



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: <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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	AMU 504W
Doc ID	1257509

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
QUAD COMBO LOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	AMU 504W
Doc ID	1257509

Tops

Name	Top	Datum
HEEBNER	3995	
LANSING	4088	
MARMATON	4628	
CHEROKEE	4762	
ATOKA	4912	
MORROW	5021	
CHESTER	5159	
ST GENEVIEVE	5184	
ST LOUIS	5241	

Summary of Changes

Lease Name and Number: AMU 504W

API/Permit #: 15-081-22089-00-00

Doc ID: 1257509

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/27/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2962	2961
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1247721	../..//kcc/detail/operatorEditDetail.cfm?docID=1257509



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242613
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	AMU 504W
Doc ID	1242613

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
QUAD COMBO LOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	AMU 504W
Doc ID	1242613

Tops

Name	Top	Datum
HEEBNER	3995	
LANSING	4088	
MARMATON	4628	
CHEROKEE	4762	
ATOKA	4912	
MORROW	5021	
CHESTER	5159	
ST GENEVIEVE	5184	
ST LOUIS	5241	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	5126,5128- 5121- 5124, 5114-5118, 5096-5100, 5065- 5069, 5040-5044 MORROW	ACID-1500 GL 7.5% HCL 1500 GAL 6%HCL, FLUSH W/ 23 BBL	5040-5128

ALLIED OIL & GAS SERVICES, LLC 061718

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberals KS

DATE <u>11-15-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>5:30pm</u>	JOB START <u>7:30pm</u>	JOB FINISH <u>9:00pm</u>
LEASE <u>AMU</u>	WELL <u>504W</u>	LOCATION <u>Vec Sublette KS</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Saxson #146

TYPE OF JOB Surface

HOLE SIZE 12 1/2 T.D.

CASING SIZE 8 5/8 DEPTH 1679

TUBING SIZE DEPTH 7683

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 435

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 104.4661

EQUIPMENT

OWNER

CEMENT

AMOUNT ORDERED 350SK Class C 2066 yd seal 30cc

26 Sodium Metasilicate 1/4" flaseal 2% SA-SI

245SK Class C 30cc 1/4" flaseal

COMMON @

POZMIX @

GEL @

CHLORIDE 22SK @ 64.00 1408.00

ASC @

Allied Multi-Density C 350SK @ 31.00 10650.00

Flo Seal 150# @ 29.7 4455.00

Class C 245SK @ 24.40 5976.00

SA-SI 60# @ 17.55 1158.30

@

@

@

@

@

TOTAL 19,839.80

PUMP TRUCK CEMENTER Lenny Bueza

549-550 HELPER Alex Corona (Victor)

BULK TRUCK

993-467 DRIVER Gregory Randall

BULK TRUCK

562-528 DRIVER Jose Garcia

REMARKS:

AFF# 35203

ced 83001075

SERVICE

DEPTH OF JOB 1001-2000

PUMP TRUCK CHARGE 2213.75

Light Vehicle 50 @ 4.40 220.00

MILEAGE 50 @ 7.70 385.00

MANIFOLD 1 @

Handling 62587 @ 2.48 1551.36

Drayage 197846 @ 2.60 2844.00

TOTAL 8589.11

CHARGE TO: Merit Energy

STREET Box 250

CITY Holcomb STATE KS ZIP 67851

PLUG & FLOAT EQUIPMENT

Centralizer 14 @ 1050.00

Guide Shoe @ 460.00

Stop Clamp @ 69.00

Float Collar Non Rotate @ 1400.00

Plug Non Rotating @ 625.00

TOTAL 3644.00

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cement 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 \$ 32072.91

PRINTED NAME Gene Bilby

SIGNATURE Gene Bilby

DISCOUNT Net \$ 21408.05 PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 064553

