₹-1 - **53**

Confide	ntiality Requested:
Yes Yes	☑ No

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1 July 2014 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #32446	API No. 15 - 175-22126 ~ OO - O
Name: Merit Energy Company LLC	Spot Description:
Address 1:13727 Noel Road Ste 120	SW_NE_SE_SW_Sec. 10 Twp. 31 S. R. 33 East West
Address 2:	791 Feet from North / South Line of Section
City: Dallas State: TX Zip: 75240 +	2,053 Feet from East / West Line of Section
Contact Person: Idania Medina	Footages Calculated from Nearest Outside Section Corner:
	□NE □NW □SE □SW
Phone: (620) 629-4228 CONTRACTOR: License # 35177	_
Name: Ricks Rig Service Uc.1 2.1 2015	GPS Location: Lat:, Long:(e.gxxx.xxxxx)
Wellsite Geologist: N/A RECEIVED	Datum: NAD27 NAD83 WGS84 County: Seward
Purchaser:	Lease Name: Allen Trust Well #: 8-N10-31-33
Designate Type of Completion:	Field Name; Franz-Toland
☐ New Well ☐ Re-Entry ☑ Workover	Producing Formation: Chester
☑ oil ☐ wsw ☐ swd ☐ slow	Elevation: Ground: 2897 Kelly Bushing: 2908
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Total Vertical Depth: <u>5750</u> Plug Back Total Depth: <u>5696</u>
☐ OG ☐ GSW ☐ Temp. Abd.	Amount of Surface Pipe Set and Cemented at: 1760 Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	If yes, show depth set: 3141 Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator: Presco Western, LLC Well Name: Allen Trust 8-N10-3133	If Alternate II completion, cement circulated from: sx cmt.
	leet depth to sx crit.
Original Comp. Date: 2/15/2008 Original Total Depth: 5746	
□ Deepening □ Re-perf. □ Conv. to ENHR □ Conv. to SWD □ Plug Back □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (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:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
6/9/2015 6/15/2015	QuarterSecTwpS. R East West
Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Permit #:
days of the spud date, recompletion, workover or conversion of a well. If con-	Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 fidentiality is requested and approved, side two of this form will be held confibrill Stem Test, Cement Tickets and Geological Well Report must be attached.
AFFIDAVIT	KCC Office Use ONLY
I am the affiant and I hereby certify that all requirements of the statutes, rules regulations promulgated to regulate the oil and gas industry have been fully com	plied Confidentiality Requested
with and the statements herein are complete and correct to the best of my knowle	odge. Date: Confidential Release Date:
	Wireline Log Received
Signature:	Geologist Report Received
Title: Date:	— UIC Distribution ALT ☑! ☐ II ☐ III Approved by:
	ALI WI WIII Approved by: 10 Date: 10 CT

