

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) (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	Marexco, Inc.
Well Name	STUCKY 14-2
Doc ID	1464971

All Electric Logs Run

Dual Induction Log
Dual Comp. Porosity Log
Borehole Comp. Sonic Log
Microresistivity Log



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Marexco, Inc.
 P.O. Box 21596
 Oklahoma City, Ok 73156
 ATTN: Rick Hail

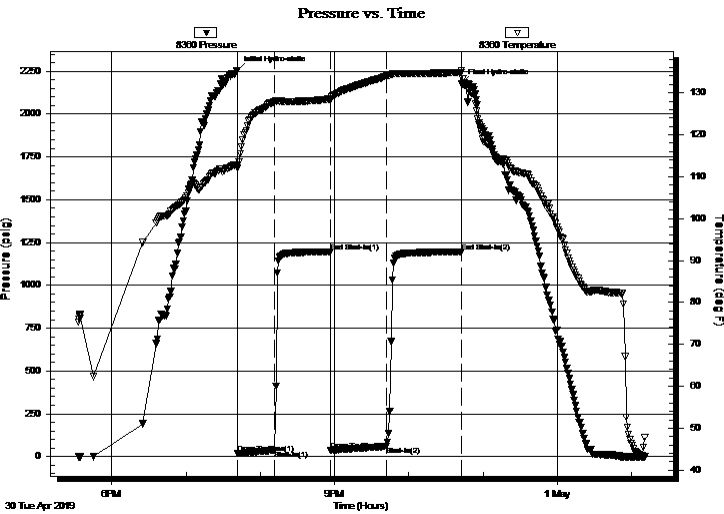
2 - 19S - 31W
Stucky #41-2
 Job Ticket: 65929 **DST#: 1**
 Test Start: 2019.04.30 @ 17:33:00

GENERAL INFORMATION:

Formation: **Miss. Dol.**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 19:41:30
 Time Test Ended: 01:10:45
 Interval: **4583.00 ft (KB) To 4594.00 ft (KB) (TVD)**
 Total Depth: 4594.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Royal Fisher
 Unit No: #77
 Reference Elevations: 2933.00 ft (KB)
 2928.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 8360 Inside
 Press@RunDepth: 59.91 psig @ 4584.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2019.04.30 End Date: 2019.05.01 Last Calib.: 2019.05.01
 Start Time: 17:33:05 End Time: 01:10:44 Time On Btm: 2019.04.30 @ 19:41:15
 Time Off Btm: 2019.04.30 @ 22:42:45

TEST COMMENT: 30 - IFP - Surface blow built up to 5"
 45 - ISI - Weak Return started 5 mins. in and stayed at a weak blow
 45 - FFP - Surface blow built up to 4 1/2"
 60 - FSI - Started with a weak Return then died off



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2253.30	112.89	Initial Hydro-static
1	17.87	112.16	Open To Flow (1)
31	37.01	127.84	Shut-In(1)
76	1195.20	128.52	End Shut-In(1)
76	37.41	128.25	Open To Flow (2)
121	59.91	134.02	Shut-In(2)
181	1195.31	134.81	End Shut-In(2)
182	2177.57	135.33	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Free Oil - 100%o	0.21
74.00	OCMW - 10%o - 30%m - 60%w	0.76

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Marexco, Inc.
P.O. Box 21596
Oklahoma City, Ok 73156
ATTN: Rick Hail

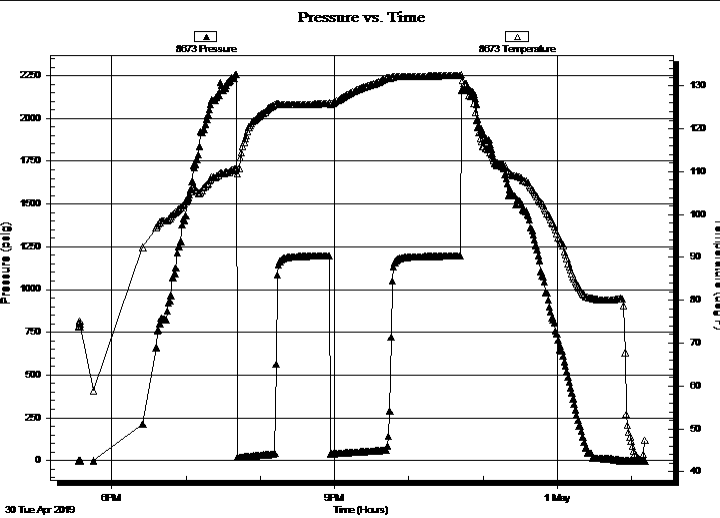
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Stucky #41-2
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Total Depth: 4594.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Reference Elevations: 2933.00 ft (KB)
2928.00 ft (CF)
KB to GR/CF: 5.00 ft
Test Type: Conventional Bottom Hole (Initial)
Tester: Royal Fisher
Unit No: #77

