

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1306256

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 # | | | API No. 15 | | | |
|-------------------------------------|------------|--------------------|--|---------------------------|----------------------|--|
| Name: | | | Spot Description: | | | |
| Address 1: | | | SecTwpS. R | | | |
| Address 2: | | | Feet from North / South Line of Section | | | |
| City: | State: Z | ip:+ | Fe | eet from East / | West Line of Section | |
| Contact Person: | | | Footages Calculated from | Nearest Outside Section C | Corner: | |
| Phone: () | | | □ NE □ NW | V □SE □SW | | |
| CONTRACTOR: License # | | | GPS Location: Lat: | , Long: | | |
| Name: | | | | (e.g. xx.xxxxx) | (e.gxxx.xxxxx) | |
| Wellsite Geologist: | | | Datum: NAD27 | NAD83 WGS84 | | |
| Purchaser: | | | County: | | | |
| Designate Type of Completion: | | | Lease Name: | W | ell #: | |
| | e-Entry | Workover | Field Name: | | | |
| | _ | | Producing Formation: | | | |
| ☐ Oil ☐ WSW ☐ D&A | ☐ SWD | ∐ SIOW ∏ SIGW | Elevation: Ground: | Kelly Bushing: | | |
| | GSW | Temp. Abd. | Total Vertical Depth: | Plug Back Total D | epth: | |
| CM (Coal Bed Methane) | dow | Temp. Abd. | Amount of Surface Pipe Se | et and Cemented at: | Feet | |
| Cathodic Other (Core, Expl., etc.): | | | Multiple Stage Cementing Collar Used? Yes No | | | |
| If Workover/Re-entry: Old Well I | | | If yes, show depth set: | | | |
| Operator: | | | If Alternate II completion, c | cement circulated from: | | |
| Well Name: | | | feet depth to: | w/ | sx cmt. | |
| Original Comp. Date: | | | | | | |
| Deepening Re-perf | J | ENHR Conv. to SWD | Drilling Fluid Managemer | nt Plan | | |
| Plug Back | Conv. to G | | (Data must be collected from to | | | |
| Commingled | Permit # | | Chloride content: | ppm Fluid volume | : bbls | |
| Dual Completion | | | Dewatering method used:_ | | | |
| SWD | | | Location of fluid disposal if | hauled offsite: | | |
| ENHR | Permit #: | | | | | |
| GSW | Permit #: | | Operator Name: | | | |
| | | | Lease Name: | | | |
| Spud Date or Date R | eached TD | Completion Date or | Quarter Sec | TwpS. R | East West | |
| Recompletion Date | | Recompletion Date | 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 Approved by: Date: | | | | | | |

Page Two



| Operator Name: | | | | _ Lease l | Name: _ | | | Well #: | | |
|--|--|---------------------------------------|---------------------------|--------------------------|---|-------------------------------------|---------------------------|------------------|---------------|---------------------|
| Sec Twp | S. R | East V | West | County | : | | | | | |
| INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to | ring and shut-in pres o surface test, along | sures, whether s with final chart(| shut-in pre s). Attach | ssure reac extra shee | hed stati t if more | c level, hydrosta space is neede | itic pressures, bot d. | tom hole temp | erature, flui | d recovery, |
| Final Radioactivity Lo- files must be submitte | | | | | | gs must be ema | ailed to kcc-well-lo | gs@kcc.ks.go | v. Digital el | ectronic log |
| Drill Stem Tests Taker (Attach Additional S | | Yes | No | | | | on (Top), Depth ar | | | mple |
| Samples Sent to Geo | logical Survey | Yes | ☐ No | | Nam | e | | Тор | Da | tum |
| Cores Taken Electric Log Run | | ☐ Yes ☐ Yes | ☐ No ☐ No | | | | | | | |
| List All E. Logs Run: | | | | | | | | | | |
| | | | CASING | | ☐ Ne | | | | | |
| | 0: 11-1- | · · | | | | ermediate, product | | // OI | T | d Damasat |
| Purpose of String | Size Hole Drilled | Size Cas Set (In O | | Weig Lbs. / | | Setting Depth | Type of Cement | # Sacks Used | | d Percent itives |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | AD | DITIONAL | CEMENTIN | NG / SQL | JEEZE RECORD | | | | |
| Purpose: | Depth Top Bottom | Type of Ce | ement | # Sacks | Used | Type and Percent Additives | | | | |
| Perforate Protect Casing | | | | | | | | | | |
| Plug Back TD Plug Off Zone | | | | | | | | | | |
| | | | | | | | | | | |
| Did you perform a hydrau | • | | | | | Yes | No (If No, ski | p questions 2 ar | nd 3) | |
| Does the volume of the to | | | | | | | = : | p question 3) | of the ACO | () |
| Was the hydraulic fractur | ing treatment information | on submitted to the | e chemicai d | isciosure re | gistry? | Yes | No (If No, fill | out Page Three | or the ACO-1 | <i>)</i> |
| Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | | | | | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Deptt | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TUBING RECORD: | Size: | Set At: | | Packer A | i: | Liner Run: | Yes No | | | |
| Date of First, Resumed | Production, SWD or Ef | NHR. Prod | ducing Meth | ıod: | | 1 | | | | |
| | | | Flowing | Pumpin | g | Gas Lift C | Other (Explain) | | | |
| Estimated Production Per 24 Hours | Oil | Bbls. | Gas | Mcf | Wate | er B | bls. (| Gas-Oil Ratio | | Gravity |
| DISPOSITIO | ON OF GAS: | | M | METHOD OF | COMPLE | ETION: | | PRODUCTIO | ON INTERVA | |
| Vented Sold | | Open | | Perf. | Dually | Comp. Cor | mmingled | | | |
| | bmit ACO-18.) | | (Specify) | | (Submit) | ACO-5) (Sub | mit ACO-4) | | | |

| Form | ACO1 - Well Completion |
|-----------|---------------------------|
| Operator | Merit Energy Company, LLC |
| Well Name | FEDERAL FARM MORTGAGE A 3 |
| Doc ID | 1306256 |

Casing

| Purpose Of String | Size Casing Set | Weight | Type Of Cement | Type and Percent Additives |
|----------------------|-----------------------|--------|-------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Sam Brownback, Governor

REQUEST FOR INFORMATION

May 02, 2016

MERIT ENERGY COMPANY, LLC -- KCC LICENSE # 32446 13727 NOEL RD STE 1200 DALLAS, TX 75240

RE: API Well No. 15-175-22232-00-00 FEDERAL FARM MORTGAGE A SWNENWSW, 27-31S-34W SEWARD County, Kansas

Dear Operator:

According to KCC records, the Intent to Drill approved by the KCC Conservation Division on March 10, 2015, for the well listed above, has expired. The KCC has not received a spud call or an ACO-1 Completion Report on this well.

If drilling operations on the well never commenced, please check, sign and date below and return this letter to the KCC Wichita office.

_____ Well not drilled: Signature _____ Date:

If the well has been drilled, please submit the required ACO-1 Completion Report with all attachments for this well along with a copy of this letter to the KCC Wichita office.

In either case please provide the requested information within 30 days from the date of this letter. Pursuant to K.A.R. 82-3-128, failure to respond to this letter with the requested information may result in assessment of a monetary penalty of \$100.00. Failure to file the ACO-1 form, if applicable, may result in assessment of a monetary penalty of \$500.00.

We appreciate your cooperation in this matter. If you have any questions, please contact me at (316) 337-6200.

Very truly yours,

Rene Stucky

Production Department Supervisor