

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	RIVER BEND 6
Doc ID	1454156

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	RIVER BEND 6
Doc ID	1454156

Tops

Name	Top	Datum
HEEBNER	3897	
TORONTO	3912	
LANSING	3993	
IOLA	4129	
MARMATON	4468	
PAWNEE	4544	
CHEROKEE	4591	
ATOKA	4688	
MORROW	4768	
CHESTER	4827	
ST GENEVIEVE	4835	



PAGE 1 of 1	CUST NO 1002716	YARD # 1718	INVOICE DATE 11/08/2018
INVOICE NUMBER 92842604			

Pratt (620) 672-1201
 B MERIT ENERGY
 I PO BOX 250
 L HOLCOMB
 L KS US 67851
 T
 O ATTN: ALISHA

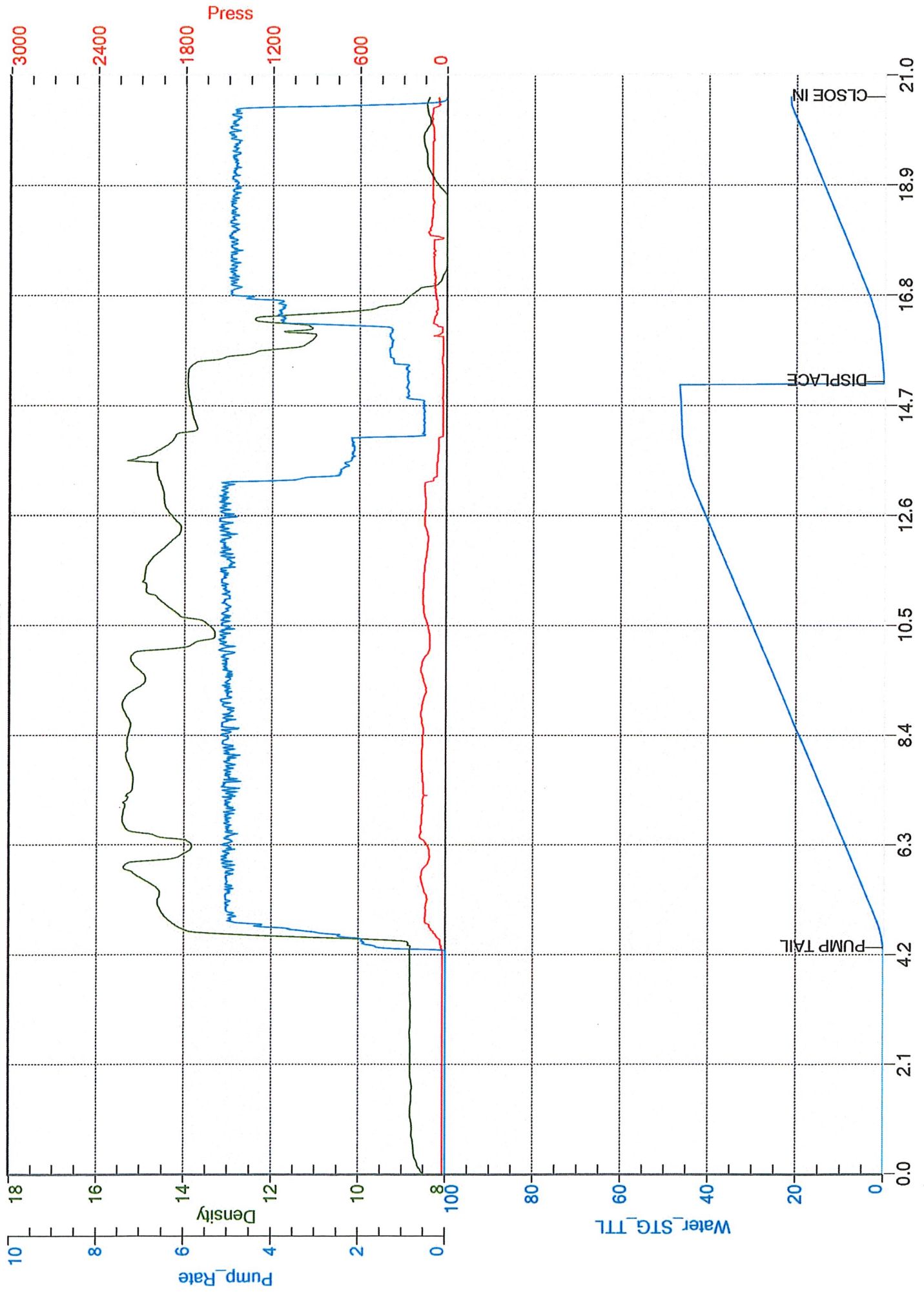
J LEASE NAME River Bend 6
 O LOCATION
 B COUNTY Finney
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E Conductor Casing Set @ 126'