Serial #: 8673 Inside
Press@RunDepth: psig @ 4584.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2019.04.30 End Date: 2019.05.01 Last Calib.: 2019.05.01
Start Time: 17:33:05 End Time: 01:10:44 Time On Btm:
Time Off Btm:

TEST COMMENT: 30 - IFP - Surface blow built up to 5"
45 - ISI - Weak Return started 5 mins. in and stayed at a weak blow
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60 - FSI - Started with a weak Return then died off



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery		
Length (ft)	Description	Volume (bbl)
20.00	Free Oil - 100%o	0.21
74.00	OCMW - 10%o - 30%m - 60%w	0.76

Gas Rates			
	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Marexco, Inc.

2 - 19S - 31W

P.O. Box 21596
Oklahoma City, Ok 73156

Stucky #41-2

Job Ticket: 65929

DST#: 1

ATTN: Rick Hail

Test Start: 2019.04.30 @ 17:33:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

9000 ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 12.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
20.00	Free Oil - 100%o	0.205
74.00	OCMW - 10%o - 30%m - 60%w	0.759

Total Length: 94.00 ft Total Volume: 0.964 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

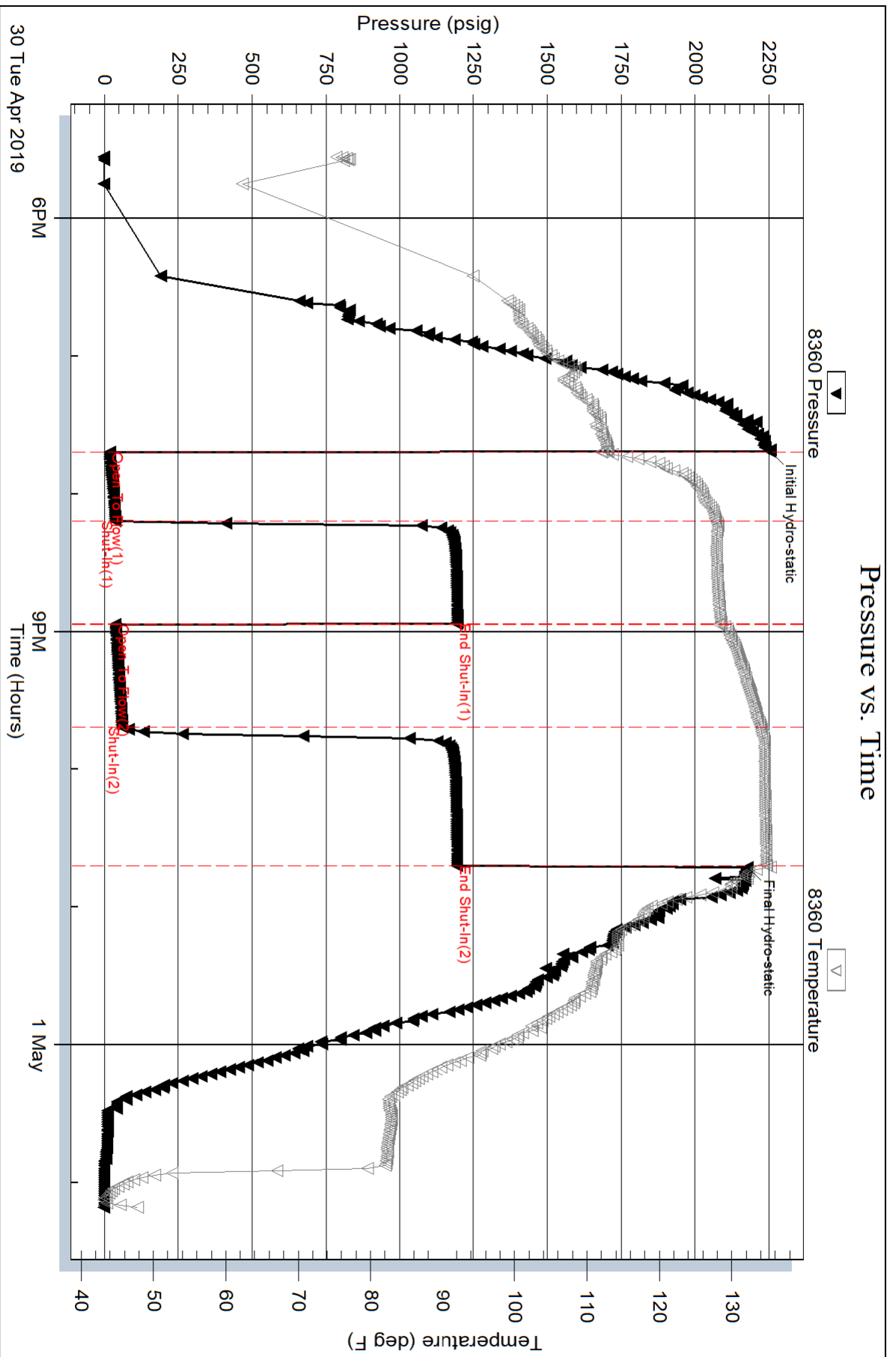
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Gravity 32@60

