

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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 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: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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) (Submit ACO-4)</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	LMLU 407
Doc ID	1303494

All Electric Logs Run

ANNULAR HOLE VOLUME
ARRAY COMPENSATED SONIC ARRAY 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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	LMLU 407
Doc ID	1303494

Tops

Name	Top	Datum
3918	Heebner	
3937	Toronto	
4006	Lansing	
4191	Iola	
4411	Strk SH	
4425	Swope	
4485	Hertha	
4591	Marmaton	
4691	Pawnee	
4715	Labette	
4739	Cherokee	
4931	Atoka	
4739	Cherokee	
4931	Atoka	
5049	Morrow	
5397	St Genevieve	
5456	St Louis	

Field Ticket Number: LIK1512291328 Field Ticket Date: Tuesday, December 29, 2015

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

Job Name: 01 Surface
Well Location: FINNEY, KS
Well Name: LMLU
Well Number: 407
Well Type: New Well
Rig Number: DUKE # 9
Shipping Point: Liberal, KS
Sales Office: Mid Con

TD @ 1580'
TP @ 1577.18"
SJ @ 42'
Pipe = 8 3/8"
Hole = 12 1/2"

PERSONEL		EQUIPMENT	
LENNY B	OSCAR S	994	550
RAMON E	JOSE C	562	467
KIRBY H		993	1066

SERVICES - SERVICES - SERVICES

Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
PUMP, CASING CEMENT 1001-2000 FT	1.00	min. 4 hr	2,213.75	2213.75	774.81	65.0%	774.81
CMLP	1.00	per day	275.00	275.00	96.25	65.0%	96.25
PHDL	642.00	per cu. Ft.	2.48	1592.16	0.87	65.0%	557.26
DRYG	1416.00	ton-mile	2.75	3894.00	0.96	65.0%	1,362.90
MILV	50.00	per mile	4.40	220.00	1.54	65.0%	77.00
MIHV	50.00	per mile	7.70	385.00	2.70	65.0%	134.75

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT

GS-8.625	1.00	each	460.00	460.00	207.00	55.0%	207.00
SSFC-8.625	1.00	each	1,214.00	1,214.00	546.30	55.0%	546.30
CEN-8.625	15.00	each	75.00	1,125.00	33.75	55.0%	506.25
TRP - 8.625	1.00	each	131.00	131.00	58.95	55.0%	58.95

MATERIALS - MATERIALS - MATERIALS

CB-AMDAL	300.00	sack	26.57	7,971.00	9.30	65.0%	2,789.85
CA-100	846.00	pound	1.10	930.60	0.39	65.0%	325.71
CLC-CPF	75.00	pound	2.97	222.75	1.04	65.0%	77.96
CCAC	255.00	sack	17.90	4,564.50	6.27	65.0%	1,597.58
CA-100	480.00	pound	1.10	528.00	0.39	65.0%	184.80
CLC-CPF	64.00	pound	2.97	190.08	1.04	65.0%	66.53

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Additional hours, in excess of set hours	3.00	per hour	440.00	1,320.00	154.00	65.0%	462.00
Derrick Charge	1.00	per event	577.50	577.50	202.13	65.0%	202.13

	Gross	Discount	Final
Services Total	8,579.91	5,576.94	3,002.97
Equipment Total	2,930.00	1,611.50	1,318.50
Materials Total	14,406.93	9,364.50	5,042.43
Additional Items	1,897.50	1,233.38	664.13
Final Total	27,814.34	17,786.32	10,028.02

Allied Rep: _____
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 _____
Customer Signature

Field Ticket Total (USD):

\$10,028.02

OIL & GAS SERVICES, LLC 061556

REMIT TO:
 PO BOX 205803
 RI DALLAS, TEXAS 75320-5803

Federal Tax I.D. # 20-8651475

SERVICE POINT:
Liberal (21)

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
1-3-16	12	27.5	35 W			6:00am	7:00am
LEASE	LMLU	WELL #	407	LOCATION	Sublette MS 14 North, 12 West	COUNTY	Grant
OLD OR NEW	(Circle one)				STATE		
			2, North, 1/2 West, South into		KS		

CONTRACTOR Duke #9
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 17# DEPTH 5416.5
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 3000 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 42
 CEMENT LEFT IN CSG. 97 bbl
 PERFS. _____
 DISPLACEMENT 188.2 bbl

OWNER _____
 CEMENT
 AMOUNT ORDERED 50 SK 60/40-4 A
250 SK ASBC - A
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
Hivis Sweep 12 bbl @ 58.70 704.40
ASBC-Class A 250 SK @ 23.50 5,875.00
CFL-210 118 # @ 18.90 2,230.20
KOL-Seal 1250 # @ .98 1,225.00
Cellophane Flakes 63 # @ 2.97 187.11
60/40-4 Class A 50 SK @ 18.92 946.00
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Alto Espinoza
 # 903-501 HELPER Alex Ayala
 BULK TRUCK
 # 993-1066 DRIVER Jose Calderon
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Well LMLU 407
AFE 45623
GL 8300 1075
Office Ulysses
Date 1-3-16

TOTAL 11167.60
 67% 7458.94

SERVICE

DEPTH OF JOB Additional hrs 2 @ 440.00 = 880.00
 PUMP TRUCK CHARGE _____ 3,099.85
 1 LVM 50 mi @ 4.40 220.00
 MILEAGE HV 50 mi @ 7.70 385.00
 MANIFOLD 1 @ 275.00 275.00
Handling 397 # @ 2.48 984.56
Drillage 832 T-m @ 2.75 2,288.00

TOTAL 8,131.81
 67% 5448.31

PLUG & FLOAT EQUIPMENT

Guide shoe 1 @ 281.00 281.00
SS Float Collar 1 @ 725.00 725.00
Centralizers 25 @ 57.00 1,425.00
Top Rubber Plug 1 @ 85.00 85.00

TOTAL 2,516.00
 55% 1383.80

SALES TAX (If Any) _____

TOTAL CHARGES 21815.41
 DISCOUNT 12707.25 / 67% IF PAID IN 30 DAYS

NET: 7,724.36

CHARGE TO: Merit Energy
 STREET PO Box. 1293 / 1900 W 2nd St
 CITY Liberal STATE KS ZIP 67901

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Nathan Abbe
 SIGNATURE [Signature]