

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 Recompletion Date _____ 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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BASICSM
ENERGY SERVICES

Merit Energy
PPCU Revision 2
102W

County/State Haskell, Kansas

Legal Loc. 22-27S-34W

**Liner:Pump 10bbl Water; 10 bbl Flow Seal 21; 10
bbl Water; Pump 100 sks Lead & 40 sks Tail down
4 1/2;Drop Plug; Displace ; Hook up to annulas**

Terms:

Prepared for Matt Stark

Phone Number: 972-628-1416

Fax Number:

Email Address:

Prepared by Max Ball
Basic Energy Services Inc.
620-675-5025

Service Point: Liberal, Kansas

Contact Person: Tyce Davis

620-388-3779



Merit Energy

PPCU Revision 2 # 102W

County/State Haskell, Kansas

Terms:

Liner:Pump 10bbl Water; 10 bbl Flow Seal 21; 10 bbl Water; Pump 100 sks Lead & 40 sks Tail down 4 1/2;Drop Plug; Displace ; Hook up to annulus pump 10C

Well Data and Calculations

	Lead 1 Cement	Tail 1 Cement	Lead 2 Cement	Tail 2 Cement	Top Out Cement	Plug Cement
Well Type:						
Job Type:	Liner	Liner	Liner	Liner	Liner	
Cement Weight PPG :	12.30	13.80				
Hole Size:	4.950	4.950	4.950	4.950		
Casing Size:	4.500	4.500	4.500	4.500		
Bottom of Cement:	4000	5100				
Top of Cement:		4000				
Percent Excess:	100%	100%				
Annulus Cal: (bbl/ft)	0.0041	0.0041	0.0041	0.0041		
Annulus Cal: (cft/ft)	0.0232	0.0232	0.0232	0.0232		
Annulus Vol: (ft/cft)	43.1158	43.1158	43.1158	43.1158		
Annulus Vol: cft	185.53	51.02				
Annulus Vol: ft	7999.43	2199.84				
Fluid Yield: cft/sk	2.03	1.35		1.37		1.55
Annular Vol.bbls	16.52	21.07				
Slurry Volume: bbls	33.04	9.09				
Fluid Water Ratio: gal/sk	11.34	6.38		5.53		7.80
Shoe Length: Ft.						
Shoe Calculation: bbl/ft		0.0155				
Pipe ID:Inches		4.0000				
Shoe Volume: bbls						
Shoe Volume: cft						
Cement Plus shoe: cft	185.53	51.02				
Cement Plus shoe: bbls	33.04	9.09				
Total mixing Water: bbls	24.68	5.74	#DIV/0!			
Displacement: bbls		79.27				
Calculated cement: Sks	91.40	37.79	#DIV/0!			
Total water required: bbls	24.68	85.01	#DIV/0!			

Cement Recommendations

Lead 1 Cement	400	A Serv Lite	400 sks
Tail 1 Cement	80	Class C 50/50	80 sks
Lead 2 Cement			
Tail 2 Cement			
Top Out Cement			
Plug Cement			

Total: 480

Float Equipment

Top Rubber Cement Plug, 4 1/2"	1 ea
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Misc. Chemicals

Flow-Seal 21 (Sodium Silicate), 50% Solution



1700 S. Country Estates Raod
 Liberal, KS 67901
 PH (620)-624-2277FAX (620) 624-2280

SERVICE ORDER - 0

Date: 1/0/1900

Well Name: PPCU # 102W Location: 22-27S-34W
 County - State: Haskell, Kansas RRC #:
 Type Of Service: Z-41 Squeeze Casing Leak Customer's Order #: 0
 Customer: Merit Energy

Address: sublette.invoices@meritenergy.com
 PO Box L, Sublette Ks. 67877

As a consideration, the above named Customer agrees to pay Basic Energy Services in accord with the rates and terms stated in Basic Energy Services current price lists. Invoices are payable NET 30 (SEE 10.2) after date of invoice. Upon Customer's default in payment of Customers account by such date, Customer agrees to pay Interest thereon after default at 18% per annum. In the event it becomes necessary to employ an attorney to enforce collection of said account, Customer agrees to pay all the collection costs and attorney fees. These terms and conditions shall be governed by the laws of the state where services are performed or equipment or materials are furnished.

Basic Energy Services, warrants only title to the products, supplies and materials and that the same are free from defects in workmanship. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Basic Energy Services, liability and Customer's exclusive remedy in any cause of action (whether in contract, tort, product liability, breach of warranty or otherwise) arising out of the sale or use of any products, supplies, or materials upon their return to Basic Energy Services, is expressly limited to the replacement of such products, supplies or materials or, at Basic Energy Services, option, to the allowance to the Customer of credit for the cost of such items. In no event shall Basic Energy Services be liable for special, indirect, punitive or consequential damages.

CODE	QTY	UOM	DESCRIPTION	PRICE	TOTAL
BC119	400	SK	A-Serv Lite	26.00	10400.00
BC133	80	SK	Class C 50/50 Poz	23.50	1880.00
CC187	84	LB	C-17	24.00	2016.00
CC126	84	LB	C-37	8.00	672.00
ME102	180	MI	Heavy Equipment Mileage	8.00	1440.00
CE240	480	SK	Blending & Mixing Service Charge	1.40	672.00
TM	1248	MI	Ton Mileage	3.00	3744.00
CC6	1	HR	Depth Charge, 5001-6000'	2900.00	2900.00
CE504	1	EA	Plug Container Utilization Charge	250.00	250.00
ME101	60	MI	Light Vehicle Mileage	5.00	300.00
CE505	1	EA	Cement Densiometer, with chart recorder	350.00	350.00
CC158	420	GAL	Flow-Seal 21 (Sodium Silicate), 50% Solution	8.00	3360.00
BE143	1	Ea	Supervisor	75.00	75.00
BE144	4	Ea	Driver	35.00	140.00
CF102	1	Ea	Top Rubber Cement Plug, 4 1/2"	80.00	80.00
				Book Total:	\$28,279.00
				Taxes:	
				Disc. Price:	\$20,444.44
Additional 10% Discount as per Agreement on Cement Services				10% Disc	\$2,044.44
				Adjusted Price	\$18,400.00

PUMP TRUCK NUMBER: _____ THIS JOB WAS SATISFACTORILY COMPLETED YES NO

DRIVER: _____ OPERATION OF EQUIPMENT WAS SATISFACTORY

PERFORMANCE OF PERSONEL WAS SATISFACTORY

_____ BASIC ENERGY SERVICES _____ CUSTOMER OR HIS AGENT

Customer Comments or Concerns:

