

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)</i> <i>(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	COX FARMS 3-8
Doc ID	1433723

All Electric Logs Run

ANNULAR HOLE VOLUME LOG 5 CASING
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2
ARRAY COMPENSATED TRUE RESISTIVITY LOG 5
ARRAY RESISTIVITY SPECTRAL DENSITY DUAL SPACED NEUTRON BOREHOLE SONIC QUAD COMBO LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	COX FARMS 3-8
Doc ID	1433723

Tops

Name	Top	Datum
HEEBENER	4101	
LANSING	4205	
KANSAS CITY	4613	
MARMATON	4757	
PAWNEE	4859	
FORT SCOTT	4890	
CHEROKEE	4907	
ATOKA	5063	
MORROW	5201	
MID MORROW	5296	
L MORROW	5336	
CHESTER A	5387	
CHESTER B	5422	
CHESTER C	5436	

FIELD TICKET

Client MERIT ENERGY COMPANY

Well Cox Farms 3-8

Job Description Surface

Print Date September 17, 2018



Field Ticket # FT-11121-P9LOW90202-64616

MATERIALS

Product Code	Description	UOM	Quantity	List Price	Gross Amount	Disc (%)	Net Amount
L100112	ACCELERATOR, SALT, CHLORIDE, CALCIUM, A-7P, PELLETS	LB	1,711.0000	\$2.40	\$4,106.40	76.00	\$985.54
L100275	Cement Additive, Sodium Metasilicate A-2	LB	922.0000	\$3.28	\$3,024.16	76.00	\$725.80
L100318	CEMENT EXTENDER, GYPSUM, A-10	LB	922.0000	\$0.72	\$663.84	76.00	\$159.32
L013156	Cement Nose, 8-5/8 in.	EA	1.0000	\$460.00	\$460.00	43.00	\$262.20
L488168	CEMENT, ASTM TYPE I	SK	665.0000	\$44.11	\$29,333.15	76.00	\$7,039.96
L017068	CENTRALIZER, 8-5/8" NON-WELD	EA	10.0000	\$246.40	\$2,464.00	76.00	\$591.36
L100120	EXTENDER, BENTONITE	LB	1,843.0000	\$2.08	\$3,833.44	76.00	\$920.03
1000080	FLOAT COLLAR, 8-5/8 IN	EA	1.0000	\$2,650.00	\$2,650.00	76.00	\$636.00
L100295	IntegraSeal CELLO	LB	333.0000	\$5.76	\$1,918.08	76.00	\$460.34
L415082	IntegraSeal KOL	LB	2,450.0000	\$1.20	\$2,940.00	76.00	\$705.60
L86718	PLUG, CEMENT 8.6 TOP	EA	1.0000	\$287.04	\$287.04	76.00	\$68.89
L499632	RETARDER, SUGAR, GRANULAR	LB	100.0000	\$4.16	\$416.00	76.00	\$99.84
L100404	SALT, SODIUM CHLORIDE, A-5	LB	1,188.0000	\$1.04	\$1,235.52	76.00	\$296.52
Product Material Subtotal:					\$53,331.63		\$12,951.40

SERVICES

Product Code	Description	UOM	Quantity	List Price	Gross Amount	Disc (%)	Net Amount
S-100018	Bulk delivery Charges	TMI	1,800.00	\$5.20	\$9,360.000	91.00	\$842.400
S-100230	Bulk materials Blending Charge	CU FT	842.00	\$5.23	\$4,403.660	91.00	\$396.329
S-100004	Cement Crew Mobilization- Demobilization Fee	EA	1.00	\$10,880.00	\$10,880.000	91.00	\$979.200
S-100475	Cement head	EA	1.00	\$2,656.00	\$2,656.000	91.00	\$239.040

Cementing Treatment



Injection Rate (bpm)	Fluid Density (ppg)
Injection Pressure (psi)	ISIP (psi)
Type of Squeeze	FSIP (psi)
Operators Max SQ Pressure (psi)	

COMMENTS

Treatment Report

pump 10bbbls of water spacer, pump 225bbbls of lead cement, pump 39.5bbbls of tail cement. drop plug displace with 113.5bbbls of fresh water, check if float holds, rig down.

Surface Cement @ 1826

Job Summary

job summary on job log

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Dwight D. Keen, Commissioner

Laura Kelly, Governor

January 16, 2019

IDANIA MEDINA
Merit Energy Company, LLC
13727 NOEL ROAD, SUITE 1200
DALLAS, TX 75240

Re: ACO-1
API 15-081-22181-00-00
COX FARMS 3-8
NE/4 Sec.08-28S-33W
Haskell County, Kansas

Dear IDANIA MEDINA:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 9/15/2018 and the ACO-1 was received on January 16, 2019 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department