* original Aco was done on paper &

Operator Name: Merit Energy Company LLC			Lease I	Lease Name: Allen Trust			Well #:8-N10-31-33			
Sec. 10 Twp31 S. R.33 □ East □ West			County	_{unty:} Seward						
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in;press	sures, whe	ther shut-in pre	essure reac	hed stati	ic level, hydrosta	itic pressures, b			
Final Radioactivity Log files must be submitte						ogs must be ema	ailed to kcc-well-	logs@kcc.ks.gc	v. Digital	electronic log
Drill Stem Tests Taken					✓ Log Formation (Top), Depth ar			and Datum Sample		·
Samples Sent to Geological Survey				Nam			Тор		Datum	
Cores Taken Yes Electric Log Run Yes			_	SEE ORIGINAL						
List All E. Logs Run:										
						F1V 100 %	',			
		Repo	=	RECORD	☐ Ne	ew Used ermediate, product	ion, etc.			
Purpose of String	Size Hole Drilled		t (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent additives
SURFACE	12.25	8.625		24		1760	CLASS C	600/150	SEE ORIGINAL	
PRODUCTION	7.875	5.5	•	15.5		5743	ASC	155	SEE ORIGINAL	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Top Bottom				# Sacks Used Type ar			nd Percent Additives		
Protect Casing Plug Back TD	Protect Casing									
Plug Off Zone										
Did you perform a hydrau Does the volume of the to	-			ceed 350,00	0 gallons		= '	kip questions 2 a kip question 3)	nd 3)	
Was the hydraulic fracture	ing treatment information	n submitted	to the chemical of	disclosure re	gistry?	Yes [No (If No, f	il out Page Three	of the AC	O-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme		rd	Depth
4	5600-5614 Cheste	er (previo	us)				· <u>-</u> ·			5600-5614
						FRAC-70%Q N2 F	OAM & 126,000 LBS	OF 16/30 WHITE	@ 80 BPM.	5600-5614
	* "-									
			• • • •							
					• •					
TUBING RECORD:	Size: 750	Set At:		Packer Al	t:	Liner Run:	Yes [☑N	0		
Date of First, Resumed		5647 HR.	Producing Meth	nod:		<u> </u>				
6/16/2015			Flowing	Pumpin	g 🔲	Gas Lift 🔲 🤇	Other (Explain)			
Estimated Production Per 24 Hours	0)il 77	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:			METHOD OF	COMPLE	ETION:		PRODUCTI	ON INTER	VAL:
Vented Sold	_		_	Perf.	_	Comp. Co	mmingled (CHESTER		
(If vented, Sub	mit ACO-18.)		Obortenniki F	RAC		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'			

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Dat			County	: Seward	AP	Number:						
Operator Name: Merit Energy Company LLC				Well Name								
			Longitu	de:	Dar	tum;						
			True Ve		Tot							
			nuc vo	According (1 vo).		al Described Volume (get) .						
/draulic Fracturing Fluid Composition:												
Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address, and Phone Num					
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	-						:					
Table :												
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-1:				C. (A. D. A. St. A. (HEDS) In	about his law as Alam RECOC		<u> </u>					
uients snowr	above are sub	pject to 29 CRF 1910.	.1200(i) and appear on Material	Safety Data Sheets (MSDS). Ingredic	ents snown below are Non-MSDS.							
							<u> </u>					
-							***************************************					
												

Kansas Corporation Commission Oil & Gas Conservation Division

WELL COMPLETION (FORM ACO-1)

Instructions

General Instructions.

- The form must be typed.
- All horizontal wellbore completions are required to attach the additional information with their ACO-1 as listed below in Section 11.

Section 0: Confidentiality.

 Confidentiality Requested. Mark the box to indicate if confidentiality is requested.

Section 1: Operator/Well Information.

- 1a. License #. Enter the operator's license number.
- Name. Enter the operator's full name as it appears on the operator's license.
- 1c. Address. Enter the operator's mailing address (street or PO Box).
- 1d. City/State/Zip. Enter the operator's city, state, and zip code.
- 1e. Contact Person. Enter the name of the individual who will be the operator's contact person, should Conservation Staff need to contact the operator about the Form. The contact person may be the operator or the operator's agent.
- Phone. Enter the phone number of the contact person listed in "1e" above.
- Contractor License #. Enter the Drilling Contractor's license number. The drilling contractor may be the operator or the operator's agent.
- Contractor Name. Enter the name of the drilling contractor as it appears on the drilling contractor's operator license.
- Wellsite Geologist. Enter the name of the wellsite geologist witnessing the completion work.
- Purchaser. Enter the name of the purchaser of the oil and/or gas produced from the subject well.
- 1k. Designate Type of Completion. Mark the appropriate box to indicate if it is a new well, re-entry, or workover. Also mark the appropriate box(es) to indicate the type of completion. Multiple boxes may be marked.
- Old Well Information. <u>Only complete this section if the subject</u> well is a workover or reentry.
 - Operator. Enter the name of the last operator of the subject wellbore, prior to workover or re-entry operations.
 - 11(2). Well Name. Enter the name under which the subject well was last operated.
 - 11(3). Original Completion Date. Enter the date on which the subject well was originally completed.
 - 11(4). Original Total Depth. Enter the original total depth of the subject well.
 - 11(5). Deepening, Re-perforate, Convert to Enhanced Recovery/ Saltwater Disposal/Gas Storage. Mark the appropriate box(es) to indicate whether, through workover/re-entry operations, the well has been deepened, re-perforated, and/or converted to an enhanced recovery or saltwater disposal well. Multiple boxes may be marked. For each box that is marked, enter the corresponding permit number to the right of the box.
- Spud Date or Recompletion Date. For new wells, enter the date on which the well was spud. Otherwise, enter the date on which current recompletion operations were commenced.
- Date Reached TD. Enter the date on which the operator reached total depth.
- Completion Date or Recompletion Date. For new wells, enter the date on which the new well was completed. Otherwise, enter the date on which current recompletion operations were finished.
- API No. Enter the API Number. This number is subject to change. Staff will contact the operator if major changes are made to the subject well's API Number.
- 1q. Spot Location. Enter the geographic location of the subject well by ¼ ¼ ¼ ¼, Section, Township, and Range. Mark the appropriate box to indicate if the range is east or west of the Sixth Principal Meridian.
- 1r. Footage Location from Section Lines.
 - 1r(1). Enter the number of feet the subject well is located from the South or North section line. Circle which section line the measurement was taken from.

