

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	MACE H.W. 2
Doc ID	1415305

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 ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	MACE H.W. 2
Doc ID	1415305

Tops

Name	Top	Datum
Heebner	4035	
Toronto	4051	
Lansing	4131	
Kansas City	4546	
Marmaton	4689	
Pawnee	4804	
Cherokee	4861	
Atoka Lime	5039	
Morrow	5190	
Morrow Lime	5039	
Mid Morrow	5262	
Lower Morrow	5348	
Chester Lime	5427	
Basal Chester	5477	
St Genevieve	5480	
St Louis	5550	
Spergen	5654	

FIELD TICKET

Client MERIT ENERGY COMPANY
 Well Mace HW 2
 Job Description Long String
 Date March 19, 2018



Field Ticket # FT-04842-Y5C4H30202-98692

MATERIALS

Product Code	Description	UOM	Quantity	List Price	Gross Amount	Disc (%)	Net Amount
L100318	CEMENT EXTENDER, GYPSUM, A-10	LB	1,326.0000	\$0.72	\$954.72	78.00	\$210.04
L013152	Cement Nose, 5-1/2 in.	EA	1.0000	\$561.00	\$561.00	78.00	\$123.42
L488168	CEMENT, ASTM TYPE I	SK	235.0000	\$44.11	\$10,365.85	78.00	\$2,280.49
L017064	CENTRALIZER, 5-1/2"NON-WELD	EA	15.0000	\$193.05	\$2,895.75	78.00	\$637.07
20000018	CFL-210	LB	111.0000	\$22.72	\$2,521.92	78.00	\$554.82
L100120	EXTENDER, BENTONITE	LB	442.0000	\$2.08	\$919.36	78.00	\$202.26
L015395	FLOAT COLLAR, CEM, 5-1/2"K55	EA	1.0000	\$1,243.00	\$1,243.00	78.00	\$273.46
L101196	Foam Preventer, FP-25	LB	45.0000	\$14.52	\$653.40	78.00	\$143.75
L488735	IntegraGuard ULTRA CONCENTRATE	GAL	12.0000	\$159.60	\$1,915.20	78.00	\$421.34
L100295	IntegraSeal CELLO	LB	59.0000	\$5.76	\$339.84	78.00	\$74.77
L415082	IntegraSeal KOL	LB	1,175.0000	\$1.20	\$1,410.00	78.00	\$310.20
L86710	PLUG, CEMENT 5.5 TOP BJPL	EA	1.0000	\$1,026.48	\$1,026.48	78.00	\$225.83
L100404	SALT, SODIUM CHLORIDE, A-5	LB	1,876.0000	\$1.04	\$1,951.04	78.00	\$429.23
Product Material Subtotal:					\$26,757.56		\$5,886.68

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	\$10,880.00	92.00	\$870.400
S-100475	Cement head	EA	1.00	\$2,656.00	\$2,656.00	92.00	\$212.480
S-100053	Cement pump charge, 5,001-6,000 feet/1,501 - 1,800 m	6/HR	1.00	\$7,032.00	\$7,032.00	92.00	\$562.560
S-100066	Cement pump charge, Additional Hours	HR	0.00	#Error	\$0.000	92.00	\$0.000
S-100072	Circulating Equipment	JOB	1.00	\$5,248.00	\$5,248.00	92.00	\$419.840

Cementing Treatment



Start Date 3/19/2018 **Well** Mace HW 2
End Date 3/19/2018 **County** Haskell
Client MERT ENERGY COMPANY **State/Province** KS
Client Field Rep Rodney Gonzalez **API** 15-081-22175
Service Supervisor Aldo Espinoza **Formation**
Field Ticket No. **Rig** DUKE # 9
District Liberal, KS **Type of Job** Long String

WELL GEOMETRY

Type	ID (in)	OD (in)	Wt. (lb/ft)	MD (ft)	TVD (ft)	Excess(%)	Grade	Thread
Open Hole	7.88			5,660.00	5,660.00	30.00		
Casing	4.89	5.50	17.00	5,631.00	5,660.00		J-55	LTC
Previous Casing	8.10	8.63	24.00	1,747.00	1,790.00		J-55	LTC

Shoe Length (ft): 42

HARDWARE

Bottom Plug Used? No **Tool Type**
Bottom Plug Provided By **Tool Depth (ft)** **Float Collar**
Bottom Plug Size **Max Tubing Pressure - Rated (psi)**
Top Plug Used? Yes **Max Tubing Pressure - Operated (psi)**

Cementing Treatment



Number of Plugs

SQUEEZE

Injection Rate (bpm)
Injection Pressure (psi)
Type of Squeeze
Operators Max SQ Pressure (psi)

Fluid Density (ppg)
ISIP (psi)
FSIP (psi)

