

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1264389
OIL & GAS CONSERVATION DIVISION

Form ACO-1

November 2016

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

1264389



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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Geologist Report / Mud Logs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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)*

Date of first Production/Injection or Resumed Production/Injection:	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>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Lester McCoy 21-1
Doc ID	1264389

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
COMPENSATED SPECTRAL NATURAL GAMMA RAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
QUAD COMBO LOG
REPEAT SECTION

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Lester McCoy 21-1
Doc ID	1264389

Tops

Name	Top	Datum
HEEBNER	4025	
TORONTO	4039	
LANSING	4067	
KANSAS CITY	4492	
MARMATON	4636	
PAWNEE	4707	
CHEROKEE	4753	
ATOKA	4928	
MORROW	4969	
ST GENEVIEVE	5069	
ST LOUIS	5147	



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1717 05525 *AL*

DATE *5/23* TICKET NO. _____

DATE OF JOB <i>5-23-15</i>		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 <i>Merit Energy</i>				LEASE <i>Lester McCoy</i>				WELL NO. <i>21-1</i>		
ADDRESS				COUNTY <i>Finney</i>		STATE <i>Ks.</i>				
CITY				STATE		SERVICE CREW <i>Daniel, Bagelio, Hector R., Victor Eduardo</i>				
AUTHORIZED BY <i>Chad Hinz</i>				JOB TYPE: <i>Z42 Surface</i>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<i>78938</i>	<i>3</i>					ARRIVED AT JOB	<i>5-23-15</i>			<i>9:00</i>
<i>38117/19919 -</i>	<i>3-</i>					START OPERATION	<i>5-24-15</i>			<i>2:30</i>
<i>27808/37725</i>	<i>3</i>					FINISH OPERATION				<i>4:15</i>
<i>19831/37547</i>	<i>3</i>					RELEASED	<i>5-24-15</i>			<i>5:30</i>
<i>27462 -</i>	<i>3-</i>					MILES FROM STATION TO WELL		<i>50</i>		

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
<i>CL 101</i>	<i>A-Con' Blend</i>	<i>sk</i>	<i>300</i>		<i>5580 00</i>
<i>CL 110</i>	<i>Premium Plus Cement</i>	<i>sk</i>	<i>240</i>		<i>3912 00</i>
<i>CC 109</i>	<i>Calcium Chloride</i>	<i>lb</i>	<i>1298</i>		<i>1362 90</i>
<i>CC 102</i>	<i>Celloflake</i>	<i>lb</i>	<i>135</i>		<i>499 50</i>
<i>CC 130</i>	<i>C-51</i>	<i>lb.</i>	<i>57</i>		<i>1425 00</i>
<i>E 101</i>	<i>Heavy Equipment Mileage</i>	<i>mi</i>	<i>150</i>		<i>1125 00</i>
<i>CE 240</i>	<i>Blending & Mixing Service Charge</i>	<i>sk</i>	<i>540</i>		<i>756 00</i>
<i>E 113</i>	<i>Proppant & Bulk Delivery Charges</i>	<i>tm</i>	<i>1270</i>		<i>3175 00</i>
<i>CE 202</i>	<i>Depth Charge, 1001'-2000'</i>	<i>4hrs.</i>	<i>1</i>		<i>1500 00</i>
<i>CE 504</i>	<i>Plug Container Utilization Charge</i>	<i>job</i>	<i>1</i>		<i>250 00</i>
<i>E 100</i>	<i>Unit Mileage Charge-Pickups Small V.</i>	<i>mi</i>	<i>50</i>		<i>225 00</i>
<i>S 003</i>	<i>Service Supervisor, First 8hrs. on loc.</i>	<i>ea</i>	<i>1</i>		<i>175 00</i>
<i>T 105</i>	<i>Cement Data Acquisition Monitor</i>	<i>ea</i>	<i>1</i>		<i>550 00</i>

Well *Lester McCoy 21-1*
AFE *44641*
GL *83001075*

SUB TOTAL *9446 28*

CHEMICAL / ACID DATA
<i>Office</i> <u><i>Holcomb KS</i></u>
<i>Date</i> <u><i>5/24/15</i></u>

