

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	DOVETAIL 1-16
Doc ID	1321643

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 LOG
REPEAT SECTION

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	DOVETAIL 1-16
Doc ID	1321643

Tops

Name	Top	Datum
HEEBNER	3820	
TORONTO	3843	
LANSING	3908	
KANSAS CITY	4366	
MARMATON	4436	
PAWNEE	4625	
CHEROKEE	4694	
ATOKA	4890	
MORROW	5198	
CHESTER	5585	
ST GENEVIEVE	5625	
ST LOUIS	5705	



Depend on US

Post Job Report

Merit Energy

Dovetail 16-1

8/25/2016

8.625" Surface Casing

Grant County, KS





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1.0 Executive Summary

Allied Oil & Gas Services would like to thank you for the award of the provision of cementing products and services on the well Dovetail 16-1.

A pre-job meeting was held to discuss job details, review the safety hazards, potential environmental impact and established emergency procedures.

Allied started the job testing lines to 2000 psi. After a successful test we began the job by pumping 10 bbls of Fresh Water spacer. We then mixed and pumped the following cements:

168.04 bbl	370 Sacks of 12.1 ppg
Class A Slurry -	2.55 Yield

- 2.0% Sodium Metasilicate
- 2.0% Gypsum
- 4.0% Gel
- 2.0% Sodium Chloride
- 3.0 % Calcium Chloride
- 0.25 lb Cellophane Flake

39.58 bbl	175 Sacks of 15.2 ppg
Class A Slurry -	1.27 Yield

- 2.0 % Calcium Chloride
- 0.25 lb Cellophane Flake

The top plug was then released and displaced with 93 Bbls of Fresh Water. The plug bumped and was pressured to 900 psi. Upon release the floats held. 70 bbl cement returned to the pit.

All real time data can be view in the Job Summary section.

Allied Oil & Gas Services remains committed to provide operational excellence and superior product performance. All comments and suggestions are greatly appreciated and help us to continue to provide this level of service.

Again we want to thank you for the opportunity to perform these and your future cementing & acidizing service needs.



Cement Job Summary

Job Number: LIB1608251238	Job Purpose	01 Surface	
Customer: MERIT ENERGY COMPANY		Date: 8/25/2016	
Well Name: Dovetail	Number: 16-1	API/UWI: 46655	
County: Grant	City:	State: KS	
Cust. Rep:	Phone:	Rig Phone:	
Distance	50 miles (one way)	Supervisor	Aldo Espinosa

Employees:	Emp. ID:	Employees:	Emp. ID:
ALDO ESPINOZA			
CRISTIAN CAMACHO			
ALEX AYALA			
CORY BROWN			

Equipment:
984-
1071-545
955-554
774-1066

Materials - Pumping Schedule					
STAGE #1					
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Spacer 1	FRESH WATER	10	8.33	n/a	n/a
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Lead 1	ALLIED MULTI-DENSITY CEMENT - CLASS A	370	12.10	2.55	14.86
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Tail 1	CLASS A COMMON	175	15.19	1.27	5.75
Fluid Name	Description	Rqstd Qty	Density	Yield	Water (gal/sk)
Disp. 1	Displacement	96	8.33	n/a	n/a

Slurry: Lead 1		Slurry Name: ALLIED MULTI-DENSITY CEMENT - CLASS A Light			
Quantity:	370 sacks	Blend Vol:	466.41 cu.ft.	Blend Weight:	39706.80012 lbs
Material	Description	Conc. (lb/sk)	Determined by	Load Volume	UOM
CCAC	CLASS A COMMON	94	% Base Materia	34780.0	lbm
CA-500	GYPSUM	1.88	% BWOC	695.6	lbm
CA-400	SODIUM METASILICATE	1.88	% BWOC	695.6	lbm
Cgel	GEL - BENTONITE	3.76	% BWOC	1391.2	lbm
CA-200	SODIUM CHLORIDE	2.475676	% BWOW	916.0	lbm
CA-100	CALCIUM CHLORIDE, PELLETS OR FLAKE	2.82	% BWOC	1043.4	lbm
CLC-CPF	CELLOPHANE FLAKES	0.5	lb/sk	185.0	lbm
Water	Mixing Water	14.86	gal/sk	5498.2	gal