1.036@45 - Water Salinity



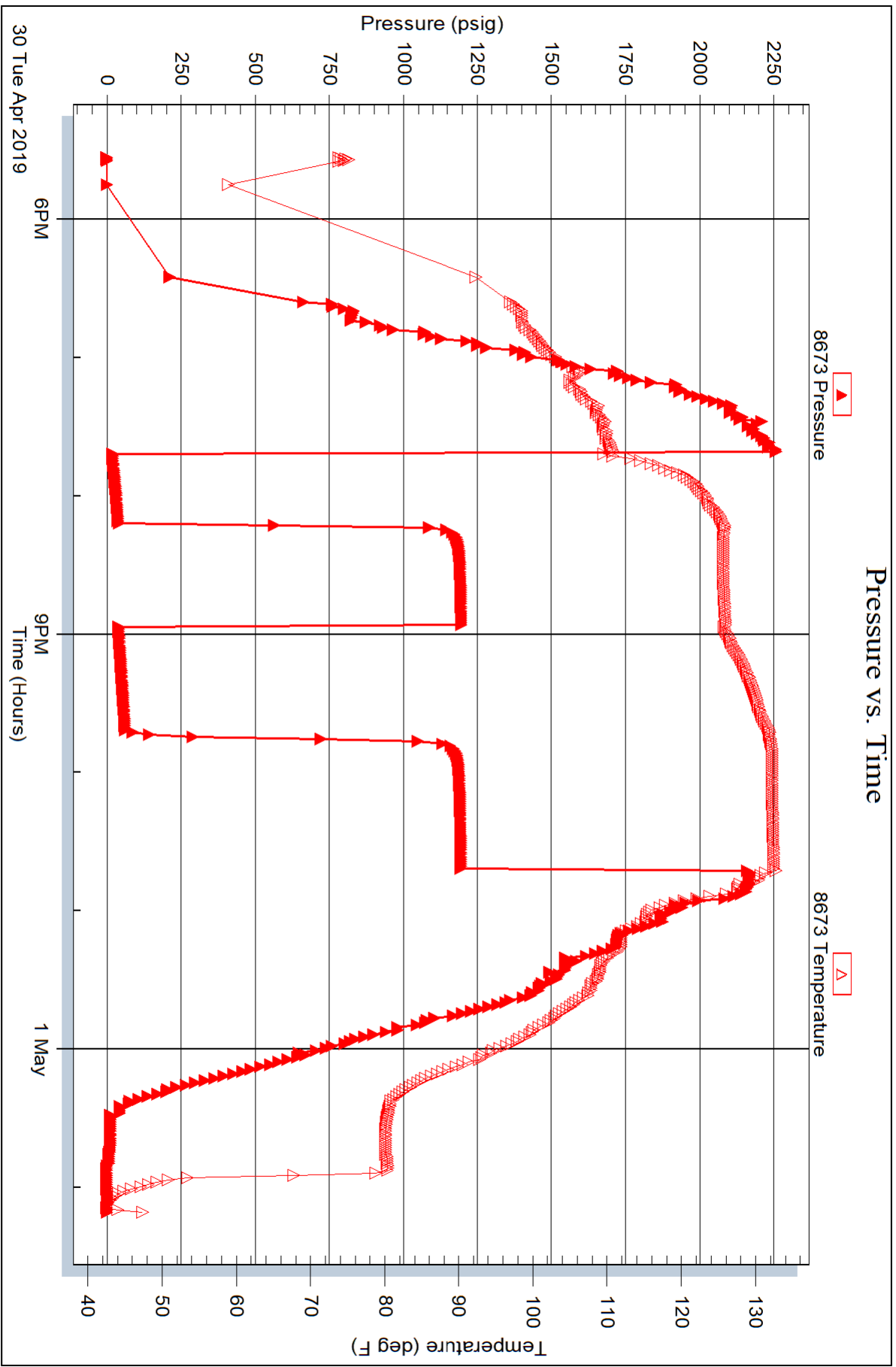
Serial #: 8673

Inside

Marexco, Inc.

Stucky #41-2

DST Test Number: 1



GLOBAL OIL FIELD SERVICES, LLC

0013418

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell KS

DATE <u>5-2-19</u>	SEC. <u>2</u>	TWP. <u>19</u>	RANGE <u>31W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>2:30am</u>
LEASE <u>Stucky</u>	WELL #. <u>#-2</u>	LOCATION <u>3 1/2 south of Gosslen KS East</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>	
OLD OR NEW (CIRCLE ONE)			<u>into</u>				

CONTRACTOR White Knight Drilling Rig #1

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. 4676

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS

DISPLACEMENT

OWNER Merexco INC

CEMENT AMOUNT ORDERED 2705kgs 60/60 Per 4% Gel
2 1/2" 104 Fluor Seal

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Cody

417 HELPER Jason

BULK TRUCK

411 DRIVER Eddie

BULK TRUCK

DRIVER

REMARKS:

2300' 505kgs

1500' 805kgs

750' 505kgs

250' 405kgs

60' 205kgs + wiper plug Rot 505kgs

CHARGE TO: Merexco INC

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

_____ @ _____

_____ @ _____

TOTAL _____

Global Oil Field Services, LLC
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE [Signature]

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