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberal KS #21

DATE <u>11-20-14</u>	SEC. <u>9</u>	TWP. <u>27</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00pm</u>	JOB FINISH <u>3:00pm</u>
LEASE <u>AMU</u>	WELL # <u>504W</u>	LOCATION <u>Sublette KS - North to cr 10, 3 mi</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)		<u>West thru 1st and 2nd cattle guard follow lease RD</u>					

CONTRACTOR <u>Saxon # 140</u>	OWNER
TYPE OF JOB <u>production</u>	CEMENT
HOLE SIZE <u>7 7/8</u>	T.D. <u>5419</u>
CASING SIZE <u>5 1/2 17#</u>	DEPTH <u>5408</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>43</u>
CEMENT LEFT IN CSG. <u>1 BBL</u>	
PERFS.	
DISPLACEMENT <u>127 BBL</u>	
EQUIPMENT	

PUMP TRUCK CEMENTER <u>Cesar Pineda</u>	
# <u>530-484</u> HELPER <u>Heriberto Valenzuela</u>	
BULK TRUCK	
# <u>705-842</u> DRIVER <u>Andres Zubia</u>	
BULK TRUCK	
# DRIVER	

AMOUNT ORDERED <u>230 SF Class H 50/50 1/2 gal</u>	
<u>5" gyp seal, 10% sodium chloride, 5% Gilsonite, 1/4" Flo Seal</u>	
<u>0.5" FI-60, 0.2" Displacement</u>	
COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC	@
<u>Super Push 12 P/B</u>	@ <u>58.70</u> <u>704.40</u>
<u>Allied 50/50 class H 230</u>	@ <u>16.85</u> <u>3,815.50</u>
<u>Gyp Seal 20</u>	@ <u>37.60</u> <u>752.00</u>
<u>Silt 14</u>	@ <u>26.35</u> <u>368.90</u>
<u>Gilsonite 11.50</u>	@ <u>0.98</u> <u>1,127.00</u>
<u>Flo Seal 58</u>	@ <u>2.97</u> <u>172.26</u>
<u>FI-60 97</u>	@ <u>18.90</u> <u>1,833.30</u>
<u>CD-31 39</u>	@ <u>12.30</u> <u>401.70</u>
HANDLING	@
MILEAGE	
TOTAL <u>9,235.06</u>	

Well AMU REMARKS: 504W

AFE 35203

GL 8300 1075

Office Holcomb

Date 11/20/14 Gene Bilby

Thank you

CHARGE TO: Merit Energy

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>Circulating Iron 1 @</u>	<u>400.00</u>
PUMP TRUCK CHARGE <u>1 @</u>	<u>3,099.25</u>
EXTRA FOOTAGE <u>LVM 50 @</u>	<u>4.40</u> <u>220.00</u>
MILEAGE <u>HVM 59 @</u>	<u>7.70</u> <u>385.00</u>
MANIFOLD <u>1 @</u>	<u>275.00</u> <u>275.00</u>
<u>Handling 309.90 @</u>	<u>2.48</u> <u>768.55</u>
<u>Drayage 584.15 @</u>	<u>2.60</u> <u>1,518.78</u>
TOTAL <u>6,666.58</u>	

PLUG & FLOAT EQUIPMENT

<u>Guide shoe 1 @</u>	<u>280.80</u> <u>280.80</u>
<u>Super Seal Float 1 @</u>	<u>725.40</u> <u>725.40</u>
<u>Centralizer 20 @</u>	<u>57.33</u> <u>1,146.60</u>
<u>Stop Collar 1 @</u>	<u>49.14</u> <u>49.14</u>
<u>Top Rubber Plug 1 @</u>	<u>258.26</u> <u>258.26</u>
TOTAL <u>2,460.20</u>	

SALES TAX (If Any) _____

TOTAL CHARGES 18,136.84

DISCOUNT _____ IF PAID IN 30 DAYS

Net - 12,302.49

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 Gene Bilby

SIGNATURE Gene Bilby