

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 3-10
Doc ID	1308094

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
QUAD COMBO
REPEAT SECTION

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Longbow 3-10
Doc ID	1308094

Tops

Name	Top	Datum
Cherokee	2700	
Heebner	3828	
Toronto	3851	
Lansing	3916	
Kansas City	4390	
Marmaton	4465	
Pawnee	4631	
Cherokee	4704	
Atoka	4911	
Morrow	5200	
Chester	5571	
St Genevieve	5606	
St Louis	5647	

Field Ticket Number: Lib1602211430

Field Ticket Date:

Saturday, February 21, 2016

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

Job Name: 01 Surface
Well Location: Grant, KS
Well Name: Longbow
Well Number: #3-10
Well Type: New Well
Rig Number: Duke #9
Shipping Point: Liberal, KS
Sales Office: Mid Con

TD - 1456
TP - 1451
SS - 42.50
Pipe - 8 5/8
How - 12 1/4

PERSONEL		EQUIPMENT	
Aldo Espinoza	Jose Calderon	903-601	868-642
Oscar Sigala	Lenny Baeza 1039	774-744	

SERVICES - SERVICES - SERVICES

Description	QTY	UCM	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	654.00	per cu. Ft.	2.48	1621.92	0.87	65.0%	567.67
DRYG	1415.00	ton-mile	2.75	3891.25	0.96	65.0%	1,361.94
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

Description	QTY	UCM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
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

Description	QTY	UCM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
CB-AMDAL	370.00	sack	26.57	9,830.90	9.30	65.0%	3,440.82
CA-100	1044.00	pound	1.10	1,148.40	0.39	65.0%	401.94
CLC-CPF	185.00	pound	2.97	549.45	1.04	65.0%	192.31
CCAC	175.00	sack	17.90	3,132.50	6.27	65.0%	1,096.38
CA-100	329.00	pound	1.10	361.90	0.39	65.0%	126.67
CLC-CPF	88.00	pound	2.97	261.36	1.04	65.0%	91.48

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Description	QTY	UCM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
Additional hours, in excess of set hours		per hour	440.00	0.00	154.00	65.0%	0.00

	Gross	Discount	Final
Services Total	8,606.92	5,594.50	3,012.42
Equipment Total	2,930.00	1,611.50	1,318.50
Materials Total	15,284.51	9,934.93	5,349.58
Additional Items	0.00	0.00	0.00
Final Total	26,821.43	17,140.93	9,680.50

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):

\$9,680.50

Field Ticket Number: **Lib1602242130** Field Ticket Date: **Wednesday, February 24, 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: 3-10
Well Type: New Well
Rig Number: DUKE #9
Shipping Point: Liberal, KS
Sales Office: Mid Con

TD-5950
TP-5915
SJ-43.8
Pipe-5 1/2
Hole-7 7/8

PERSONEL	EQUIPMENT
LENNY BAEZA	903-501
RAMON ESCARCEGA	993-1066
ALDO ESPINOZA	984

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							
Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
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							
Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
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							
Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
Additional hours, in excess of set hours		per hour		0.00			0.00
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	577.50	386.93	190.58
Final Total	25,067.12	16,493.05	8,574.07

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):

\$8,574.07