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

TOTAL

SERVICE REPRESENTATIVE <i>Daniel Bech</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer <i>Merit Energy</i>		Lease No.		Date <i>5-23-15</i>		
Lease <i>Lester McCoy</i>		Well # <i>21-1</i>		Service Receipt <i>1717 05825 A</i>		
Casing <i>8 5/8" 24#</i>		Depth <i>1669.64ft</i>		County <i>Finney</i> State <i>Ks.</i>		
Job Type <i>242 Surface</i>		Formation		Legal Description <i>21 26 32</i>		
Pipe Data			Perforating Data		Cement Data	
Casing size <i>8 5/8" 24#</i>		Tubing Size		Shots/Ft		
Depth <i>1669.64ft</i>		Depth		From	To	
Volume <i>103.3 bbl</i>		Volume		From	To	
Max Press <i>2000</i>		Max Press		From	To	
Well Connection <i>P.C.</i>		Annulus Vol.		From	To	
Plug Depth <i>1624.95ft</i>		Packer Depth		From	To	
				<i>2.40^{ft}/sk 14.00^{ft}/sk</i>		
				<i>Tail in Premium Plus 240sk cement</i>		
				<i>1.34^{ft}/sk 6.33^{ft}/sk</i>		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
<i>17:15</i>					<i>Call Out</i>	
<i>21:00</i>					<i>On Location, wait on casers</i>	
<i>21:30</i>					<i>Safety Meeting w/ BES Personnel</i>	
<i>21:45</i>					<i>Rig Up Head</i>	
<i>21:50</i>					<i>Rig Up</i>	
<i>23:00</i>					<i>Pump Broke Down, Call For 2nd Pump</i>	
<i>14:20</i>					<i>Safety Meeting w/ Rig Crew</i>	
<i>14:35</i>					<i>Pressure Test to 2000psi</i>	
<i>14:40</i>	<i>200</i>		<i>128.2 bbl</i>	<i>5.0</i>	<i>Pump Lead</i>	
<i>15:10</i>	<i>350</i>		<i>57.2 bbl</i>	<i>4.8</i>	<i>Pump Tail</i>	
<i>15:15</i>					<i>Cement Returns</i>	
<i>15:26</i>					<i>Shut down / Drop Plug / Wash Pump</i>	
<i>15:35</i>					<i>Displace</i>	
	<i>150</i>		<i>30</i>	<i>4.3</i>		
	<i>200</i>		<i>40</i>	<i>4.3</i>		
	<i>250</i>		<i>50</i>	<i>5.0</i>		
	<i>380</i>		<i>60</i>	<i>5.0</i>		
	<i>450</i>		<i>70</i>	<i>5.0</i>		
	<i>600</i>		<i>80</i>	<i>5.0</i>		
<i>15:51</i>	<i>450</i>		<i>83</i>	<i>2.0</i>	<i>Slow Rate</i>	
	<i>500</i>		<i>90</i>	<i>2.0</i>		
<i>16:10</i>	<i>500</i>		<i>103</i>	<i>0</i>	<i>Hold Pressure</i>	
<i>16:15</i>					<i>Release Back Float Held Job Complete</i>	
Service Units	<i>78938</i>	<i>38117/19919</i>	<i>27808/37725</i>	<i>19831/37547</i>	<i>27462</i>	
Driver Names	<i>Daniel</i>	<i>Rogelio</i>	<i>Hector R.</i>	<i>Victor</i>	<i>Eduardo</i>	

James Carter Customer Representative
 Tyce Davis Station Manager
 Daniel Beck Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05417 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-27-15	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 Ment Energy	LEASE Lester McCoy #211 WELL NO.								
ADDRESS	COUNTY Finnery	STATE KS							
CITY	STATE	SERVICE CREW G. Taborra, H. Rutledge							
AUTHORIZED BY T. Davis	JOB TYPE: 242 - PTA								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 5-27-15	AM	TIME 10:00
18940	4					ARRIVED AT JOB		PM	1:00
38750	4					START OPERATION		PM	2:00
19842	4					FINISH OPERATION		PM	5:00
27808	4					RELEASED		PM	6:00
37725	4					MILES FROM STATION TO WELL	50 mi		

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

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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
CC200	Cement Gel	lb	276		69 00
E101	Heavy Equipment Mileage	mi	100		750 00
CE240	Blending & Mixing Service	sk	160		224 00
E113	Proppant & Bulk Delivery	yard	345		862 50
CE202	Pump Depth 1001-2000	hr	1		1500 00
E100	Unit Mileage	mi	50		225 00
S003	Service Supervisor	ea	1		175 00
Well Lester McCoy 21-1					
AFF 44641					
GL 83001075					
Office Garden City					
Date 5/27/15					

SUB TOTAL **3149.03**

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

FIELD SERVICE ORDER NO.



Cement Report

Customer	Merit Energy	Lease No		Date	5-27-15
Lease	Lester McCoy	Well #	211	Service Receipt	08417
Casing	Depth	County	Finney	State	KS
Job Type	242 - PTA	Formation		Legal Description	21-26-32

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
Depth	Depth	From	To	Tail in 60 sk 60/40 por
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
					on loc-site assessment
					spot trucks - rig up
					safety meeting - ISA
					pressure test 1000#
3:15					CRC @ 1723'
3:20	50		13.4	4	mix + pump 50 sk 60/40 por @ 13.5# - 1.00 4.5 sk
3:25	50		21	4	disp balanced plug
4:00					CRC @ 902'
4:05	50		13.4	4	mix + pump 50 sk 60/40 por @ 13.5#
4:10	50		9.4	4	disp balanced plug
4:30					CRC @ 427'
4:35	50		10.7	4	mix + pump 40 sk 60/40 por @ 13.5#
4:40	50		3.3	4	disp balanced plug
5:00					CRC @ 82'
5:05	50		5.3	3	mix + pump 20 sk 60/40 por @ 13.5#
5:10					CRC cont to surface
					job complete

Service Units	78940	38742-38750	27865-37725		
Driver Names	A Swera	C Plana	K Rutaga		

Early Zion Customer Representative
 T Davis Station Manager
 A Swera Cementer