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41143691	19919		Net - 30 days	12/08/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 11/06/2018 to 11/06/2018				
0041143691				
171815971L Cement-New Well Casing/Pi 11/06/2018 Cement Conductor Casing/AFE#62206				
Premium Plus Cement	180.00	EA	12.23	2,201.40 T
Calcium Chloride	510.00	LB	0.79	402.90 T
Celloflake	90.00	LB	2.78	250.20 T
"Unit Mileage Chg (PU, cars one way)"	80.00	MI	3.38	270.40
Heavy Equipment Mileage	160.00	MI	5.63	900.80
Proppant & Bulk Del. Chgs., per ton mil	680.00	EA	1.88	1,278.40
Blending & Mixing Service Charge	180.00	SK	1.05	189.00
Plug Container Utilization Charge	1.00	EA	187.50	187.50
Cement Data Acquisition Monitor	1.00	EA	412.50	412.50
Depth Charge; 0-500'	1.00	EA	750.00	750.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25
Additional Discount Per Agreement	1.00	EA	697.44-	697.44-

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,276.91
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	226.93
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,503.84
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Merit Energy RiverBend#6





PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002716	1718	11/13/2018
INVOICE NUMBER			
92845350			

Pratt (620) 672-1201
 B MERIT ENERGY
 I PO BOX 250
 L HOLCOMB
 L KS US 67851
 T
 O ATTN: ALISHA

J LEASE NAME River Bend 6
 O LOCATION
 B COUNTY Finney
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E Surface Casing set @ 1783'

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41144640	19570		Net - 30 days	12/13/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/07/2018 to 11/07/2018</i>				
0041144640				
171817180L Cement-New Well Casing/Pi 11/07/2018 Cement Surface Casing				
A-Con' Blend	510.00	EA	13.95	7,114.50 T
Premium Plus Cement	165.00	EA	12.23	2,017.95 T
Celloflake	338.00	LB	2.78	939.64 T
Calcium Chloride	1,752.00	LB	0.79	1,384.08 T
Guide Shoe - Regular, 8 5/8" (Blue)	1.00	EA	380.00	380.00
Flapper Type Insert Float Valves. 8 5/8"	1.00	EA	280.00	280.00
Centralizer, 8 5/8" (Blue)	6.00	EA	90.00	540.00
Top Rubber Cement Plug, 8 5/8"	1.00	EA	225.00	225.00
"Unit Mileage Chg (PU, cars one way)"	80.00	MI	3.38	270.40
Heavy Equipment Mileage	240.00	MI	5.63	1,351.20
Proppant & Bulk Del. Chgs., per ton mil	2,544.00	EA	1.88	4,782.72
Blending & Mixing Service Charge	675.00	SK	1.05	708.75
Plug Container Utilization Charge	1.00	EA	187.50	187.50
Depth Charge; 1001'-2000'	1.00	EA	1,125.00	1,125.00
Cement Data Acquisition Monitor	1.00	EA	412.50	412.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25
Additional Discount Per Agreement	1.00	EA	2,185.05-	2,185.05-

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	19,665.44
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	910.77
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	20,576.21
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING Job Log

Customer:	Merit Energy	Cement Pump No.:	38119-19570	Operator TRK No.:	96815
Address:	gardencity.invoices@meritenergy.com	Ticket #:	1718-17183 L	Bulk TRK No.:	37712-37547
City, State, Zip:	AFE# 62206	Job Type:	Z42 - Cement Production Casing		
Service District:		Well Type:	OIL		
Well Name and No.:	River Bend #6	Well Location:	34,24,32	County:	Finney
				State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
50/50 POZ	175	6%GYPSUM, 10%SALT, .5%CC-17, 1/4#DEFOAMER, 5#GILSONITE, 1/4#POLYFLAKE	37712-37547	Front	Back
PREMIUM	50	NEAT		Front	Back
				Front	Back

