Confiden	tiality R	equested:
Yes	No	

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1353699

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:				
Address 2:	Feet from Dorth / South Line of Section			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				
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: Well #:			
New Well Re-Entry Workover	Field Name:			
	Producing Formation:			
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:			
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?			
If Workover/Re-entry: Old Well Info as follows:	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	Drilling Fluid Management Plan			
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)			
	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
Dual Completion Permit #:				
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Operator Name:			
GSW Permit #:	Lease Name: License #:			
	Quarter Sec Twp S. R East West			
Spud Date or Recompletion DateDate Reached TDCompletion Date or 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 III Approved by: Date:						

CORRECTION #1

1353699

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 (Attach Additional Sheets)		Yes No			Log Formation (Top), Depth and Datum				nple	
Samples Sent to Geological Survey		Yes	No		Nam	e		Тор	Dat	um
Cores Taken Electric Log Run		☐ Yes ☐ Yes	No No							
List All E. Logs Run:										
		Report all		RECORD	Ne	w Used ermediate, produc	ction, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C		Weight Lbs. / F		Setting Depth	Type of Cement	# Sacks Used	Type and Addi	
		A	DITIONAL		à / SQL	JEEZE RECORI) D			
Purpose: Perforate Protect Casing	Purpose: Depth Type of Cement # Sacks			# Sacks U	sed	Type and Percent Additives				
Plug Back TD Plug Off Zone										
Did you perform a hydrauli Does the volume of the tot Was the hydraulic fracturin	al base fluid of the hyd	raulic fracturing			-	Yes Yes Yes	No (If No, sk	tip questions 2 ar tip question 3) I out Page Three)
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						acture, Shot, Cemen Amount and Kind of M		d	Depth	
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:	Yes No			

			Flowing	Pumpi	ng 🔄 Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

Producing Method:

Date of First, Resumed Production, SWD or ENHR.

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
Vented Sold Used on Lease	Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)	
(If vented, Submit ACO-18.)	Other (Specify)	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	GREEN H 1
Doc ID	1353699

Casing

Size Hole Drilled	Size Casing Set	Setting Depth	Type Of Cement	Type and Percent Additives

Summary of Changes

Lease Name and Number: GREEN H 1 API/Permit #: 15-081-22023-00-01 Doc ID: 1353699 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
API	15-081-22023-00-00	15-081-22023-00-01
Approved Date	04/03/2017	04/27/2017