COMMENTS

Treatment Report

Job Summary

PRESSURE TEST LINES 2500 PSI
12 BBL SUPER FLUSH
CEMENT RAT & MOUSE HOLES
185 SK / 63 BBL SLURRY AT 13.6 #/g
RH - 50SX
WASH PUMPING LINES TO PIT
RELEASE PLUG
DISPLACE 129 BBL 4% KCL WATER PROVIDED BY
CUSTOMER BUMP PLUG 1480 PSI

FIELD TICKET

Client MERIT ENERGY COMPANY
Well Mace HW 2
Job Description Surface
Date March 15, 2018



Field Ticket # FT-04671-J4M4V20202-75207

MATERIALS

Product Code	Description	UOM	Quantity	List Price	Gross Amount	Disc (%)	Net Amount
L100112	ACCELERATOR, SALT, CHLORIDE, CALCIUM, A-7P, PELLETS	LB	1,669.0000	\$2.40	\$4,005.60	76.00	\$961.34
L100318	CEMENT EXTENDER, GYPSUM, A-10	LB	893.0000	\$0.72	\$642.96	76.00	\$154.31
L100275	CEMENT EXTENDER,SODIUM METASILICATE A-2 ANHYDROUS	LB	893.0000	\$3.28	\$2,929.04	76.00	\$702.97
L013156	Cement Nose, 8-5/8 in.	EA	1.0000	\$460.00	\$460.00	76.00	\$110.40
L488168	CEMENT, ASTM TYPE I	SK	650.0000	\$44.11	\$28,671.50	76.00	\$6,881.16
L017068	CENTRALIZER,8-5/8"NON-WELD	EA	10.0000	\$246.40	\$2,464.00	76.00	\$591.36
L100120	EXTENDER, BENTONITE	LB	1,786.0000	\$2.08	\$3,714.88	76.00	\$891.57
L015399	Float collars with poppet valve, 8-5/8 in.	EA	1.0000	\$1,214.00	\$1,214.00	76.00	\$291.36
L488701	IntegraGuard STAR II concentrate	LB	150.0000	\$34.40	\$6,204.00	76.00	\$1,488.96
L488521	IntegraGuard STAR PLUS	LB	200.0000	\$5.84	\$1,168.00	76.00	\$280.32
L100295	IntegraSeal CELLO	LB	325.0000	\$5.76	\$1,872.00	76.00	\$449.28
L415082	IntegraSeal KOL	LB	2,375.0000	\$1.20	\$2,850.00	76.00	\$684.00
L86718	PLUG,CEMENT 8.6 TOP BJPL	EA	1.0000	\$287.04	\$287.04	76.00	\$68.89
L100404	SALT,SODIUM CHLORIDE, A-5	LB	1,151.0000	\$1.04	\$1,197.04	76.00	\$287.29
Product Material Subtotal:					\$57,680.06		\$13,843.21

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	\$10,880.00	91.00	\$979.200
S-100475	Cement head	EA	1.00	\$2,656.00	\$2,656.00	91.00	\$239.040

Cementing Treatment



Start Date 3/15/2018 **Well** Mace HW 2
End Date 3/15/2018 **County** Haskell
Client MERIT ENERGY COMPANY **State/Province** KS
Client Field Rep Rodney Gonzales **API** 15-081-22175
Service Supervisor AldoEspinoza **Formation**
Field Ticket No. Merit - Mace HW 2 - Surface **Rig** Duke # 9
District Liberal, KS **Type of Job** Surface

WELL GEOMETRY

Type	ID (in)	OD (in)	Wt. (lb/ft)	MD (ft)	TVD (ft)	Excess(%)	Grade	Thread
Open Hole	12.25			1,752.00	1,752.00	130.00		
Casing	8.10	8.63	24.00	1,747.00	1,752.00		J-55	LTC
Open Hole	12.25			1,790.00	1,790.00	0.00		

Shoe Length (ft): 42

HARDWARE

Bottom Plug Used? No **Tool Type**
Bottom Plug Provided By **Tool Depth (ft)** **Float Collar**
Bottom Plug Size **Max Tubing Pressure - Rated (psi)**
Top Plug Used? Yes **Max Tubing Pressure - Operated (psi)**

Cementing Treatment



Injection Pressure (psi)	ISIP (psi)
Type of Squeeze	FSIP (psi)
Operators Max SQ Pressure (psi)	

COMMENTS

Treatment Report

Job Summary

PRESSURE TEST LINES
10 BBL LCM
475 SK / 218 BBL LEAD CEMENT AT 12.1 #/g
175 SK / 33 BBL TAIL CEMENT AT 15.2 #/g
RELEASE PLUG
DISPLACE 108.6 BBL H2O
PUMPED JOB AT 3 BPM AND LAST 50 BBL
DISPLACEMENT AT 2 BPM
JOB PUMPED AT 3 BPM AND LAST 50 BBL
OF DISPLACEMENT AT 2 BPM