



Operator Name: Merit Energy Company LLC Lease Name: Allen Trust Well #: 8-N10-31-33  
 Sec. 10 Twp. 31 S. R. 33  East  West County: Seward

**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](mailto: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 checked="" type="checkbox"/> No (Attach Additional Sheets)  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum  SEE ORIGINAL
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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
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 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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No (If No, skip questions 2 and 3)  
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No (If No, skip question 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)

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)	Depth
4	5600-5614 Chester (previous)		5600-5614
		FRAC-70%Q N2 FOAM & 126,000 LBS OF 16/30 WHITE @ 80 BPM.	5600-5614

TUBING RECORD: Size: <u>2.8750</u> Set At: <u>5647</u> Packer At: <u> </u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>6/16/2015</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <u> </u>
Estimated Production Per 24 Hours	Oil Bbls. <u>77</u> Gas Mcf <u> </u> Water Bbls. <u> </u> Gas-Oil Ratio <u> </u> Gravity <u> </u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input checked="" type="checkbox"/> Other (Specify) <u>FRAC</u>	PRODUCTION INTERVAL: <u>CHESTER</u>
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## WELL COMPLETION (FORM ACO-1)

### Instructions

#### General Instructions.

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

#### Section 0: Confidentiality.

- 0a. **Confidentiality Requested.** Mark the box to indicate if confidentiality is requested.

#### Section 1: Operator/Well Information.

- 1a. **License #.** Enter the operator's license number.
- 1b. **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.
- 1f. **Phone.** Enter the phone number of the contact person listed in "1e" above.
- 1g. **Contractor License #.** Enter the Drilling Contractor's license number. The drilling contractor may be the operator or the operator's agent.
- 1h. **Contractor Name.** Enter the name of the drilling contractor as it appears on the drilling contractor's operator license.
- 1i. **Wellsite Geologist.** Enter the name of the wellsite geologist witnessing the completion work.
- 1j. **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.
- 1L. **Old Well Information. Only complete this section if the subject well is a workover or reentry.**
  - 1L(1). **Operator.** Enter the name of the last operator of the subject wellbore, prior to workover or re-entry operations.
  - 1L(2). **Well Name.** Enter the name under which the subject well was last operated.
  - 1L(3). **Original Completion Date.** Enter the date on which the subject well was originally completed.
  - 1L(4). **Original Total Depth.** Enter the original total depth of the subject well.
  - 1L(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.
- 1m. **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.
- 1n. **Date Reached TD.** Enter the date on which the operator reached total depth.
- 1o. **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.
- 1p. **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  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ , 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.

1r(2). 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.

- 1s. **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.

- 1u. **Lease Name/Well Number.** Enter the name of the lease and the well number.

- 1v. **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>.

- 1w. **Producing Formation.** Enter the name of the geologic formation from which the well is producing.

- 1x. **Elevation.**

1x(1). **Ground.** Enter the elevation in feet above sea level for the well's location.

1x(2). **Kelly Bushing.** Enter the elevation in feet above sea level of the Kelly bushing during drilling operations.

- 1y. **Total Vertical Depth.** Enter the total vertical depth of the well.

- 1z. **Plug Back Total 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.

- 2a. **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.
- 2c. **Dewatering Method Used.** Enter the dewatering method used at the well during drilling operations.
- 2d. **Location of Fluid Disposal if Hauled Offsite.**
  - 2d(1). **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.
  - 2d(3). **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  $\frac{1}{4}$ , 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.

- 3a. **Signature.** The operator or the operator's agent must sign the Well Completion Form.
- 3b. **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.