

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) (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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FIELD TICKET

Client MERIT ENERGY COMPANY
Well Ellsaesser 2
Job Description Squeeze-Hole - Existing Well
Print Date May 16, 2018



Field Ticket # FT-06812-D2D8Z50202-09304

Field Ticket # FT-06812-D2D8Z50202-09304 **Credit Approval #**
Client MERIT ENERGY COMPANY **Purchase Approval #**
PO BOX 1293, LIBERAL, 67905-1293 **Invoice #**

Field Rep	Erik Chavez	Well	Ellsaesser 2
Field Client Rep	Martin Aregon	Well API #	15-081-20310
District	Liberal, KS	County	USA
Job Type	Squeeze-Hole - Existing Well	State/Province	KS
Job Depth (ft)	0.00	Field	LEMON NORTHEAST
Gas Used On Job	No	Lease	Ellsaesser

FIELD TICKET

Client MERIT ENERGY COMPANY

Well Ellsaesser 2



Job Description Squeeze-Hole - Existing

Print Date Well May 16, 2018

Field Ticket # FT-06812-D2D8Z50202-09304

MATERIALS

Product Code	Description	UOM	Quantity	List Price	Gross Amount	Disc (%)	Net Amount
L100112	ACCELERATOR, SALT, CHLORIDE, CALCIUM, A-7P, PELLETS	LB	235.0000	\$2.40	\$564.00	45.00	\$310.20
L100318	CEMENT EXTENDER, GYPSUM, A-10	LB	564.0000	\$0.72	\$406.08	45.00	\$223.34
L100022	CEMENT, CLASS H, HSR	SK	300.0000	\$50.27	\$15,081.00	45.00	\$8,294.55
L100120	EXTENDER, BENTONITE	LB	188.0000	\$2.08	\$391.04	45.00	\$215.07
L100404	SALT,SODIUM CHLORIDE, A-5	LB	485.0000	\$1.04	\$504.40	45.00	\$277.42
Product Material Subtotal:					\$16,946.52		\$9,320.58

SERVICES

Product Code	Description	UOM	Quantity	List Price	Gross Amount	Disc (%)	Net Amount
S-100004	Cement Crew Mobilization-Demobilization Fee	EA	1.00	\$10,880.00	\$10,880.000	90.00	\$1,088.000
S-100051	Cement pump charge, 3,001-4,000 feet/901-1,200 m	6/HR	1.00	\$5,472.00	\$5,472.000	90.00	\$547.200
S-100001	Mileage - vehicle heavy weight	MI	50.00	\$18.96	\$948.000	90.00	\$94.800
S-100002	Mileage - vehicle light weight	MI	50.00	\$10.72	\$536.000	90.00	\$53.600
Service Subtotal:					\$17,836.00		\$1,783.60

FIELD TICKET

Client MERIT ENERGY COMPANY
Well Ellsaesser 2
Job Description Squeeze-Hole - Existing Well
Print Date May 16, 2018



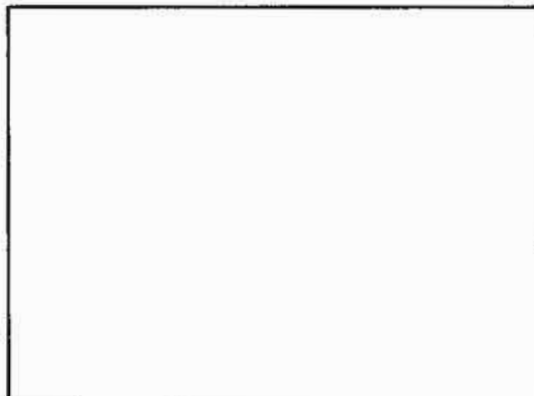
Field Ticket # FT-06812-D2D8Z50202-09304

FIELD ESTIMATES

TOTAL GROSS AMOUNT \$34,782.520
TOTAL % DISC 68.075%
TOTAL NET AMOUNT \$11,104.180

Arrive Location

Client Rep.



Service Order

I authorize work to begin per service instructions in accordance with the terms and conditions printed on the following pages of this form and represent that I have authority to accept and sign this order.

Service receipt

I certify that the materials and services listed were received and all services performed in a workmanlike manner.

BJ REPRESENTATIVE

Erik Chavez

CLIENT AUTHORIZED AGENT

Martin Aregon

Cementing Treatment



Start Date	5/16/2018	Field Ticket#	
End Date	5/16/2018	Well	Ellsaesser 2
Client	MERIT ENERGY COMPANY	API#	15-081-20310
Client Field Rep.	Martin Aregon	Well Classification	
Service Sup.	Erik Chavez	County	
District	Liberal, KS	State/Province	KS
Type of Job	Squeeze-Hole - Existing Well	Formation	
Execution ID	EXC-06812-D2D8Z502	Rig	
Project ID	PRJ1006846		

WELL GEOMETRY

Type	ID (in)	OD (in)	Wt. (lb/ft)	MD (ft)	TVD (ft)	Excess(%)	Grade	Thread
Casing	4.95	5.50	15.50	4228.00	4228.00			
Tubing	2.44	2.88	6.50	4147.00	4147.00			

Shoe Length (ft):

