

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	OMU 703W
Doc ID	1658222

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
	4120	4128			SQUEEZED
	4574	4580			SQUEEZED
	4686	4694			(prev perms and re-perf)
	47024				SQUEEZED
			CIBP Cast Iron Bridge Plug	4770	prev.
	4780	4836			

WellView

Daily Activity

Well Name: OMU 703W (STUCKY MESA 1-11)

API/UWI 1508120369	Lease Line Legal Desc	Field Name Eubank	License #	State/Province KANSAS	Well Configuration Type
Original KB Elevation (ft)	KB-Tubing Head Distance (ft)	Original Spud Date	Rig Release Date	PSTD (All) (ftKB)	Total Depth All (TVD) (ftKB)

4/4/2022 05:00			
Rpt #	Report Start Date	Report End Date	Operations Summary
5.0	4/4/2022	4/4/2022	Crew drove to loc, filled up JSA, Check shut in csg press vac R/up tbg tools an run ITH w/ Sure energy cement retainer and tbg.. set retainer @ 4680 with 144 jts 2-3/8" tbg sting out and in R/up stripping rubber R/up Quasar cement trucks press test line . load the back side with 17 bbls of water, press up to 350 psi get tbg ingection rate pump 20 bbls 1.8 Bpm at 600 psi pump 200 sx of cement 15.5 bbls displace squeeze at 1500 psi sting out and trip oTH w/ 144 jts lay down stinger shut well in, SDFN, crew travel.

Time Log		
Duration (hr)	Code 1	Comment

4/5/2022 05:00			
Rpt #	Report Start Date	Report End Date	Operations Summary
6.0	4/5/2022	4/5/2022	Crew drove to loc, filled up JSA< R/up tbg tools and run ITH w/ 4x3-1/2" drill collars w/ 4-3/4" bit and tbg tag cement at 4645' w/ 139 jts 5' in on 140 jt plus drill collars R/up C-F power swivel brake circulation drilled cement out to 4672' to top of the cement retainer drilled on cement retainer for 6.5 hrs drilled ou 1' on cement retainer get metal and rubber circulate well to clean pull 1 jt shut well in, sdfn, crew travel.

Time Log		
Duration (hr)	Code 1	Comment

FRACTURING

AFE#/PO#: 69622

SERVICE POINT: Liberal, KS
 WELL NAME: OMU 703W
 LOCATION: Satanta, Ks.
 TYPE AND PURPOSE OF JOB: Haskell
 COUNTY: Haskell

BID #: 4864

TYPE / PURPOSE OF JOB: Cement - Liner
 CUSTOMER: Merit Energy Company
 ADDRESS: PO Box 748
 CITY: Lindsay

STATE Ok. ZIP 73052

DATE OF SALE 4/14/2022

PUMPING AND EQUIPMENT USED	
QTY.	UNIT
45	Mile
90	Mile
1	Per Well
1	Per Well

Mileage - Pickup - Per Mile
 Mileage - Equipment Mileage - Per Mile
 Pumping Charge 4501'-5000'
 Plug Container

Subtotal for Pumping & Equipment Charges

QTY.	CODE	YD	UNIT	MATERIALS
25	5630	L	Per Sack	Cement - Class A
55	5670	L	Per Sack	Cement - Lite - C
1	4150	L	Each	Rubber Plug 4 1/2"
14	5694	L	Per Lb.	C-19 Light Weight Fluid Loss
50	5803	L	Per Lbs.	Tactical Blits

Subtotal for Material Charges