



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1304364
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: _____

1304364

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"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Field Ticket Number: LIB1511131015 Field Ticket Date: Friday, November 13, 2015

Bill To:
MERIT ENERGY COMPANY
P O Box 1293
Liberal Kansas 67901

Job Name: 05 Squeeze
Well Location: Finney, Kansas
Well Name: Shell
Well Number: B-5
Well Type: Old Producer
Rig Number:
Shipping Point: Liberal, KS USA
Sales Office: Mid Con

PERSONEL		EQUIPMENT	
Edgar	Rodriguez	1039	
Ivan	Carrillo	531	541
Alex	Ayala	955	554

SERVICES - SERVICES - SERVICES							
Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
Thru-Tbg or Drill Pipe Pump Charge 4001' to 50	1.00	min. 4 hr	2,765.75	2765.75	1,742.42	37%	1,742.42
Swedge Rental (3-1/2" to 5-1/2")	1.00	per day	168.75	168.75	106.31	37%	106.31
Products handling minimum charge	261.96	per event	2.48	649.66	1.56	37%	409.29
Drayage for Products	602.84	ton-mile	2.75	1657.81	1.73	37%	1,044.42
Light Vehicle Mileage	50.00	per mile	4.40	220.00	2.77	37%	138.60
Heavy Vehicle Mileage	50.00	per mile	7.70	385.00	4.85	37%	242.55

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT

MATERIALS - MATERIALS - MATERIALS							
CLASS H PREMIUM	50.00	per sack	25.28	1,264.00	15.93	37%	796.32
Premium Gel (Bentonite)	94.00	per pound	1.05	98.70	0.66	37%	62.18
Gyp Seal	282.00	per pound	0.88	248.16	0.55	37%	156.34
Salt	238.00	per pound	0.68	161.84	0.43	37%	101.96
CLASS H PREMIUM	200.00	per sack	25.28	5,056.00	15.93	37%	3,185.28

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS							
Additional hours, in excess of set hours		per hour	440.00	0.00	277.20	37%	0.00

	Gross	Discount	Final
Services Total	5,846.97	2,163.38	3,683.59
Equipment Total	0.00	0.00	0.00
Materials Total	6,828.70	2,526.62	4,302.08
Additional Items	0.00	0.00	0.00
Final Total	12,675.67	4,690.00	7,985.67

Allied Rep: Edgar Rodriguez
Customer Agent:

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X Martin Aragon
Customer Signature

Field Ticket Total (USD): **\$7,985.67**

Field Ticket Number: LIB1511061025

Field Ticket Date:

Friday, November 06, 2015

Bill To:
MERIT ENERGY COMPANY
P O Box 1293 / 1900 W 2nd St
Liberal, KS 67901

Job Name: 05 Squeeze
Well Location: Finney Co
Well Name: Shell
Well Number: B5

Shipping Point: Liberal KS USA
Sales Office: MIDCON

SERVICES - SERVICES - SERVICES

Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
Casing Pump Charge 4001' to 5000'	1.00	min. 4 hr	2,765.75	2765.75	1,742.42	37%	1,742.42
Swedge Rental (3-1/2" to 5-1/2")	1.00	per day	168.75	168.75	106.31	37%	106.31
Products handling service charge	373.92	per cu. Ft.	2.48	927.32	1.56	37%	584.21
Drayage for Products	853.17	ton-mile	2.75	2346.22	1.73	37%	1,478.12
Light Vehicle Mileage	50.00	per mile	4.40	220.00	2.77	37%	138.60
Heavy Vehicle Mileage	50.00	per mile	7.70	385.00	4.85	37%	242.55

MATERIALS - MATERIALS - MATERIALS

CLASS H PREMIUM	100.00	per sack	25.28	2,528.00	15.93	37%	1,592.64
Premium Gel (Bentonite)	188.00	per pound	1.05	197.40	0.66	37%	124.36
Gyp Seal	564.00	per pound	0.88	496.32	0.55	37%	312.68
Salt	475.00	per pound	0.68	323.00	0.43	37%	203.49

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Additional hours, in excess of set hours		per hour	440.00	0.00	277.20	37%	0.00
Circulating Iron		per event	1,125.00	0.00	708.75	37%	0.00
Derrick Charge		per event	577.50	0.00	363.83	37%	0.00

Allied Rep: Edgar Rodriguez
Customer Agent:

	Gross	Discount	Final
Services Total	6,813.04	2,520.83	4,292.22
Materials Total	3,544.72	1,311.55	2,233.17
Additional Items	0.00	0.00	0.00
Final Total	10,357.76	3,832.37	6,525.39

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X Edgar Rodriguez
Customer Signature

Field Ticket Total (USD):

\$6,525.39

Edgar Rodriguez - 1039
Alex Ayala 531-541
Aldo Espinoza 868-642