



Confidentiality Requested:

Yes  No

**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
-----------------------------------	-----------------	---

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  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
--	---

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: <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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Herbert J 1
Doc ID	1257504

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 INCH
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2 INCH
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Herbert J 1
Doc ID	1257504

Tops

Name	Top	Datum
HEEBNER	3662	
TORONTO	3688	
LANSING	3777	
MARMATON	4337	
PAWNEE	4484	
CHEROKEE	4522	
ATOKA	4774	
MORROW	4922	
CHESTER	5288	
ST GENEVIEVE	5330	
ST LOUIS	5381	
ST LOUIS	5465	
SPERGEN	5558	



## Summary of Changes

Lease Name and Number: Herbert J 1

API/Permit #: 15-187-21293-00-00

Doc ID: 1257504

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	01/28/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3278	3277
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1240778">../..kcc/detail/operatorEditDetail.cfm?docID=1240778</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257504">../..kcc/detail/operatorEditDetail.cfm?docID=1257504</a>



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
--	---

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
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--



Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Herbert J 1
Doc ID	1240778

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 INCH
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2 INCH
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Herbert J 1
Doc ID	1240778

Tops

Name	Top	Datum
HEEBNER	3662	
TORONTO	3688	
LANSING	3777	
MARMATON	4337	
PAWNEE	4484	
CHEROKEE	4522	
ATOKA	4774	
MORROW	4922	
CHESTER	5288	
ST GENEVIEVE	5330	
ST LOUIS	5381	
ST LOUIS	5465	
SPERGEN	5558	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Herbert J 1
Doc ID	1240778

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5456-5460, 5422-5429 ST LOUIS		5456-5429



# ALLIED OIL & GAS SERVICES, LLC 053292

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Liberal KS

DATE <u>10-26-14</u>	SEC <u>35</u>	TWP. <u>30S</u>	RANGE <u>40 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>11:50</u>	JOB FINISH <u>12:30 P.M.</u>
HERBERT LEASE	WELL # <u>1-1</u>	LOCATION <u>Uluses ks, W 9 M. to Bigbee</u>			COUNTY <u>Stanton</u>	STATE <u>Ks.</u>	
OLD OR (NEW) (Circle one)				Rd, 11MS, W 1 M, S 1 M, W 4 M S into.			

CONTRACTOR Saxon # 142  
 TYPE OF JOB Surface  
 HOLE SIZE 12 1/4 T.D. 1520 +/- ft  
 CASING SIZE 8 5/8 2 1/2 # DEPTH 1518.55 +/- ft  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 1100 Pst MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 44.67 ft  
 CEMENT LEFT IN CSG. 2.84 Bbls  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 96.7 Bbls

OWNER Merit Energy  
 CEMENT  
 AMOUNT ORDERED 350 sk AMD'C" 3% CC,  
1/4 F.S., 29 SA-SI  
245 sk "C", 3% CC, 1/4 F.S.  
 COMMON "C" 245 sk @ 24.40 5,978.00  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL \_\_\_\_\_ @ \_\_\_\_\_  
 CHLORIDE 33.5 @ 64.00 2,144.00  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
 AMD'C" 350 sk @ 31.00 10,850.00  
 Floxide 150 lb @ 2.97 445.50  
 SA-SI 66 lb @ 17.55 1,158.30  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 HANDLING \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

**EQUIPMENT**

PUMP TRUCK CEMENTER Ruben Chavez  
 #868-541 HELPER Taime Torres  
 BULK TRUCK  
 #562-528 DRIVER Daniel Rosales  
 BULK TRUCK  
 #869-660 DRIVER Jose A. Garcia

