CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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:	SecTwpS. R			
Address 2:	Feet from North / South Line of Section			
City:	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.xxxxxx)			
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)			
	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
Dual Completion Permit #:				
SWD Permit #:	Location of fluid disposal if hauled offsite:			
EOR Permit #:	Operator Name:			
GSW Permit #:	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R			
Recompletion Date  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:					

1370697 CORRECTION #1

Operator Name:				Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R 🗌	East West	County:					
open and closed	l, flowing and sh	nut-in pressures		ressure reached	static lev	el, hydrosta	itic pressures, b		val tested, time tool erature, fluid recovery,
			n Geophysical Data ewer AND an imag			must be ema	ailed to kcc-well-	logs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests	Taken tional Sheets)		Yes No		Log	Formation	on (Top), Depth		Sample
Samples Sent to	Geological Su	rvey	☐ Yes ☐ No		Name			Тор	Datum
Cores Taken Electric Log Run Geolgist Report List All E. Logs F	/ Mud Logs		Yes No Yes No Yes No						
Liet 7 til 2. 20g0 1									
			CASIN Report all strings se	IG RECORD	New e, interme	Used	ion, etc.		
Purpose of St		ze Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Purpose:		Depth		AL CEMENTING /		ZE RECORD		D	
Perforate		Bottom	Type of Cement	# Sacks Use	# Sacks Used Type and Percent Additives				
Protect Ca									
Plug Off Z	one								
Did you perform	a hydraulic fractu	uring treatment on	this well?			Yes	No (If No, s	skip questions 2 ar	nd 3)
		=	ulic fracturing treatme		_	Yes	= '	skip question 3)	(11, 100.1)
_			submitted to the chen		istry'?	Yes	No (If No, f	ill out Page Three	of the ACO-1)
Date of first Produ Injection:	iction/Injection or	Resumed Product	ion/ Producing M	ethod: Pumping	Gas	Lift 0	Other <i>(Explain)</i>		
Estimated Produc		Oil Bbls.	Gas	Mcf	Water		bls.	Gas-Oil Ratio	Gravity
Per 24 Hours									
DISPOSITION OF GAS: METHOD			METHOD OF COI	HOD OF COMPLETION: PRODUCTION INTERVAL: Top Bottom					
Vented		ed on Lease	Open Hole		Oually Con		mmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	3.)				(000			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At		Acid		ementing Squeeze nd of Material Used)	Record
TUBING RECOR	D: Size:	S	et At:	Packer At:					

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	LCSLU 106W
Doc ID	1370697

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	1456	Class A	530	See Attached

# **Summary of Changes**

Lease Name and Number: LCSLU 106W

API/Permit #: 15-067-21836-00-00

Doc ID: 1370697

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	1456
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 70139	//kcc/detail/operatorE ditDetail.cfm?docID=13 70697