Slurry: Tail 1		Slurry Name: CLASS A COMMON			
Quantity:	175 sacks	Blend Vol:	187.35 cu.ft.	Blend Weight:	16866.5 lbs
Material	Description	Conc. (lb/sk)	Determined by	Load Volume	UOM
CCAC	CLASS A COMMON	94	% Base Materia	16450.0	lbm
CA-100	CALCIUM CHLORIDE, PELLETS OR FLAKE	1.88	% BWOC	329.0	lbm
CLC-CPF	CELLOPHANE FLAKES	0.5	lb/sk	87.5	lbm
Water	Mixing Water	5.75	gal/sk	1006.3	gal

Job Number: LIB1608251238	Job Purpose	01 Surface	
Customer: MERIT ENERGY COMPANY		Date: 8/25/2016	
Well Name: Dovetail	Number: 16-1	API/UWI:	
County: Grant	City:	State: KS	

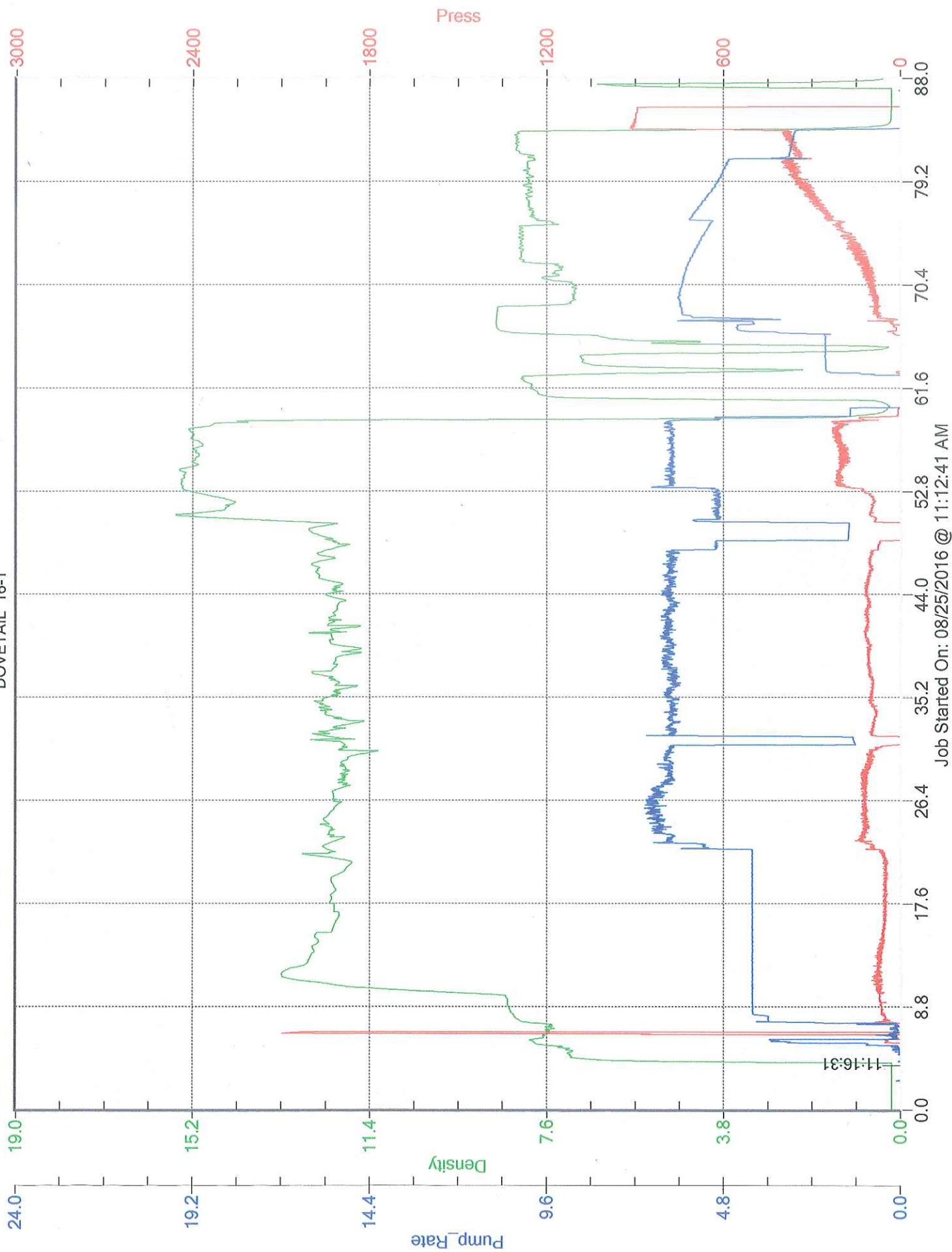


Cement Job Summary

Cust. Rep:		Phone:		Rig Phone:		0	
Distance			50 miles (one way)		Supervisor		Aldo Espinosa
DATE	TIME	PRESSURE - (PSI)		FLUID PUMPED DATA		COMMENTS	
		CASING	ANNULUS	VOLUME	RATE (BPM)		
8/25/2016	800am					ARRIVE ON LOCATION	
	830am					rig up	
	1045am					casing on bottom, rig up head	
	1052am					brake circulation	
	1100am					safety meeting	
	1118am	2000			1	pressure test lines 2000 psi	
	1120am	80		168	5	370sk/168 bbl lead cement	
	1200pm	200		40	5	175sk/40 bbl tail cement	
	1216pm				3	release plug	
	1217pm	60			3	start displacement	
	1221pm	90		20	6	20 bbl gone	
	1225pm	140		20	6	40 bbl gone	
	1229pm	240		20	6	60 bbl gone	
	1233pm	380		20	6	80 bbl gone	
	1235pm	390		15	3	85 bbl gone, slow down	
	1238pm	400-900		8	3	93 bbl bump plug	
	1243pm	900				check floats	
	110pm					rig down	
	130pm					leave location	
						good circulation during job	
						70 bbl of cement back to	
						surface	
						thanks	

MERIT ENERGY

DOVETAIL 16-1



Job Started On: 08/25/2016 @ 11:12:41 AM



Customer: MERIT ENERGY COMPANY
Date: Thursday, August 25, 2016
Well Name: Dovetail # 16-1
Well Location:
Supervisor: Aldo Espinosa

Equipment Operators: ALDO ESPINOZA - CRISTIAN CAMACHO - ALEX AYALA

