

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACD-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

Operator: License # 31468  
Name: Mercer Oil and Gas Co  
Address: PO Box 721753  
Norman  
City/State/Zip: OK 73070  
Purchaser: Associated Transport & Trading  
Operator Contact Person: Ron L. Mercer  
Phone: (405) 364-0272  
Contractor: Name: Darnall Drilling  
License: 6281  
Wellbore Geologist: Dale Whybark  
Designate Type of Completion  
☒ New Well ☐ Re-Entry ☐ Workover  
☒ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.  
☐ Gas ☐ ENHR ☐ SIGW  
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_  
\_\_\_\_\_ Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Inj/SWD  
\_\_\_\_\_ Plug Back \_\_\_\_\_ PSTD  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Inj?) Docket No. \_\_\_\_\_  
10/13/94 10/14/93 10/25/94  
Spud Date Date Reached TD Completion Date

API NO. 15- 019-26365County ChautauquaNW - NW - SW - NW Sec. 15 Twp. 34 Rgs. 12 ☒3795 Feet from ☒ (circle one) Line of Section5115 Feet from ☒ (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:  
NE, ☒ NW or SW (circle one)Lease Name DeArmond Well # 40Field Name Peru-SedanProducing Formation Wayside

Elevation: Ground \_\_\_\_\_ KB \_\_\_\_\_

Total Depth 988 980 PSTD 955Amount of Surface Pipe Set and Cemented at 60 FeetMultiple Stage Cementing Collar Used? \_\_\_\_\_ Yes ☒ No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 980feet depth to Surface w/ 135 sz cm.Drilling Fluid Management Plan ALT 2 11-2-95  
(Data must be collected from the Reserve It)Chloride content FW ppm Fluid volume \_\_\_\_\_ bbls

Devatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_ Quarter Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature Ron L. MercerTitle Ron L. Mercer, President Date 1/12/95Subscribed and sworn to before me this 19th day of January 19 95Notary Public [Signature]Date Commission Expires 6-19-97

## K.C.C. OFFICE USE ONLY

F ☒ Letter of Confidentiality Attached  
C ☒ Wireline Log Received  
G ☒ Geologist Report Received

Distribution  
\_\_\_\_\_ SVD/Rep  
\_\_\_\_\_ Plug  
\_\_\_\_\_ Other (Specify)

Operator Name Merger Oil and Gas CoLease Name DeArmond Well # 40Sec. 15 Twp. 34S Rge. 12E☒ East  
☐ WestCounty Chautauqua

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken ☐ Yes ☒ No  
(Attach Additional Sheets.)Samples Sent to Geological Survey ☐ Yes ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No  
(Submit Copy.)List All E.Logs Run: CEMENT BOND☐ Log Formation (Top), Depth and Datum ☒ Sample

| Name              | Top | Datum |
|-------------------|-----|-------|
| wayside peru      | 860 |       |
| Layton (Big Salt) | 550 |       |

## CASING RECORD

☐ New ☒ 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 Additive |
|-------------------|-------------------|---------------------------|-----------------|---------------|----------------|--------------|---------------------------|
| Surface           | 9 7/8             | 7"                        | 26#             | 60            | Common         | 10           | 0                         |
| Production        | 6 1/4             | 4 1/2                     | 10.5#           | 980           | 50/50 Poz      | 135          | 2% gel                    |

## 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  |                  |                |             |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depr |
|----------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 2 spf          | 891-917                                                                                | Frac w/ 10,000gw & 5500 # 20-40                                                     |
|                |                                                                                        |                                                                                     |
|                |                                                                                        |                                                                                     |
|                |                                                                                        |                                                                                     |

| TUBING RECORD                                  | Size                                                                                                                                                                     | Set At  | Packer At   | Liner Run     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|---------------|---------------------------------------------------------------------|
|                                                | 2 3/8"                                                                                                                                                                   | 900'    |             |               |                                                                     |
| Date of First, Resumed Production, SWD or Inj. | Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) |         |             |               |                                                                     |
| 10/30/94                                       |                                                                                                                                                                          |         |             |               |                                                                     |
| Estimated Production Per 24 Hours              | Oil Sbls.                                                                                                                                                                | Gas Mcf | Water Sbls. | Gas-Oil Ratio | Gravity                                                             |
|                                                | 7                                                                                                                                                                        | none    | 70          |               |                                                                     |

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease  
(If vented, submit ACO-18.)

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled  
☐ Other (Specify) \_\_\_\_\_
891'-917'