

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 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				

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	JACOB MOSS 12-1
Doc ID	1257499

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	JACOB MOSS 12-1
Doc ID	1257499

Tops

Name	Top	Datum
HEEBNER	4125	
LANSING	4187	
MARMATON	4779	
CHEROKEE GROUP	4995	
ATOKA GROUP	5169	
MORROW GROUP	5310	
CHESTER GROUP	5403	
ST GENEVIEVE	5489	
ST LOUIS	5540	

Summary of Changes

Lease Name and Number: JACOB MOSS 12-1

API/Permit #: 15-081-22076-00-00

Doc ID: 1257499

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	01/21/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2945	2944
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1239885	../..//kcc/detail/operatorEditDetail.cfm?docID=1257499



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239885
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL 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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report 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) (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	JACOB MOSS 12-1
Doc ID	1239885

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	JACOB MOSS 12-1
Doc ID	1239885

Tops

Name	Top	Datum
HEEBNER	4125	
LANSING	4187	
MARMATON	4779	
CHEROKEE GROUP	4995	
ATOKA GROUP	5169	
MORROW GROUP	5310	
CHESTER GROUP	5403	
ST GENEVIEVE	5489	
ST LOUIS	5540	

Form	ACO1 - Well Completion
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5466-5470 LOWER MORROW	ACIDIZE-500 GLS 7.5% HCL FLUSHED 26 BBLS 7%KCL WTR	5466-5470
4	5408-5414 UPPER MORROW	ACIDIZE-600 GLS 7.5 MCA ACID FLUSH W/25 BBLS 7%KCL WTR	5408-5414
		FRAC U & L MORROW-1888 BBLS SLICK WTR W/10,174 LBS, 100 MESH, 70,142 LBS 40/70 MESH SAND,4,391,000 SCF N2.	5466-5414

ALLIED OIL & GAS SERVICES, LLC 061657

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Liberal KS #21

DATE <u>10-5-14</u>	SEC. <u>12</u>	TWP. <u>30</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30am</u>	JOB FINISH <u>10:30pm</u>
LEASE <u>Jacob Moss</u>		WELL # <u>12-1</u>		LOCATION <u>Sublette ks, 7 mile west to</u>		COUNTY <u>Haskell</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>CR LL, 4 mi south west into</u>			

CONTRACTOR <u>Saxon #142</u>	OWNER
TYPE OF JOB <u>Production/Longstay</u>	CEMENT
HOLE SIZE <u>7 7/8</u>	T.D.
CASING SIZE <u>5 1/2</u>	DEPTH <u>5661.67</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>40.30</u>
CEMENT LEFT IN CSG. <u>0.93 BBL</u>	
PERFS.	
DISPLACEMENT <u>130.4 BBL</u>	
EQUIPMENT	

PUMP TRUCK # <u>903-501</u>	CEMENTER <u>Bob Pawia/Aldo Espinoza</u>
BULK TRUCK # <u>950-692</u>	HELPER <u>Aldo Espinoza/Keanan Plucin</u>
BULK TRUCK #	DRIVER <u>Gregory Randall</u>
BULK TRUCK #	DRIVER

AMOUNT ORDERED <u>325 SK 50/52 Class H, 2 1/2 gal</u>	
<u>0.5% FH60, 0.2% Dispersant, 5' gyp seal</u>	
<u>101.504 5' gilsonite, 0.25 # Hascal</u>	
COMMON @	
POZMIX @	
GEL @	
CHLORIDE @	
ASC @	
<u>Superflush 12 1/4 @ 58.70</u>	<u>704.40</u>
<u>50/50 Class H 325 SK @ 16.85</u>	<u>5476.25</u>
<u>F1-160 137 1/4 @ 18.90</u>	<u>2589.30</u>
<u>CD-31 55 1/4 @ 10.30</u>	<u>566.50</u>
<u>Gypseal 28 1/2 @ 37.60</u>	<u>1052.80</u>
<u>Salt 20 1/2 @ 26.35</u>	<u>527.00</u>
<u>Gilsonite 1625 1/4 @ 0.98</u>	<u>1597.50</u>
<u>Hascal 82 1/4 @ 2.97</u>	<u>243.54</u>
HANDLING @	
MILEAGE	
<u>4208.26 / 33%</u>	<u>TOTAL 12,752.29</u>

REMARKS:

AFF# 34741

Thank you!

