

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)</i> <i>(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	Longbow 1-10
Doc ID	1303813

All Electric Logs Run

ANNULAR HOLE VOLUME
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
v

ALLIED OIL & GAS SERVICES, LLC 061557

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

Federal Tax I.D. # 20-8651475

SERVICE POINT:

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DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
1-18-16	10	895	38W			6:00am	7:00am
LEASE	Longbow	WELL #	1-10	LOCATION	Ulysses KS, 5 west,	COUNTY	Grant
OLD OR NEW (Circle one)				2 1/2 South, west into		STATE	KS

CONTRACTOR <u>DUKC #9</u> TYPE OF JOB <u>Surface</u> HOLE SIZE <u>12 1/4</u> T.D. CASING SIZE <u>8 5/8</u> DEPTH <u>1855</u> TUBING SIZE DEPTH DRILL PIPE DEPTH TOOL DEPTH PRES. MAX <u>2000</u> MINIMUM MEAS. LINE SHOE JOINT <u>42</u> CEMENT LEFT IN CSG. <u>2.7661</u> PERFS. DISPLACEMENT <u>90 bbl</u>	OWNER CEMENT AMOUNT ORDERED <u>.350SK Multy Density</u> <u>Class A</u> <u>175SK class A neat</u> COMMON <u>Class A 175SK @ 17.90</u> <u>3,132.50</u> POZMIX @ GEL @ CHLORIDE <u>1316 #</u> @ <u>1.10</u> <u>1,447.60</u> ASC @ <u>Cellophane Flks 263 @ 2.97</u> <u>781.11</u> <u>ARM- Class A 350SK @ 26.57</u> <u>9,299.50</u> @ @ @ @ @ HANDLING @ MILEAGE @
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EQUIPMENT

PUMP TRUCK	CEMENTER	<u>Aldo Espinoza</u>
# <u>903-501</u>	HELPER	<u>Raman Escobedo</u>
BULK TRUCK		
# <u>562-467</u>	DRIVER	<u>Alex Ayala</u>
BULK TRUCK		
# <u>868-642</u>	DRIVER	<u>Jose Calderon</u>

TOTAL 14,660.71
 65% = 9529.47

SERVICE

DEPTH OF JOB	<u> Derrick change</u>	<u>577.50</u>
PUMP TRUCK CHARGE		<u>2,813.75</u>
LWT 50 mi	@ <u>4.40</u>	<u>220.00</u>
MILEAGE HVM 50 mi	@ <u>7.70</u>	<u>385.00</u>
MANIFOLD	@ <u>275.00</u>	<u>275.00</u>
handling	<u>679.00 FT3</u>	@ <u>2.148</u> <u>1,559.92</u>
Drayage	<u>1361 T-m</u>	@ <u>2.75</u> <u>3,742.75</u>

TOTAL 8,973.92
 65% = 5833.05

PLUG & FLOAT EQUIPMENT

Guide shoe	1	@ <u>460.00</u>	<u>460.00</u>
SS Float collar	1	@ <u>1,214.00</u>	<u>1,214.00</u>
Centralizers	15	@ <u>75.00</u>	<u>1,125.00</u>
Tap Rubber Plug	1	@ <u>131.00</u>	<u>131.00</u>
		@	

TOTAL 2,930.00
 55% = 1611.50

SALES TAX (If Any) _____

TOTAL CHARGES 26,564.63

DISCOUNT ^{65%} 15,362.52 / ^{55%} 1,611.50 IF PAID IN 30 DAYS

NET = 9,590.61

REMARKS:
 Well Longbow
 AFE 45820
 GL 8300175
 Office Ulysses
 Date 1-12-16

CHARGE TO: Merit Energy
 STREET PO Box. 1893/1900 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

Field Ticket Number: Lib1601162105

Field Ticket Date:

Saturday, January 16, 2016

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

Job Name: 02 Production/Long String
Well Location: Grant, KS
Well Name: Longbow
Well Number: #1-10
Well Type: New Well
Rig Number: DUKE # 9
Shipping Point: Liberal, KS
Sales Office: Mid Con

TD @ 5950'
TP @ 5950'
SJ @ 42'
Pipe = 5 1/2"
Hole = 7 7/8"

PERSONEL		EQUIPMENT	
Lenny Baeza 7039	Oscar Sigala	562-467	994-550
Jose Calderon			

SERVICES - SERVICES - SERVICES

Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
PUMP, CASING CEMENT 5001-6000 FT	1.00	min. 4 hr	3,099.25	3099.25	1,022.75	67.0%	1,022.75
CMLP	1.00	per day	275.00	275.00	90.75	67.0%	90.75
PHDL	482.00	per cu. Ft.	2.48	1195.36	0.82	67.0%	394.47
DRYG	1009.00	ton-mile	2.75	2774.75	0.91	67.0%	915.67
MILV	50.00	per mile	4.40	220.00	1.45	67.0%	72.60
MIHV	50.00	per mile	7.70	385.00	2.54	67.0%	127.05

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT

GS-5.5	1.00	each	281.00	281.00	126.45	55.0%	126.45
SSFC-5.5	1.00	each	725.00	725.00	326.25	55.0%	326.25
CEN-5.5	25.00	each	57.00	1,425.00	25.65	55.0%	641.25
TRP - 5.5	1.00	each	85.00	85.00	38.25	55.0%	38.25

MATERIALS - MATERIALS - MATERIALS

CW-HVS	12.00	bbl	58.70	704.40	19.37	67.0%	232.45
CB-ASA	350.00	sack	23.50	8,225.00	7.76	67.0%	2,714.25
CFL-210	165.00	pound	18.90	3,118.50	6.24	67.0%	1,029.11
CLC-KOL	1750.00	pound	0.98	1,715.00	0.32	67.0%	565.95
CLC-CPF	88.00	pound	2.97	261.36	0.98	67.0%	86.25

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Additional hours, in excess of set hours	1.00	per hour	440.00	440.00	145.20	67.0%	145.20
Derrick Charge	1.00	per event	577.50	577.50	190.58	67.0%	190.58

	Gross	Discount	Final
Services Total	7,949.36	5,326.07	2,623.29
Equipment Total	2,516.00	1,383.80	1,132.20
Materials Total	14,024.26	9,396.25	4,628.01
Additional Items	1,017.50	681.73	335.78
Final Total	25,507.12	16,787.85	8,719.27

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):

\$8,719.27