#### KOLAR Document ID: 1639384

Confiden	tiality 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	- DESCRIP	WEII &	IFASE
	INSIONI		$\mathbf{W} \mathbf{L} \mathbf{L} \mathbf{L} \boldsymbol{\alpha}$	LLASL

OPERATOR: License #	API No.:					
Name:	Spot Description:					
Address 1:						
Address 2:	Feet from Dorth / South Line of Section					
City: State: Zip:+	Feet from East / West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()						
CONTRACTOR: License #	GPS Location: Lat:, Long:					
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)					
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84					
Purchaser:	County:					
Designate Type of Completion:	Lease Name: Well #:					
New Well Re-Entry Workover	Field Name:					
	Producing Formation:					
	Elevation: Ground: Kelly Bushing:					
	Total Vertical Depth: Plug Back Total Depth:					
	Amount of Surface Pipe Set and Cemented at: Feet					
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No					
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet					
·	If Alternate II completion, cement circulated from:					
Operator:						
Well Name:	feet depth to:w/sx cmt.					
Original Comp. Date: Original Total Depth:						
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan					
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)					
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls					
Dual Completion     Permit #:	Dewatering method used:					
SWD Permit #:	Location of fluid disposal if hauled offsite:					
EOR Permit #:						
GSW Permit #:	Operator Name:					
	Lease Name: License #:					
Spud Date or         Date Reached TD         Completion Date or	Quarter Sec Twp S. R East West					
Recompletion Date Recompletion Date	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:					

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Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

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**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	ill Stem Tests Taken Yes No (Attach Additional Sheets)			Log Formation (Top), Depth and Datum			Sample				
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum		
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No								
		Rep	CASING ort all strings set-c		Ne	w Used rmediate, productio	on, etc.				
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		
[			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD					
Purpose: Depth Perforate Top Bottom		Туре	Type of Cement # Sacks		Used T			Type and Percent Additives			
Protect Casing Plug Back TD 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, skip question 3)											
Date of first Production/Injection or Resumed Production/         Producing Me           Injection:              ☐ Flowing		iod:	ing Gas Lift Other ( <i>Explain</i> )								
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity		
DISPOSITION OF GAS:		Ν	IETHOD OF COM	COMPLETION:			PRODUCTION INTERVAL: Top Bottom				
Vented Sold (If vented, Subn	Used on Lease		Open Hole Perf.			Dually Comp.     Commingled       (Submit ACO-5)     (Submit ACO-4)					
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)			
TUBING RECORD:	Size:	Set At:		Packer At:							

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	EAST EURBANK NORTH UNIT (EENU) 202 W
Doc ID	1639384

# 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	1664	A	 SEE ORIGINAL
Production	7.875	5.5	17	5636	A	 SEE ORIGINAL

220 220 2198.60 \$ 756.00 \$ 2.010.96	\$ 2,965.56 AMOUNT \$ 1,654.00 \$ 157.50	\$ 1,811.50	4,777.06	4,777.06	be removed and the	& DATE	18% annual nercentage rate will be
Cement - Squeeze Cement - Squeeze STATE KS UNIT PRICE \$3.31 \$6.30 \$5.30 \$2,010.96 \$	S16.54 \$	_	TOTAL \$		with a discount must l days the discount will ce.	CUSTOMER SIGNATURE & DATE	th ar 10% annual De
QULASAR ENERGY SERVICES, INC. 3288 FM 51         3288 FM 51         3288 FM 51         Gainesville, Texas 76240         Office: 940-612-3336         Fax: 940-612-3336         Gainesville, Texas 76240         Office: 940-612-3336         Fax: 940-612-3336         FAACTURING         ACID         COUNTY         COUNTY         COUNTY         FERVICE POINT         COUNTY         COUNTY         ACATION         COUNTY         FERVICE POINT         ACATION         ACATION         COUNTY         COUNTY         ACATION         ACATION         ACATION         ACATION         ACATION         ACATION	sso			%D	As of 9/22/15 any invoice with a discount must paid within 60 days of the invoice date. After 60 days the discount will be removed and the invoice will reflect full price.	CUSTO	and and lines -
<b>GULA SAR ENERGY SERVICES</b> 3288 FM 51 Gainesville, Texas 76240 Office: 940-612-3336         Fax: 940-612-3336         Fath ACID         Interfer Company         Interfer Company         Interfer Point         Interfer Company         Interfer Company         Interfer Point         Interfe	Charges Charges Charges Materials Cement - Class A Cement - Class A Cement - Class A			DISCOUNT			
QUASAR ENE       Gaines       Offic       FRACTURING       AFE#/PO#:       AFE#/PO#:       Cement - Squeeze       Mertit Energy       Nerris Energy       P.O. Box 748       NIT       P.O. Box 748       Nile       Mileage       Primeage       Primeage       Primping Charge 5001-5500			1				
5480 Lindsay L	Subtotal for Pumping Equipment GTY. CODE YD UNIT 100 5630 L Per Sack 14 5710 L Per Lb.		aterial Charges WORKERS		in the second seco		
BID #: ITYPE / PURI CUSTOMER CUSTOMER CUTY DATE OF BATE OF BATE OF CUTY	Subtotal fe QTY. 100 14		Subtotal for Material Charges WORKE	Daniel Beck	Carlos Ibarra Carlos Ibarra TAMPS & NOTES:		

accounts are past due net 30 days following the date of invoice. A finance charge of 1 1/2% per mor ged on all past due accounts.