KOLAR Document ID: 1516060

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 #	API No.:					
Name:	Spot Description:					
Address 1:	SecTwpS. R					
Address 2:	Feet from North / South Line of Section					
City: State: Zip:+	Feet from					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()	NE NW NSE NSW					
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:					
	Producing Formation:					
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:					
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:					
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet					
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No					
Cathodic Other (Core, Expl., etc.):						
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)					
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls					
Dual Completion Permit #:	Dewatering method used:					
SWD Permit #:	Location of fluid disposal if hauled offsite:					
☐ EOR Permit #:	Location of haid disposal if hadica offsite.					
GSW Permit #:	Operator Name:					
	Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R					
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:						

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Page Two

Operator Name:						Lease N	Name: _			Well #:	
Sec Tw	/p	S. R] East	West	County	:				
open and closed and flow rates if	l, flowing a gas to surf ity Log, Fin	nd shut-in face test, a nal Logs ru	pressures long with n to obtain	s, whet final ch n Geop	her shut-in pro nart(s). Attach physical Data	essure reac n extra shee and Final El	hed stati t if more lectric Lo	c level, hydrosta space is neede	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, v. Digital electronic log
Drill Stem Tests		s)		Ye	s No		L	og Formatio	on (Top), Depth	n and Datum	Sample
Samples Sent to Geological Survey							Name			Тор	Datum
Cores Taken Yes Electric Log Run Yes Geologist Report / Mud Logs Yes				s No							
List All E. Logs F	Run:										
				Danas		RECORD	□ N∈		ion ata		
		Size Hole	<u> </u>		Casing	Weig		ermediate, product	Type of	# Sacks	Type and Percent
Purpose of St	tring	Drilled		Set (In O.D.)		Lbs. /		Depth	Cement	Used	Additives
					ADDITIONA	L CEMENTIN	NG / SQL	JEEZE RECORD			
Purpose:		Depth Top Botto	m	Туре	of Cement	# Sacks	Used		Type ar	nd Percent Additives	
Perforate Protect Ca	asing	TOP BOILO									
Plug Back	TD										
Plug Off Z	one										
 Did you perform Does the volum Was the hydrau 	e of the tota	l base fluid	of the hydra	aulic fra	cturing treatmer				No (If No.	, skip questions 2 ar , skip question 3) , fill out Page Three	•
Date of first Produ	uction/Injecti	on or Resum	ned Produc	tion/	Producing Met	hod:					
Injection:					Flowing	Pumpin	g 📙	Gas Lift C	Other (Explain)		
Estimated Production Oil Bbls Per 24 Hours			Gas Mcf		Wat	Water Bbls.		Gas-Oil Ratio	Gravity		
DISP	OSITION OF	GAS:				METHOD OF	COMPLE	ETION:			
☐ Vented ☐ Sold ☐ Used on Lease ☐							Oually Comp. Commingled Top			Bottom	
(If vente	ed, Submit A	CO-18.)					(Submi	t ACO-5) (Sub	mit ACO-4)		
Shots Per	Perforat	tion I	Perforation		Bridge Plug	Bridge Plu	g	Acid,	Fracture, Shot,	Cementing Squeeze	Record
Foot	Тор		Bottom		Туре	Set At			(Amount and I	Kind of Material Used)	
TUBING RECOR	D:	Size:	S	Set At:		Packer At:					

Form	ACO1 - Well Completion						
Operator	Merit Energy Company, LLC						
Well Name	FREY I 1						
Doc ID	1516060						

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	1734	С		SEE ORIGINAL
Production	7.875	5.5	10	5420	С	245	SEE ORIGINAL