

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1370669

Form ACO-1
November 2016
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.:				
Name:		Spot Description:				
Address 1:		SecTwp S. R				
Address 2:		Feet from North / South Line of Section				
City: State: 2	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.xxxxx) (e.g.	-xxx.xxxxx)			
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		Producing Formation:				
Gas DH EOR		Elevation: Ground: Kelly Bushing:				
		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	EOR Conv. to SWD	Drilling Fluid Management Plan				
Plug Back Liner Conv. to	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Dameit #		Chloride content:ppm Fluid volume:	bbls			
_		Dewatering method used:				
		Location of fluid disposal if hauled offsite:				
		· ·				
GSW Permit #:		Operator Name:				
		Lease Name: License #:				
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R	East West			
Recompletion Date	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 ☐ Drill Stem Tests Received						
Geologist Report / Mud Logs Received						
UIC Distribution						
ALT I II Approved by: Date:						

Page Two



Operator Name:				Lease Name	e:			_ Well #:	
Sec Twp	S. R.	Eas	t West	County:					
and flow rates if gas	wing and shu to surface te	t-in pressures, wh st, along with final	ether shut-in pre chart(s). Attach	essure reached s extra sheet if m	static I nore sp	evel, hydrosta bace is needed	tic pressures, bot d.	tom hole tempe	val tested, time tool rature, fluid recovery, Digital electronic log
files must be submit								0	3
Drill Stem Tests Take			Yes No		_ Log	g Formatic	on (Top), Depth a		Sample
Samples Sent to Ge	ological Surv	ey	Yes No	N	Name			Тор	Datum
Cores Taken Electric Log Run Geolgist Report / Mu List All E. Logs Run:	_		Yes No Yes No Yes No						
		Rep	CASING port all strings set-c	RECORD	New , intern	Used	on, etc.		
Purpose of String			ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	5.1		ot (III 0.5.)	200.711.		Борит	Comont	0000	/ Iddilivos
			ADDITIONAL	CEMENTING /	SQUE	EZE RECORD			
Purpose: Perforate		epth Typ Bottom	e of Cement	# Sacks Used	d		Type and F	Percent Additives	
Protect Casing	9								
Plug Off Zone									
									(0)
 Did you perform a h Does the volume of 	-	-		t exceed 350,000	gallons	Yes Yes		ip questions 2 an ip question 3)	d 3)
3. Was the hydraulic fra		-	=		_	Yes	= '	out Page Three	of the ACO-1)
Date of first Production	n/Injection or Re	esumed Production/	Producing Meth	nod:					
Injection:			Flowing	Pumping	Ga	as Lift C	other (Explain)		
Estimated Production Per 24 Hours	1	Oil Bbls.	Gas	Mcf	Water	BI	bls. (Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD (OF COMPLETION: PRODUCTION INTERVAL: Top Bottom				
Vented So		on Lease	Open Hole		ually C		nmingled mit ACO-4)	Тор	Bottom
(If vented, S	Submit ACO-18.)				30111111711	(Odbi	TIIL 700 4)		
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At		Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze of Material Used)	Record
TUBING RECORD:	Size:	Set At		Packer At:					
	J.20.	OU! A!	-	. 20.0171					

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	COBRA 26-2
Doc ID	1370669

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	1915	A- CON/PRE M+		See Original
Production	7.875	5.5	17	5107	50/50 POZ		See Original