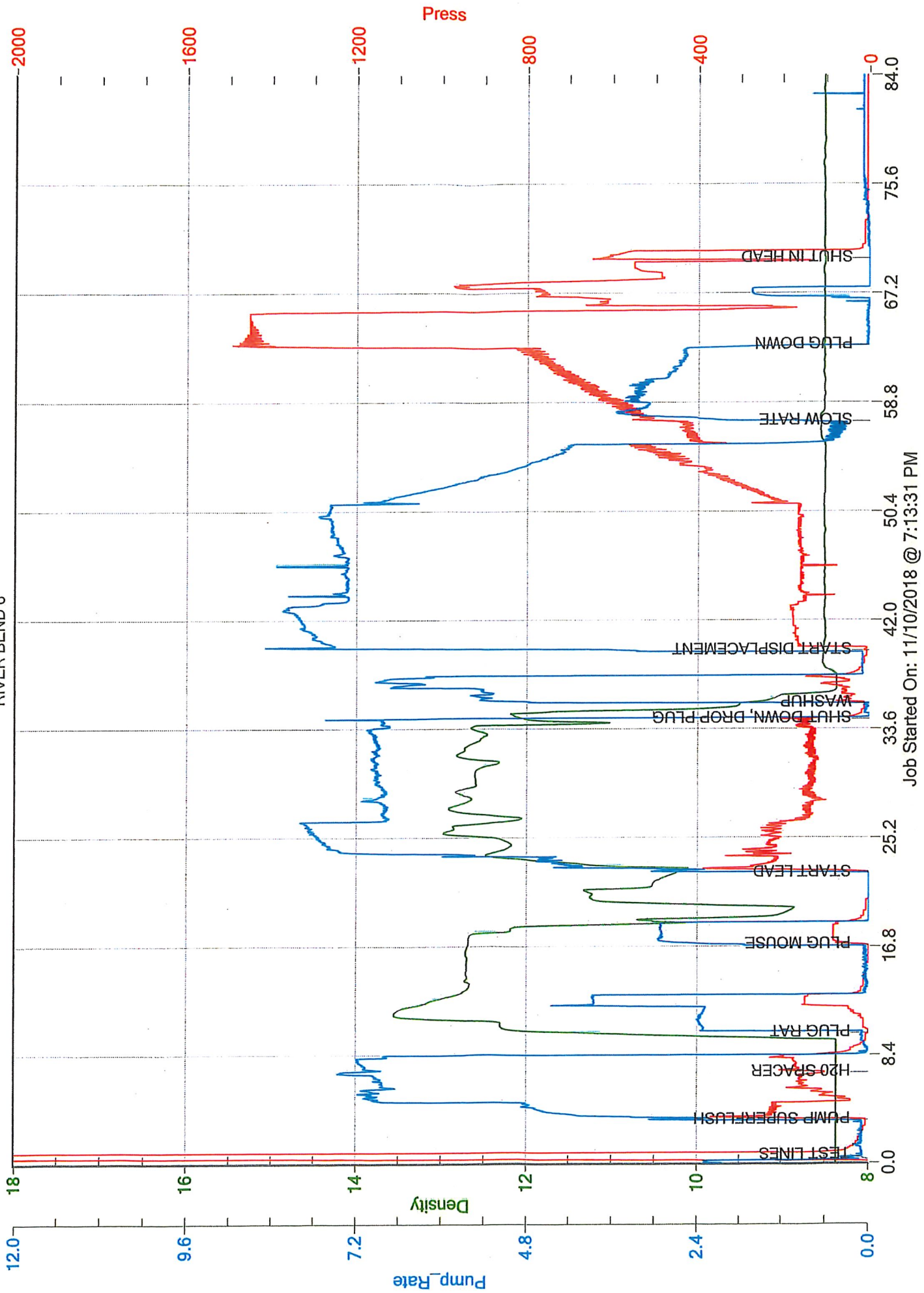
Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	13.6	1.57	7.18	274.75	Man Hours:	25
Tail:	15.6	1.18	5.22	59	# of Men on Job:	3

Time (am/pm)	BPM	Volume (BBLs)	Pumps		Pressure (PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
15:00							ON LOC, SAFTEY MTG, R.U.
18:21						3700	TEST LINES
6:23 PM	7	12				170	PUMP SUPERFLUSH
6:28 PM	7	5				170	H2O SPACER
6:30 PM							PLUG RAT AND MOUSE
18:42	7.5					160	START MIXING @ 13.6#
18:55		49					SHUT DOWN, WASHUP
7:00 PM	7.5					160	START DISPLACEMENT W 4%KCL
19:17	3	100				560	SLOW RATE
19:23		115.5				850-1460	PLUG DOWN
19:28							RELEASE PSI, FLOAT NOT HOLDING
19:30						650	SHUT IN HEAD. RELEASE PSI
							JOB COMPLETE
							THANK YOU FOR YOUR BUSINESS!!!

Size Hole	7 7/8	Depth	5199'		TYPE	
Size & Wt. Csg.	5 1/2 17	Depth	5023'	New / Used	Packer	Depth
lbg.		Depth			Retainer	Depth
Top Plugs		Type			Perfs	CIBP

Customer Signature: *[Signature]* Basic Representative: CHAD HINZ
 Basic Signature: *[Signature]*
 Date of Service: 11/10/2018

MERIT RIVER BEND 6





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

Phone: 316-337-6200
Fax: 346-337-6211
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

March 18, 2019

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

Re: ACO-1
API 15-055-22505-00-00
RIVER BEND 6
NE/4 Sec.34-24S-32W
Finney 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 11/5/2018 and the ACO-1 was received on March 15, 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