HARDWARE

Bottom Plug Used?	No	Tool Type	Cement Retainer
Bottom Plug Provided By		Tool Depth (ft)	4,147.00
Bottom Plug Size		Max Tubing Pressure - Rated (psi)	
Top Plug Used?	No	Max Tubing Pressure - Operated (psi)	
Top Plug Provided By		Max Casing Pressure - Rated (psi)	
Top Plug Size		Max Casing Pressure - Operated (psi)	
Centralizers Used	No	Pipe Movement	None
Centralizers Quantity		Job Pumped Through	Squeeze Manifold
Centralizers Type		Top Connection Thread	8rd
Landing Collar Depth (ft)	4,147	Top Connection Size	2.875

CIRCULATION PRIOR TO JOB

Well Circulated By		Solids Present at End of Circulation	No
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Cementing Treatment



Circulation Prior to Job No **10 sec SGS**
Circulation Time (min) **10 min SGS**
Circulation Rate (bpm) **30 min SGS**
Circulation Volume (bbls) **Flare Prior to/during the Cement Job No**
Lost Circulation Prior to Cement Job No **Gas Present** No
Mud Density In (ppg) **Gas Units**
Mud Density Out (ppg)
PV Mud In
PV Mud Out
YP Mud In
YP Mud Out

TEMPERATURE

Ambient Temperature (°F) 78.00 **Slurry Cement Temperature (°F)**
Mix Water Temperature (°F) 64.00 **Flow Line Temperature (°F)**

BJ FLUID DETAILS

Fluid Type	Fluid Name	Density (ppg)	Yield (Cu Ft/sk)	H2O Req. (gals/sk)	Planned Top of Fluid (Ft)	Length (Ft)	Vol (sk)	Vol (Cu Ft)	Vol (bbls)
Lead Slurry	Thixo Lead	15.6000	1.3270	5.81		0.00	100	133.0000	23.7000
Tail Slurry	Tail Cement	15.6000	1.1881	5.24		0.00	250	298.0000	53.1000

Fluid Type	Fluid Name	Component	Concentration	UOM
Lead Slurry	Thixo Lead	EXTENDER, BENTONITE	2.0000	BWOB
Lead Slurry	Thixo Lead	CEMENT, CLASS H, HSR	100.0000	PCT
Lead Slurry	Thixo Lead	SALT,SODIUM CHLORIDE, A-5	10.0000	BWOW
Lead Slurry	Thixo Lead	CEMENT EXTENDER, GYPSUM, A-10	6.0000	BWOB
Tail Slurry	Tail Cement	ACCELERATOR, SALT, CHLORIDE, CALCIUM, A-7P, PELLETS	1.0000	BWOB
Tail Slurry	Tail Cement	CEMENT, CLASS H, HSR	100.0000	PCT

TREATMENT SUMMARY

Cementing Treatment



Time	Fluid	Rate (bpm)	Fluid Vol. (bbls)	Pipe Pressure (psi)	Annulus Pressure (psi)	Comments
5/16/2018 1:26 PM	Thixo Lead	2.20	23.70	0.00		
5/16/2018 1:59 PM	Tail Cement	1.20	33.00	1,038.00		
		Min		Max		Avg
Pressure (psi)			0.00		1,038.00	0.00
Rate (bpm)			1.20		2.20	1.70

DISPLACEMENT AND END OF JOB SUMMARY

Displaced By		Amount of Cement Returned/Reversed	
Calculated Displacement Volume (bbls)		Method Used to Verify Returns	
Actual Displacement Volume (bbls)		Amount of Spacer to Surface	
Did Float Hold?	No	Pressure Left on Casing (psi)	0.00
Bump Plug	No	Amount Bled Back After Job	
Bump Plug Pressure (psi)		Total Volume Pumped (bbls)	111.00
Were Returns Planned at Surface	No	Top Out Cement Spotted	No
Cement returns During Job		Lost Circulation During Cement Job	No

CEMENT PLUG

Bottom of Cement Plug?	No	Wiper Balls Used?	No
Wiper Ball Quantity		Plug Catcher	No
Number of Plugs			

SQUEEZE

Injection Rate (bpm)	2.200	Fluid Density (ppg)	8.40
Injection Pressure (psi)	0.000	ISIP (psi)	0.00
Type of Squeeze	Block	FSIP (psi)	850.00
Operators Max SQ Pressure (psi)	1,500.00		

COMMENTS

Treatment Report

Cementing Treatment



Job Summary

Prime Lines 2 bbls
Pressure Test 1500 psi
Pressure Backside 500 psi
Injection Test 10 bbls
LCmt 100 sks @ 15.6 ppg / 23.633 bbls
TCmt 250 sks / 1% CC @ 15.6 ppg / 52.90 bbls
Shutdown/WashEquipment
Displacement / Hesitation per customer
Retainer=24.011 bbls
Top= 2.868 / 26.879 bbls
Btm= 3.2724 / 27.283 bbls
Sting out 8ft
Reverse out 50 bbls Fresh H2O

- 1. Prime Lines 2 bbls**
- 2. Pressure Test 1500 psi**
- 3. Pressure up back side 500 psi**
- 4. Injection test 10 bbls**
- 5. LCmt 100 sks @ 15.6 ppg / 23.633 bbls**
- 6. TCmt 250 sks / CC @ 15.6 / 52.90 bbls**
- 7. Shutdown wash equipment**
- 8. Displacement / Hestitation per customer**
Retainer = 24.011
Top = 2.868 / 26.879
Btm = 3.2724 / 27.283
- 9. Sting out 8ft**
- 10. Reverse out 50 bbls**