GLOBAL OIL FIELD SERVICES, LLC

0013415

REMIT TO
24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell KS

DATE <u>4-23-19</u>	SEC <u>2</u>	TWP. <u>19</u>	RANGE <u>31W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>7:00 PM</u>
LEASE <u>STUCKY</u>	WELL #. <u>142</u>	LOCATION <u>Griggson 1/2 3 1/2 S East Line</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>	
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR White Knight Drilling R/S

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 6 1/2 DEPTH 221'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 25'

PERFS

DISPLACEMENT

OWNER Mexxco INC

CEMENT AMOUNT ORDERED 185 sks 60/40 3% GEL

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

EQUIPMENT

PUMP TRUCK # 409 CEMENTER Cody

BULK TRUCK # 411 HELPER Frank

BULK TRUCK # DRIVER Eddie

BULK TRUCK # DRIVER

REMARKS:
Run 5 1/2 of 8 1/2 casing + Ljt hooked to rig high circulation. Hooked to rig truck + pumped 185 sks of cement + displaced 12 1/2 bbls of fluid + shut IN.

Cement Dip Circulate to surface

CHARGE TO: Mexxco INC

STREET

CITY STATE ZIP

Global Oil Field Services, LLC
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME

SIGNATURE Terry Custer

TOTAL

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT

IF PAID IN 30 DAYS