

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	Garden City 36-1
Doc ID	1310260

All Electric Logs Run

ANNULAR HOLE VOLUME LOG 5.5 CASING
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2 LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 5 LOG
ARRAY RESISTIVITY SPECTRAL DENSITY DUAL SPACED NEUTRON BOREHOLE SONIC QUAD COMBO LOG
BOREHOLE COMPENSATED SONIC LOG
MICROLOG
REPEAT SECTION
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Garden City 36-1
Doc ID	1310260

Tops

Name	Top	Datum
Heebner	3763	
Toronto	3777	
Lansing	3812	
Iola	3992	
Swope	4154	
Marmaton	4318	
Pawnee	4402	
Cherokee	4449	
Atoka	4586	
Morrow	4674	
St Genevieve	4814	
St Louis	4896	

Field Ticket Number: LIB16022601445

Field Ticket Date:

Friday, February 26, 2016

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: Garden City
Well Number: 36-1
Well Type: New Well
Rig Number: Duke # 9
Shipping Point: Liberal, KS
Sales Office: Mid Con

TD-1626
TRP 1626-7
SS 42.4
Pipe 5/8 Hole 12/4

PERSONEL		EQUIPMENT	
OSCAR CIGALA		903-501	
JOSE CALDERON		956-841	
LENNY BAEZA		774-744	
ALDO ESPINOZA		984	

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	692.00	per cu. Ft.	2.48	1716.16	0.87	65.0%	600.66
DRYG	1495.00	ton-mile	2.75	4111.25	0.96	65.0%	1,438.94
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

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

-	10.00	bbl	0.00	0.00	0.00	65.0%	0.00
CB-AMDAL	400.00	sack	26.57	10,628.00	9.30	65.0%	3,719.80
CA-100	1128.00	pound	1.10	1,240.80	0.39	65.0%	434.28
CLC-CPF	200.00	pound	2.97	594.00	1.04	65.0%	207.90
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

Additional hours, in excess of set hours		per hour	440.00	0.00	154.00	65.0%	0.00
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Allied Rep
Customer Agent:

[Signature]

	Gross	Discount	Final
Services Total	8,921.16	5,798.75	3,122.41
Equipment Total	2,930.00	1,611.50	1,318.50
Materials Total	16,218.56	10,542.06	5,676.50
Additional Items	0.00	0.00	0.00
Final Total	28,069.72	17,952.32	10,117.40

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

[Signature]

Well Garden City 36-1
45566
83001075
Garden City
Office
Date 2-26-16

Field Ticket Total (USD):

\$10,117.40

Field Ticket Number: **LIB16229800** Field Ticket Date: **Monday, February 29, 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: Finney, KS
Well Name: GARDEN CITY
Well Number: 36-1
Well Type: New Well
Rig Number: DUKE # 9
Shipping Point: Liberal, KS
Sales Office: Mid Con

TD-5019
TP-4999
SJ 42
Pipe 5 1/2
Hole 7 7/8

PERSONEL		EQUIPMENT	
ALDO ESPINOZA		984	
LENNY BAEZA		531-541	
RAMON ESCARCEGA		956-841	

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	328.00	per cu. Ft.	2.48	813.44	0.82	67.0%	268.44
DRYG	688.00	ton-mile	2.75	1892.00	0.91	67.0%	624.36
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-APA-40604	50.00	sack	18.92	946.00	6.24	67.0%	312.18
CB-ASA	200.00	sack	23.50	4,700.00	7.76	67.0%	1,551.00
CFL-210	94.00	pound	18.90	1,776.60	6.24	67.0%	586.28
CLC-KOL	1000.00	pound	0.98	980.00	0.32	67.0%	323.40
CLC-CPF	50.00	pound	3.97	148.50	0.98	67.0%	49.01

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

Well: **Garden City**
AFE 45568
GL 83001075
Office Garden City
2-29-16

	Gross	Discount	Final
Services Total	6,684.69	4,478.74	2,205.95
Equipment Total	2,516.00	1,383.80	1,132.20
Materials Total	9,255.50	6,201.19	3,054.32
Additional Items	1,017.50	681.73	335.78
Final Total	19,473.69	12,745.45	6,728.24

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): **\$6,728.24**