
<i>4:54</i>					<i>On location / Running pipe</i>
<i>5:30</i>					<i>Rig Down Casings</i>
<i>5:35</i>					<i>Spot in / Safety Review / Rig up</i>
<i>6:30</i>					<i>Safety w/ty w/ Rig crew</i>
<i>6:40</i>					<i>Rig up to head</i>
<i>6:56</i>					<i>Pressure test to 3700#</i>
<i>7:00</i>	<i>400</i>		<i>73.16</i>	<i>5.4</i>	<i>Start Cementing</i>
<i>7:21</i>					<i>Shutdown / Washup top it.</i>
<i>7:28</i>					<i>Drop Plug</i>
<i>7:29</i>	<i>100</i>			<i>5.5</i>	<i>Start Displacement</i>
	<i>100</i>		<i>10</i>	<i>5.5</i>	
	<i>100</i>		<i>20</i>	<i>5.5</i>	
	<i>150</i>		<i>30</i>	<i>5.5</i>	
	<i>150</i>		<i>40</i>	<i>5.5</i>	
	<i>150</i>		<i>50</i>	<i>5.5</i>	
	<i>150</i>		<i>60</i>	<i>5.5</i>	
	<i>220</i>		<i>70</i>	<i>5.0</i>	
	<i>380</i>		<i>80</i>	<i>4.3</i>	
	<i>600</i>		<i>90</i>	<i>5.0</i>	
	<i>700</i>		<i>100</i>	<i>4.5</i>	
	<i>800</i>		<i>110</i>	<i>4</i>	<i>slow rate</i>

Service Units	<i>86573</i>	<i>38119/19570</i>	<i>27808/37425</i>		
Driver Names	<i>Tommy W.</i>	<i>Ed Mendoza</i>	<i>Hector Ortega</i>		

Early Zion Tyce Davis Tommy Marcello
 Customer Representative Station Manager Cementer

Chart No.	Time	Rate (BPM)	Volume (BBL)(GAL)	Press. (PSI)			Job Description / Remarks
				N2	CSG.	Tbg	
		2.2	120		900		
	7:57	2.2	122 ³ / ₄		1000		Shutdown Did not Land plug
	8:07	.68	1				Pumped 1 more BBL Plug did not Land
	8:09						Shutdown
	8:15						Released back 1/2 BBL
							Float held
							Job Complete,
							Merit Energy Drossel A #26 Finney City KS
							Tommy Marcellus

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

September 28, 2015

Idania Medina
Merit Energy Company, LLC
13727 NOEL RD STE 1200
DALLAS, TX 75240

Re: ACO-1
API 15-055-22412-00-00
Drussel A 6
NE/4 Sec.27-25S-33W
Finney County, Kansas

Dear Idania Medina:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 5/27/2015 and the ACO-1 was received on September 25, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department