

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	BOCK A 4
Doc ID	1456389

All Electric Logs Run

ANNULAR HOLE VOLUME LOG 5 CASING
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2
ARRAY COMPENSATED TRUE RESISTIVITY LOG 5
BOREHOLE COMPENSATED SONIC LOG
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
TRUE RESISTIVITY SPECTRAL DENSITY DUAL SPACED NEUTRON SONIC QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	BOCK A 4
Doc ID	1456389

Tops

Name	Top	Datum
HEEBNER	4066	
TORONTO	4084	
LANSING	4166	
KANSAS CITY	4556	
MARMATON	4742	
PAWNEE	4827	
CHEROKEE	4898	
ATOKA LIME	5071	
MORROW	5251	
MORROW LIME	5300	
MORROW LIME BASE	5344	
UPPER WEENU	5375	
CHESTER LIME	5419	
BASAL CHESTER SS	5452	
ST GENEVIEVE	5452	
ST LOUIS	5629	
SPERGEN	5729	



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.:	38117, 19919 6Hrs.	Operator TRK No.:	96816
Address:	sublette.invoices@meritenergy.com	Ticket #:	1718 17222 L	Bulk TRK No.:	27808, 19883 Santiago 70897, 37725
City, State, Zip:	AFE# 62931	Job Type:	Z42 - Cement Surface Casing		
Service District:	1718 - Liberal, Ks.	Well Type:	OIL		
Well Name and No.:	Bock "A" 4	Well Location:	15,28,34	County:	Haskell
				State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
A-Con' Blend	505	3% Calcium Chloride, 1/4# Polyflake	27808, 19883 Santiago	Front	Back
Premium Plus Cement	165	2% Calcium Chloride, 1/4# Polyflake	70897, 37725	Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	12.1	2.41	14	1217.05	TT Man Hours:	31
Tail:	14.8	1.34	6.33	221.1	# of Men on Job:	3

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure(PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
12:45							ON LOCATION & SAFETY MEETING
1:00							RIG UP & WAIT
2:10 AM							RIG TO CIRCULATE
2:40 AM							RIG TO PT
2:45 AM							PRESSURE TEST TO 2200PSI
2:48	5	216.7 slurry				90	PUMP 505SX LEAD @ 12.1#
3:26	5.2	39.3 slurry				100	PUMP 165SX TAIL @ 14.8#
3:36 AM							SHUTDOWN / DROP PLUG
3:38	5	10				80	DISPLACE
	5	20				90	
	5.2	30				130	
	5.2	40				170	
	5.2	50				210	
	5.2	60				270	
3:58	5.3	70				380	CEMENT RETURNS
	5.2	80				430	
	5.1	90				490	
4:03	5	98				530	SLOW RATE TO 2.0BPM @ 490PSI
	2	100				480	
4:09	1.9	108.3				520	LAND PLUG / PRESSURE UP TO 1020PSI
4:11							RELEASE BACK -- FLOAT HELD
							JOB COMPLETE

Size Hole	12 1/4"	Depth	1750'		TYPE	Plug Container	
Size & Wt. Csg.	8 5/8" 24#	Depth	1745'	New / Used	Packer	Depth	
Landing Press.	397.1psi	Depth			Retainer	Depth	
Shoe Jt.	42.10'	Type			Perfs	CIBP	

Customer Signature:	Basic Representative:	Daniel Beck
	Basic Signature:	<i>Daniel Beck</i>
	Date of Service:	2/11/2019

Merit Energy Bock "A" #4



