

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1350284

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			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxxx)			
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84			
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:			
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):  If Workover/Re-entry: Old Well Info as follows:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Plug Back Conv. to GSW Conv. to Producer  Commingled Permit #:  Dual Completion Permit #:  SWD Permit #:	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:			
☐ ENHR         Permit #:           ☐ GSW         Permit #:	Operator Name:			
GSW Permit #:	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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				
Geologist Report Received				
UIC Distribution				
ALT I II III Approved by: Date:				



Operator Name:			Lease Nam	e:		Well #:	
Sec Twp	S. R	East West	County:				
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s	g and shut-in pressu	ures, whether shut-in	pressure reached	static level, hydrosi	tatic pressures, bot		
Final Radioactivity Log, files must be submitted in					nailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		_ •	tion (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No		Name		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
			NG RECORD	New Used	otion ata		
D (0):	Size Hole	Size Casing	Weight	Setting	Type of	# Sacks	Type and Percent
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
		ADDITIO	NAL CEMENTING /	SQUEEZE RECOR	D		
Purpose: Depth Type of Cement #			# Sacks Use	cks Used Type and Percent Additives			
Perforate Protect Casing	iop Zollolli						
Plug Back TD Plug Off Zone							
Flug Oli Zolle							
Did you perform a hydraulic	fracturing treatment o	n this well?		Yes	No (If No, sk	ip questions 2 aı	nd 3)
Does the volume of the total	l base fluid of the hydr	aulic fracturing treatmer	nt exceed 350,000 ga	llons? Yes	No (If No, sk	ip question 3)	
Was the hydraulic fracturing	treatment information	submitted to the chemi	cal disclosure registry	y? Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		N RECORD - Bridge I			acture, Shot, Cement		
	Specify F	ootage of Each Interval	Perforated	(.	Amount and Kind of Ma	iterial Used)	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Data of First Danier of De	advation OMD as FAII	ID Droducing	Mathadi				
Date of First, Resumed Pr	oduction, SWD of ENF	IR. Producing I		Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	Bbls. (	Gas-Oil Ratio	Gravity
		<u>'</u>		ADJ ETIC:		BE 22-11-	
DISPOSITION		Open Hole	METHOD OF COI		ommingled	PRODUCTION	ON INTERVAL:
Vented Sold	Used on Lease	Орентное			ubmit ACO-4)		

Form	ACO1 - Well Completion		
Operator	Merit Energy Company, LLC		
Well Name	LOOMIS B 2		
Doc ID	1350284		

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	_	Type Of Cement	Type and Percent Additives