Performance	Customer	
Was the appearance of the personnel and equipment satisfactory?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was the job performed in a professional manner?	<input type="radio"/> Yes	<input type="radio"/> No
Were the calculations prepared and explained properly?	<input type="radio"/> Yes	<input type="radio"/> No
Were the correct services dispatched to the job site?	<input type="radio"/> Yes	<input type="radio"/> No
Were the services performed as requested?	<input type="radio"/> Yes	<input type="radio"/> No
Did the job site environment remain unchanged?	<input type="radio"/> Yes	<input type="radio"/> No
Did the equipment perform in the manner expected?	<input type="radio"/> Yes	<input type="radio"/> No
Did the materials meet your expectations?	<input type="radio"/> Yes	<input type="radio"/> No
Was the crew prepared for the job?	<input type="radio"/> Yes	<input type="radio"/> No
Was the crew prompt in the rig-up and actual job?	<input type="radio"/> Yes	<input type="radio"/> No
Were reasonable recommendations given, as requested?	<input type="radio"/> Yes	<input type="radio"/> No
Did the crew perform safely?	<input type="radio"/> Yes	<input type="radio"/> No
Was the job performed to your satisfaction?	<input type="radio"/> Yes	<input type="radio"/> No

Customer Signature:

Date:

8-25-16

Additional Comments:

Good Job!



CEMENT MIXING WATER GUIDELINES

Company Name:

MERIT ENERGY COMPANY

Lease Name:

Dovetail # 16-1

County

Grant

State

KS

Water Source:

TANK

Submitted By:

Aldo Espinosa

Date:

8/25/2016

pH Level

GOOD

Must be less than 8.5

Sulfates

GOOD

Must be less than 1,000 PPM

Chlorides

GOOD

Must be less than 3,000 PPM

Temperature

70

Must be less than 100 deg F

COMMENTS

[Empty box for comments]

Thank You

Customer Signature