CHARGE TO: Merit Energy
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>Circulating iron 4 @</u>	<u>400.00</u>
PUMP TRUCK CHARGE	<u>3,299.00</u>
EXTRA FOOTAGE <u>LVM 50 @ 4.40</u>	<u>220.00</u>
MILEAGE <u>HVM 50 @ 7.70</u>	<u>385.00</u>
MANIFOLD <u>1 @ 275.00</u>	<u>275.00</u>
<u>Honelling 438.78 @ 2.48</u>	<u>1,088.17</u>
<u>Drayage 826.98 @ 2.60</u>	<u>2,150.15</u>
<u>2513.80 / 33%</u>	<u>TOTAL 7617.57</u>

PLUG & FLOAT EQUIPMENT

<u>Wedtherbett Tap Rubber Plug 1 @ 258.26</u>	<u>258.26</u>
<u>AFU Insert EV 1 @ 335.00</u>	<u>335.00</u>
<u>Centralizer 20 @ 57.00</u>	<u>1,140.00</u>
<u>Guide shoe 1 @ 281.00</u>	<u>281.00</u>
<u>Stop collar 1 @ 49.00</u>	<u>49.00</u>
<u>680.88 / 33%</u>	<u>TOTAL 2,063.26</u>

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
TOTAL CHARGES 22,433.12
DISCOUNT 7402.93 / 33% IF PAID IN 30 DAYS
Net - 15,030.19

PRINTED NAME _____
SIGNATURE [Signature]

ALLIED OIL & GAS SERVICES, LLC 061597

Federal Tax I.D. # 20-8651475

MIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

9-28-14 Liberal KS

DATE 9-29-14	SEC 12	TWP 30S	RANGE 33W	CALLED OUT	ON LOCATION 8:45pm	JOB START 1:00am	JOB FINISH 3:00pm
ASE Jacob Mas	WELL# 12-1	LOCATION Vec Sublette 15S			COUNTY Washell	STATE KS	
OLD OR NEW (Circle one)							

CONTRACTOR Saxson #142
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1640
 CASING SIZE 8 5/8 DEPTH 1644
 JOBBING SIZE DEPTH
 RILL PIPE DEPTH
 HOLE DEPTH
 CAS. MAX MINIMUM
 CAS. LINE SHOE JOINT 42.73
 EQUIPMENT LEFT IN CSG.
 RFS.
 SPLACEMENT 102661

OWNER
 CEMENT
 AMOUNT ORDERED 350SK Class C 2% flo seal
3% cc 2% Sodium Metasilicate Nut # flo seal 2% SA-S1
2% 5SK Class C 3% cc Nut # flo seal
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE 22SK @ 64.00 1408.00
 ASC @
Allied Multi-Density CD 350 @ 31.00 10850.00
Class C 245SK @ 24.40 5978.00
SA-S1 66# @ 1.55 1156.30
flo seal 150# @ 2.97 445.80
 @
 @
 @
 @
 @

EQUIPMENT
 IMP TRUCK CEMENTER Conny Paez
549-580 HELPER Blor C
 ILK TRUCK
994-642 DRIVER Gregory Randall
 ILK TRUCK
950-692 DRIVER Jose Garcia

REMARKS:

AFE# 34741
Liberal KS office

TOTAL 19839.00

SERVICE

DEPTH OF JOB 1001-2000
 PUMP TRUCK CHARGE 2213.75
50 @ 4.40 220.00
 MILEAGE 50 @ 7.70 385.00
 MANIFOLD @ 2.75 0.00
Handling 665.87 @ 2.48 1651.36
Drayage 1478.46 @ 2.60 3844.00
 TOTAL 8589.11

ARGE TO: Merit Energy
 REET
 TY STATE ZIP

PLUG & FLOAT EQUIPMENT

AFU Insert @ 497.00
Guide Shoe @ 460.00
Centralizer 14 @ 25.00 1050.00
Stop Clamp @ 56.00
holder Plug @ 131.00
 TOTAL 2144.00

Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment
 I furnish cementer and helper(s) to assist owner or
 contractor to do work as is listed. The above work was
 done to satisfaction and supervision of owner agent or
 contractor. I have read and understand the "GENERAL
 TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)
 TOTAL CHARGES \$ 30,572.91

NOTED NAME EARLY Zion
 NATURE [Signature]

DISCOUNT Net \$ 20483.05 IF PAID IN 30 DAYS