**REMARKS:**

AFC# 34698

TOTAL 20,575.50

**SERVICE**

Mat Handling 665.57 cf. @ 2.40 - 1,651.36  
 PUMP TRUCK CHARGE 2,058.50  
 Drayage 1478.46 T.M @ 2.60 3,844.00  
 MILEAGE heavy 50 M. @ 7.70 385.00  
 MANIFOLD head 1 @ 275.00 275.00  
 Light Vehicle 50 M. @ 4.40 220.00  
 \_\_\_\_\_ @ \_\_\_\_\_

TOTAL 8,433.86

CHARGE TO: Merit Energy  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

Top play non rotating 1 @ 963.51 - 963.51  
 Float collar non rotating 1 @ 1440.00 1,440.00  
 Guide Shoe 1 @ 460.00 460.00  
 Centralizer 14 @ 75.00 1,050.00  
 stop/water clamp 1 @ 56.00 56.00  
 \_\_\_\_\_ @ \_\_\_\_\_

TOTAL 3,969.51

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 32,979.47  
 DISCOUNT \_\_\_\_\_ PAID IN 30 DAYS

PRINTED NAME EARLY LION

SIGNATURE [Signature]

NET = 22,096.24

# ALLIED OIL & GAS SERVICES, LLC 061682

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

*Liberal (21)*

DATE <u>10-30-14</u>	SEC. <u>35</u>	TWP. <u>30</u>	RANGE <u>R-40</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00am</u>	JOB FINISH <u>4:00am</u>
LEASE <u>Herbert</u>	WELL # <u>2-1</u>	LOCATION <u>Ulisses KS, 9 west, 11 south,</u>			COUNTY <u>Stanton</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>5 west, 1 south, 1/2 west, south into</u>			

CONTRACTOR Saxon 142

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D.

CASING SIZE 5 1/2 12" DEPTH 5643.47

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 47.14

CEMENT LEFT IN CSG. 1 BBL

PERFS.

DISPLACEMENT 129.8 BBL

EQUIPMENT

PUMP TRUCK CEMENTER Aldo Espinoza

# 903-501 HELPER Ricardo Estrada

BULK TRUCK

# 950-534 DRIVER Jose M. Garcia

BULK TRUCK

# DRIVER

OWNER

CEMENT

AMOUNT ORDERED 385 sk, gel, gyp seal,

CD-31, FL-160, Kalscal, Salt, flo seal

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC Super Flush 12-001 @ 58.70 704.40

50/50 Class # 385 sk @ 16.85 6,487.25

Gyp seal 33 sk @ 37.60 1,240.80

Salt 23 sk @ 26.35 606.05

Gilsonite 1985 # @ .98 1,886.50

Flo-seal 97 # @ 2.97 288.09

FL-160 162 # @ 18.90 3,061.80

CD-31 65 # @ 10.30 669.50

HANDLING @

MILEAGE @

REMARKS:

AFE# 34698

GL# 8300175

10/30/14

Liberal office

TOTAL 14,944.39

SERVICE

DEPTH OF JOB Circulating Drn 400.00

PUMP TRUCK CHARGE 3099.25

EXTRA FOOTAGE Lvl 50m @ 4.40 220.00

MILEAGE H Lvl 50mi @ 7.70 385.00

MANIFOLD 1 @ 275.00 275.00

handling 518.74 FT @ 2.148 1,1286.48

Drayage 977.81 T-m @ 2.60 2,542.31

TOTAL 8,208.04

PLUG & FLOAT EQUIPMENT

Guide Shoe 1 @ 280.80 280.80

SS float Collar 1 @ 725.40 725.40

Centralizers 20 @ 57.33 1,146.60

Stop Collar 1 @ 49.14 49.14

Top Rubber Plug 1 @ 258.26 258.26

TOTAL 2,460.20

SALES TAX (If Any)

TOTAL CHARGES 25,618.63

DISCOUNT - IF PAID IN 30 DAYS

NET: 17,160.46

CHARGE TO: Merit Energy

STREET

CITY STATE ZIP

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.

PRINTED NAME EARLY ZIDU

SIGNATURE [Signature]