

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	WIGGAINS 12-13
Doc ID	1257506

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 Inch
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG

Summary of Changes

Lease Name and Number: WIGGAINS 12-13

API/Permit #: 15-189-22837-00-00

Doc ID: 1257506

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	3021	3020
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1240780	../..//kcc/detail/operatorEditDetail.cfm?docID=1257506



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1240780
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)</i> <i>(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	WIGGAINS 12-13
Doc ID	1240780

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 Inch
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG

Form	ACO1 - Well Completion
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Well Name	WIGGAINS 12-13
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	6585-6590, 6544-6550, 6537-6542 CHESTER	FRAC-469 BBLs X-LINKED FLUID, 71 BBL LINEAR FLUID W/80,324LBS 20/40 SAND, 1,255,000 SCF	6585-6542

ALLIED OIL & GAS SERVICES, LLC 061662

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberal Ks #21

DATE <u>10-17-14</u>	SEC. <u>N4</u>	TWP. <u>12</u>	RANGE <u>R355, R36W</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00 PM</u>	JOB FINISH <u>10:00 AM</u>	
LEASE <u>Wiggins</u>		WELL # <u>12-13</u>	LOCATION <u>Liberal Ks on 2nd street</u>	COUNTY <u>Seward</u>	STATE <u>Ks</u>			
OLD OR NEW (Circle one)		<u>to ce 22, south 1 mile west into</u>						

CONTRACTOR <u>Saxon #142</u>	OWNER
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>1515</u>
CASING SIZE <u>8 5/8 24#</u>	DEPTH <u>1514</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>42.21</u>
CEMENT LEFT IN CSG. <u>2.69 BBL</u>	
PERFS.	
DISPLACEMENT <u>93.75 BBL</u>	
EQUIPMENT	

CEMENT		
AMOUNT ORDERED <u>250^{SK} Class C, 27^{SK} gypsum, 2^{SK} NAMS</u>		
<u>3^{SK} CC, 1/4^{SK} # Pioscal, 2^{SK} SPSI</u>		
<u>245^{SK} class C Neat, 3^{SK} CC, 1/4^{SK} # Pioscal</u>		
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE <u>18 1/5</u>	@	<u>64.06 1,152.00</u>
ASC	@	
<u>Pioscal 125 9/16</u>	@	<u>2.97 371.25</u>
<u>LC Spicer 15 9/16</u>	@	<u>250.00 3,750.00</u>
<u>AN-DC cement c 250^{SK}</u>	@	<u>31.00 7,150.00</u>
<u>SPSI 47 9/16</u>	@	<u>17.55 824.85</u>
<u>Class C PP 245^{SK}</u>	@	<u>24.46 5,978.00</u>
	@	
	@	
	@	
HANDLING	@	
MILEAGE	@	
		TOTAL <u>19,826.10</u>

PUMP TRUCK CEMENTER <u>Cesar D Pina / Aldo Espinoza</u>
<u>903-521</u> HELPER <u>Aldo Espinoza / Cesar D Pina</u>
BULK TRUCK
<u>955-692</u> DRIVER <u>Heriberto Valenzuela</u>
BULK TRUCK
DRIVER

REMARKS:
AFE# 34864

Thank you!

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 James Carter
SIGNATURE James Carter

SERVICE		
<u>Add Hours. 6 @ 440.00</u>		<u>2,640.00</u>
DEPTH OF JOB <u>Derrick ch 1 @</u>		<u>577.50</u>
PUMP TRUCK CHARGE <u>1 @</u>		<u>2213.75</u>
EXTRA FOOTAGE <u>Lvm 25 @ 4.40</u>		<u>110.00</u>
MILEAGE <u>Hvm 25 @ 7.70</u>		<u>192.50</u>
MANIFOLD <u>1 @ 275.00</u>		<u>275.00</u>
<u>Handling 550.70 @ 2.48</u>		<u>1,365.73</u>
<u>Drayage 612.96 @ 2.60</u>		<u>1,593.70</u>
<u>Circulating Iron 1 @ 400.00</u>		<u>400.00</u>
		TOTAL <u>9,368.18</u>

PLUG & FLOAT EQUIPMENT		
<u>Weatherford top rubber plug 625.00</u>		<u>625.00</u>
<u>AFU insert FV 1 @ 447.00</u>		<u>447.00</u>
<u>Stop Collar 1 @ 62.00</u>		<u>62.00</u>
<u>Guide shoe 1 @ 460.00</u>		<u>460.00</u>
<u>Centralizer 14 @ 75.00</u>		<u>1,050.00</u>
		TOTAL <u>2,651.00</u>

SALES TAX (If Any) _____
TOTAL CHARGES 31,845.28
DISCOUNT _____ IF PAID IN 30 DAYS
Net = 21,336.34

ALLIED OIL & GAS SERVICES, LLC 061665

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberal KS #21

DATE <u>10-23-14</u>	SEC. <u>N4</u>	TWP. <u>12</u>	RANGE <u>R355-R36W</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00PM</u>	JOB FINISH <u>3:00PM</u>
LEASE <u>Wiggins</u>	WELL # <u>12-13</u>	LOCATION <u>Liberal ks, weston and street rd to</u>		COUNTY <u>SEVEN</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)		CE22, 1 mile south, west into					

CONTRACTOR SAXON #42

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 6912

CASING SIZE 5 1/2 17# DEPTH 6918

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 45.17

CEMENT LEFT IN CSG. 1 BBL

PERFS.

DISPLACEMENT 159.4 BBL

EQUIPMENT

OWNER

CEMENT

AMOUNT ORDERED 455 SE Class H 50/50/2 1/2
5 Simpson, 1 K2/C, 5# Gilsonite, 1/4# Hosesal
0.57 Fl-60, 0.21 Dispersant

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

Super Flush 12" / hr	@ 58.70	704.40
Allied 50/50 class H 455 SK	@ 16.85	7668.75
Gyp Seal 39 #/s	@ 37.60	1466.40
Salt 27 #/s	@ 26.35	711.45
Gilsonite 22.5 #/p	@ 2.98	2229.80
Hosesal 114 #/p	@ 2.97	338.58
Fl-60 192 #/p	@ 18.90	3628.80
CD-31 77 #/p	@ 17.30	793.10

HANDLING @

MILEAGE

TOTAL 17,539.06

PUMP TRUCK CEMENTER Aldo Espinoza / Cesar Galia

903-501 HELPER Cesar Galia / Aldo Espinoza

BULK TRUCK

774-744 DRIVER Daniel Rosales

BULK TRUCK DRIVER

REMARKS:

AEE# 34864

Thank you

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 James Carter

SIGNATURE Jan [Signature]

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE	1 @	3,099.25
EXTRA FOOTAGE LVM	25 @ 4.40	110.00
MILEAGE HVM	25 @ 7.70	192.50
MANIFOLD	1 @ 275.00	275.00
Handling	613.06 @ 2.48	1520.39
Drayage	577.80 @ 2.60	1502.28
Circulating Iron	1 @ 400.00	400.00
TOTAL		<u>7099.41</u>

PLUG & FLOAT EQUIPMENT

Guide shoe	1 @ 280.00	280.00
Sure Seal Float Collar	1 @ 225.40	225.40
Centralizer	20 @ 57.33	1146.60
Stop Collar	1 @ 49.14	49.14
Weather Seal Plug	1 @ 368.94	368.94
TOTAL		<u>2,570.08</u>

SALES TAX (If Any)

TOTAL CHARGES 27,208.55

DISCOUNT IF PAID IN 30 DAYS

Net - 18,029.73