KOLAR Document ID: 1673095

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

Address 1:	OPERATOR: License #	API No.:				
Address 2:	Name:	Spot Description:				
City:	Address 1:	SecTwpS. R East West				
Contact Person:	Address 2:	Feet from North / South Line of Section				
Designate Type of Completion: Designate Type of Completion	City: State: Zip: +	Feet from				
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Name:	Phone: ()	□NE □NW □SE □SW				
Name:	CONTRACTOR: License #	GPS Location: Lat: . Long:				
Designate Type of Completion:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)				
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Designate Type of Completion: New Well		County:				
New Well		Lease Name: Well #:				
Oil		Field Name:				
Gas		Producing Formation:				
OG		Elevation: Ground: Kelly Bushing:				
GM (Coal Bed Methane)		Total Vertical Depth: Plug Back Total Depth:				
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No						
If Workover/Re-entry: Old Well Info as follows:						
Operator: Well Name: If Alternate II completion, cement circulated from:						
Well Name: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt. Deepening	•					
Original Comp. Date: Original Total Depth: Deepening	Operator:					
Deepening Re-perf. Conv. to EOR Conv. to SWD Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Commingled Permit #: Dual Completion Permit #: Dewatering method used: De	Well Name:	feet depth to: w/ sx cmt.				
Plug Back Liner Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Original Comp. Date: Original Total Depth:					
Commingled Permit #:	☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD					
Dual Completion Permit #:	☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Dual Completion Permit #: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: License #: Quarter Sec Twp S. R East West	Commingled Parmit #	Chloride content: ppm Fluid volume: bbls				
SWD Permit #:		Dewatering method used:				
EOR Permit #: Operator Name:		Location of fluid disposal if hauled offsite:				
GSW		Econion of haid disposal in fladied choice.				
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R. East West		Operator Name:				
Spud Date or Date Reached TD Completion Date or ———————————————————————————————————	<u> </u>	Lease Name: License #:				
	Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R				
	- P	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 Approved by: Date:						

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Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	nent # Sacks Used Type and Percent Additives				
Protect Casii								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours							Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513 1200 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	FLORA MEREDITH 1-10
Doc ID	1673095

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
	4640	4650			Swope (Ks City)
	4686	4696			Hertha (Ks City)
	4821	4829			Marmaton
	5040	5045			Cherokee
			CIBP Cast Iron Bridge Plug	5480	
	5506	5522			Chester/prev

Form	ACO1 - Well Completion				
Operator	Merit Energy Company, LLC				
Well Name	FLORA MEREDITH 1-10				
Doc ID	1673095				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	24	1711	A/C	See Original
Production	7.875	5.5	17	5650	А	See Original