

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 3
Doc ID	1456374

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
MICROLOG
QUAD COMBO COMPOSITE LOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

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Tops

Name	Top	Datum
HEEBNER	4069	
TORONTO	4087	
LANSING	4176	
KANSAS CITY	4555	
MARMATON	4727	
PAWNEE	4839	
CHEROKEE	4890	
ATOKA LIME	5063	
MORROW	5228	
MORROW LIME	5290	
MIDDLE MORROW SANDS	5359	
L MORROW SANDS	5379	
CHESTER LIME	5432	
BASAL CHESTER SS	5463	
ST GENEVIEVE	5544	
ST LOUIS	5558	
SPERGEN	5674	

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Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	5533	5540			Chester/ Frac- 9473 gals of water, 269,329 SCF N2, 15,000 lbs of 20/40 sand
			CIBP Cast Iron Bridge Plug	5525	
3	5381	5388			Morrow Sand/ Frac- 367 bbls, X-link 232 bbls, L-Frac 135 bbls, total 16/30 20,235 lbs, total N2 478,000 SCF
3	5415	5426			" "
			RBP Retrievable Bridge Plug	5360	
2	5306	5315			Morrow Lime / Frac- 1460 bbls, 30/50 flow pro 70341 lbs, total N2 2098,000
2	5322	5329			



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:

MERIT ENERGY CO LLC
C/O JAREK MADER
3670 W JONES AVE
GARDEN CITY, KS 67846

Invoice Date: 1/26/2019
Invoice #: 0340216
Lease Name: Bock A
Well #: 3 (New)
County: Haskell

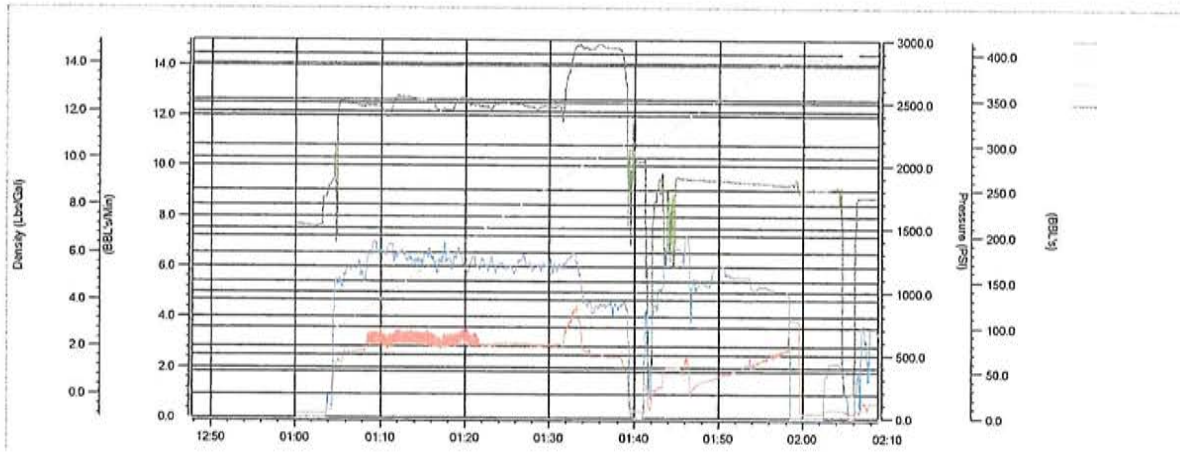
Date/Description	HRS/QTY	Rate	Total
ICT1749 Surface-New well	0.000	0.000	0.00
Heavy Eq Mileage	160.000	3.120	499.20
Light Eq Mileage	80.000	1.560	124.80
Ton Mileage	2,431.800	1.170	2,845.21
Cement Pump 267	1.000	585.000	585.00
H-325	164.000	15.600	2,558.40
H-CON	442.000	16.380	7,239.96
8 5/8" Centralizer x 12 1/4"	6.000	70.200	421.20
8 5/8" Top rubber plug	1.000	136.500	136.50
8 5/8" Alum Baffle plate SI	1.000	117.000	117.00
Cement Data Acquisition	1.000	195.000	195.00

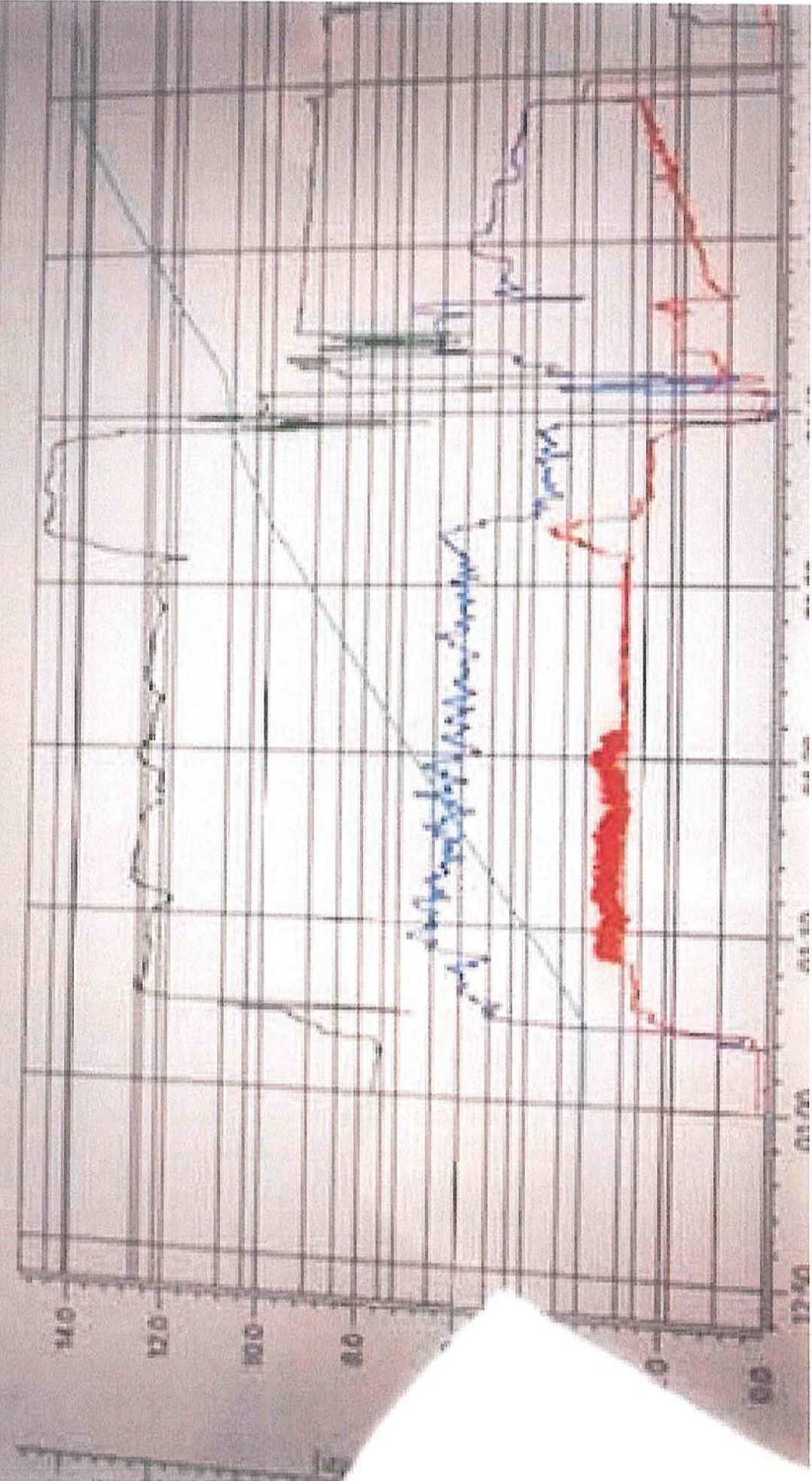
Total 14,722.27

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!







CEMENT TREATMENT REPORT

Customer: Merit Energy Company	Well: Bock A-3	Ticket: ICT1759
City, State: Edmond, OK	County: Haskell, KS	Date: 1/31/2019
Field Rep: Rodney Gozales	S-T-R: 15-28-34	Service: Cementing

Downhole Information	
Hole Size:	7.875
Hole Depth:	5675
Casing Size:	5.5
Casing Depth:	5675
Tubing / Liner:	
Depth:	
Tool / Packer:	
Depth:	
Displacement:	

Slurry	
Weight:	14.5 # / sx
water / sx:	7 3/4 gal / sx
Yield:	1 2/3 ft³ / sx
Bbls / Ft:	0.0232
Depth:	5675 ft
Volume:	bbls
Excess:	%
Total Slurry:	102
Total Sacks:	341sx

Cement Blend		
Product	%	#
Class A	100.0	32054
Gel		
CaCl		
Metso		641
KolSeal		1705
PhenoSeal		85
Salt		2204
Plaster		3205
Total		39,894

TIME	RATE	PSI	BBLs	REMARKS	TIME	RATE	PSI	REMARKS
3:00 AM				Arrival				
3:15am				safety meeting				
3:30 AM				rig up				
5:45 AM				run in casing				
				jnts 1,2,5,8,11,14,17,20,24,27,30,33,36,39				
8:55am				casing on bottom circ 1 hr pump				
10:15AM	4 bbls	400.0	12.0	mud flush				
10:20AM	3 bbls	100.0	9.0	plug rh				
10:22AM	3 bbls	100.0	9.0	mh				
10:25AM	6 bbls	300.0	18.0	cement down casing SET @5673				
11:05AM	4.0			RH 50sx wash up				
11:10AM				release plug				
11:15AM	6.5	1,100.0	134.0	displace				
11:40AM	6.5	1,600.0	134.0	plug down				

CREW		UNIT	SUMMARY		
Cementer:	Miles Shaw	73	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Paul Williams	267	5.666667 bpm	600.00 psi	382.00 bbls
Bulk #1:	Daryl	181/256			
Bulk #2:					