KOLAR Document ID: 1461530

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

Feet from North / South Line of Section	OPERATOR: License #	API No.:
Address 2:	Name:	Spot Description:
City: State: Zip: + Feet from	Address 1:	SecTwpS. R □East □ West
Contact Person: Footages Calculated from Nearest Outside Section Corner: Phone: (Address 2:	Feet from North / South Line of Section
NE	City: State: Zip: +	Feet from _ East / _ West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	□NE □NW □SE □SW
Name: (e.g. xxxxxxxx) (e.g. xxxxxxxxx) (e.g. xxxxxxxxx) (e.g. xxxxxxxxxx) (e.g. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist: County: Purchaser: Lease Name: Well #: Designate Type of Completion: Lease Name: Well #: New Well Re-Entry Workover Oil WSW SWD Gas DH EOR OG GSW CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: If Alternate II completion, cement circulated from: Get depth to: w/ Sx Despening Re-perf. Conv. to EOR Conv. to SWD Plug Back Liner Conv. to GSW Conv. to Producer Commingled Permit #: Developing Management Plan (Data must be collected from the Reserve Pit) Chloride content: Developing method used:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Purchaser: Designate Type of Completion: New Well Re-Entry Workover Oil SWSW SWD Gas DH EOR OG GSW CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): Well Name: Operator: Well Varies I completion, cement circulated from: feet depth to: Deepening Re-perf. Conv. to EOR Conv. to SWD Plug Back Liner Conv. to GSW Conv. to Producer County: Lease Name: Well #: Field Name: Field Name: Field Name: Producing Formation: Field Name: Nultiple Stage Cementing Cound: Kelly Bushing: Flug Back Total Depth: Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: If Alternate II completion, cement circulated from: feet depth to: Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: Dewatering method used:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion: New Well		County:
New Well		Lease Name: Well #:
Producing Formation: Oil		Field Name:
Gas DH EOR GG GSW CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Deepening Plug Back Liner Conv. to GSW Conv. to Froducer Commingled Permit #: Dewatering method used: Elevation: Ground: Kelly Bushing: Plug Back Total Depth: Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: If Alternate II completion, cement circulated from: feet depth to: W/ sx Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: Dewatering method used:		Producing Formation:
□ OG □ GSW □ CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: □ Cathodic □ Other (Core, Expl., etc.): □ Multiple Stage Cementing Collar Used? □ Yes □ No If Workover/Re-entry: Old Well Info as follows: □ If yes, show depth set: □ Operator: □ If Alternate II completion, cement circulated from: □ Well Name: □ Original Total Depth: □ Deepening □ Re-perf. □ Conv. to EOR □ Conv. to SWD □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer □ Commingled Permit #: □ Dewatering method used:		Elevation: Ground: Kelly Bushing:
GM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Cathodic □ Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? □ Yes □ No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: □ Operator: If Alternate II completion, cement circulated from: □ Well Name: □ Original Comp. Date: □ Original Total Depth: □ □ Deepening □ Re-perf. □ Conv. to EOR □ Conv. to SWD □ Conv. to Froducer □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer Conv. to Producer □ Commingled □ Permit #: □ Chloride content: □ ppm Fluid volume: □ Dewetering method used:		, ,
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No		
If Workover/Re-entry: Old Well Info as follows: Operator:		
Operator:	Cathodic Other (Core, Expl., etc.):	
Well Name:	If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
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 #: Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume:	Operator:	If Alternate II completion, cement circulated from:
Deepening Re-perf. Conv. to EOR Conv. to SWD Plug Back Liner Conv. to GSW Conv. to Producer Commingled Permit #:	Well Name:	feet depth to:w/sx cmt.
Plug Back Liner Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Original Comp. Date: Original Total Depth:	
Plug Back Liner Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #: ppm Fluid volume: ppm Fluid volume:	☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #: Dewatering method used:	☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	
Dawstering method used:		Chloride content:ppm Fluid volume:bbls
Dual Completion Permit #:		Dewatering method used:
		Donatoring motion dood.
SWD Permit #: Location of fluid disposal if hauled offsite:		Location of fluid disposal if hauled offsite:
EOR		Operator Name:
GSW Permit #: ·	GSW Permit #:	Lease Name: License #:
		Quarter Sec TwpS. R East _ West
Spud Date or Date Reached TD Completion Date or 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:					

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Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Ye Electric Log Run Ye			Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose: Depth Top Bottom			pe of Cement	# Sacks Used	Type and Percent Additives			
Protect Casii								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours						Gas-Oil Ratio	Gravity	
				METHOD OF COMP	LETION:			ON INTERVAL:
Vented Sold Used on Lease (If vented, Submit ACO-18.)			Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	,							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513 1200 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion				
Operator	Merit Energy Company, LLC				
Well Name	BARKER B 4				
Doc ID	1461530				

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	1620	С	690	SEE ORIGINAL
Production	7.875	5.5	15.5	6480	С	245	SEE ORIGINAL