- Enter the number of feet the subject well is located from the East or West section line. Circle which section line the measurement was taken from.
- Footages Calculated From Nearest Outside Section Corner.
 Mark the appropriate box indicating the outside section corner nearest the location of the well.
 - 1s(1). Enter GPS latitude
 - 1s(2). Enter GPS Longitude
 - 1s(3). Enter Datum
- 1t. County. Enter the county in which the well is located.
- Lease Name/Well Number. Enter the name of the lease and the well number.
- Field Name. List the name of the field where the well is located. Field names are available from KGS at http://www.kgs.ku.edu/Magellan/Field/index.html, or Independent Oil & Gas Service at http://www.iogsi.com.
- Producing Formation. Enter the name of the geologic formation from which the well is producing.
- 1x. Elevation.
 - Ground. Enter the elevation in feet above sea level for the well's location.
 - Kelly Bushing. Enter the elevation in feet above sea level of the Kelly bushing during drilling operations.
- Total Vertical Depth. Enter the total vertical depth of the well.
- Plug BackTotal Depth. Enter the total depth of the plug back in the well.
- 1aa. Amount of Surface Pipe Set and Cemented. Enter the depth to which surface pipe is set and cemented.
- 1bb. Multiple Stage Cementing Collar Used.
 - 1bb(1). Mark the box to show if a multiple stage cementing collar was used to complete/recomplete the well.
 - 1bb(2). If a multiple stage cementing collar was used, fill in the blank with the depth at which it was set.
- 1cc. Alternate II Completion. If the subject well is an Alternate II Completion, enter the depth to which cement was circulated and the number of sacks of cement used.

Section 2: Drilling Fluid Management Plan.

- Chloride Content. Enter the chloride content in parts per million of reserve pit fluids.
- 2b. Fluid Volume. Enter the volume in barrels of reserve pit fluids used.
- Dewatering Method Used. Enter the dewatering method used at the well during drilling operations.
- 2d. Location of Fluid Disposal if Hauled Offsite.
 - Operator Name. Enter the name of the operator who disposed of the drilling fluids.
 - 2d(2). Lease Name. Enter the name of the lease at which the drilling fluids were disposed.
 - License Number. Enter the license number of the operator who disposed of the drilling fluids.
 - 2d(4). Geographic Location. Enter the geographic location of the lease on which drilling fluids were disposed by ¼, Section, Township, and Range. Mark the box to indicate if the Range is East or West of the Sixth Principal Meridian.
 - 2d(5). County. Enter the county in which the fluid disposal is located.
 - 2d(6). Permit Number. If the fluid will be hauled offsite and injected into an enhanced recovery or disposal well, enter the permit number under which the operator is authorized to conduct injection operations into the well.

Section 3: Verification.

- Signature. The operator or the operator's agent must sign the Well Completion Form.
- Title. The title, with respect to the operator, of the individual signing the form.
- 3c. Date. Enter the date on which the form is completed.