KOLAR Document ID: 1718769

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 #		API No.:				
Name:		Spot Description:				
Address 1:						
Address 2:		Feet from North / South Line of Section				
City: State:	+	Feet from _ East / _ West Line of Section				
Contact Person:		Footages Calculated from Nearest Outside Section Corner:				
Phone: ()		□NE □NW □SE □SW				
CONTRACTOR: License #		GPS Location: Lat:, Long:				
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84				
Purchaser:		County:				
Designate Type of Completion:		Lease Name: Well #:				
New Well Re-Entr	ry Workover	Field Name:				
	∫ SWD	Producing Formation:				
Gas DH	」SWD ☐ EOR	Elevation: Ground: Kelly Bushing:				
	GSW	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	] 30	Amount of Surface Pipe Set and Cemented at: Feet				
	ol., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as	follows:	If yes, show depth set: Feet				
Operator:		If Alternate II completion, cement circulated from:				
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)				
		Chloride content:ppm Fluid volume:bbls				
	ermit #:	Dewatering method used:				
	ermit #:					
	ermit #:ermit #:	Location of fluid disposal if hauled offsite:				
	ermit #:	Operator Name:				
		Lease Name: License #:				
Spud Date or Date Reached	d TD Completion Date or	Quarter Sec TwpS. R				
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 Approved by: Date:						

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#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests Taken Yes No						Lo	og Formation (Top), Depth and Datum Sample			
. ,			Ye	es 🗌 No	□ No Name				Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:			Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. 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	OF MENTING /					
Purpose:	[	Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Casing Plug Back TD		Type of Cement		# Sacks Oseu		Type and Percent Additives				
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Production/Injection or Resumed Production/ Injection:  Producing Method:    Producing Method:										
Estimated Production Oil Bbls.			le.	Flowing Pumping  Gas Mcf		Gas Lift Other (Explain)  Water Bbls.			Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS: METHOD OF COM						DMPLETION: PRODUCTION INTERVAL:				
☐ Vented ☐ Sold ☐ Used on Lease			Open Hole Perf.		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		-	Тор	Bottom	
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (SUDI	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At			Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)		Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion				
Operator	Merit Energy Company, LLC				
Well Name	MTU 401				
Doc ID	1718769				

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	1926	see original	400	see original
Production	7.875	5.5	17	4994	see original	800	see original