



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	

<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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HALL 12
Doc ID	1257514

All Electric Logs Run

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



## Summary of Changes

Lease Name and Number: HALL 12

API/Permit #: 15-081-22090-00-00

Doc ID: 1257514

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/16/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2897	2896
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1245754">../..kcc/detail/operatorEditDetail.cfm?docID=1245754</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257514">../..kcc/detail/operatorEditDetail.cfm?docID=1257514</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1245754  
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	HALL 12
Doc ID	1245754

All Electric Logs Run

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	HALL 12
Doc ID	1245754

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	4696-4700 Kansas City		4696-4700



# ALLIED OIL & GAS SERVICES, LLC 064511

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Liberal KS

DATE <u>12-1-14</u>	SEC. <u>16</u>	TWP. <u>30S</u>	RANGE <u>32W</u>	CALLED OUT	ON LOCATION <u>11:30pm</u>	JOB START <u>6:32am</u>	JOB FINISH <u>8:10am</u>
LEASE <u>Hall</u>	WELL # <u>12</u>	LOCATION <u>Liberal ks North to CP-220.</u>			COUNTY <u>Haskell</u>	STATE <u>Ks</u>	
OLD OR <u>(NEW)</u> (Circle one)		2.5 miles east, north into					

CONTRACTOR Saxon 142 OWNER Ment Energy

TYPE OF JOB <u>Surface</u>	CEMENT	AMOUNT ORDERED <u>275 Skts AMDC Class C, 270 Skts 39% Calc, 30% Calc, 0.25 101st Roseal, 0.29% ASL, 730 Skts Class C Premium, 39% Calc, 0.25 101st Roseal.</u>
HOLE SIZE <u>12 1/4</u>	T.D. <u>1608</u>	COMMON _____ @ _____
CASING SIZE <u>8 5/8</u>	DEPTH <u>1612.41</u>	POZMIX _____ @ _____
TUBING SIZE _____	DEPTH _____	GEL _____ @ _____
DRILL PIPE _____	DEPTH _____	CHLORIDE _____ @ _____
TOOL _____	DEPTH _____	ASC _____ @ _____
PRES. MAX <u>1500 psi</u>	MINIMUM _____	AMDC-Class C <u>275 Skts</u> @ <u>31.00</u> <u>8525.00</u>
MEAS. LINE _____	SHOE JOINT <u>43.67</u>	Calcium Chloride <u>10 Skts</u> @ <u>64.00</u> <u>640.00</u>
CEMENT LEFT IN CSG. <u>43.67 ft</u>		Plas Seal <u>69 #</u> @ <u>2.97</u> <u>204.93</u>
PERFS. _____		SASI <u>52 #</u> @ <u>17.55</u> <u>912.60</u>
DISPLACEMENT <u>100 bbls</u>		Class C Premium <u>230 Skts</u> @ <u>24.40</u> <u>5612.00</u>
		Calcium chloride <u>9 Skts</u> @ <u>64.00</u> <u>576.00</u>
		Plas Seal <u>58 #</u> @ <u>2.97</u> <u>172.26</u>

EQUIPMENT

PUMP TRUCK # <u>549-550</u>	CEMENTER <u>Edgar Rodriguez</u>	HELPER <u>Alex Ayala</u>	DRIVER <u>Jose Calderon</u>	
BULK TRUCK # <u>705542</u>	DRIVER <u>Andres Zubia</u>			
BULK TRUCK # <u>868-467</u>	DRIVER <u>Ivan Carrillo</u>			

REMARKS:  
Well Hall #12  
AFE 35148  
GL 83001075  
Office LIBERAL  
Date 12/1/14

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

TOTAL 16042.79

SERVICE

DEPTH OF JOB		<u>1612.41</u>
PUMP TRUCK CHARGE	<u>1</u>	<u>2213.75</u>
EXTRA FOOTAGE	<u>Light 50mi</u>	<u>4.40</u>
MILEAGE	<u>Heavy 50mi</u>	<u>7.70</u>
MANIFOLD	<u>1</u>	<u>275.00</u>
Handling	<u>563.40 Pt3</u>	<u>2.48</u>
Drayage	<u>1252.65 Ton</u>	<u>2.60</u>
TOTAL		<u>7747.88</u>

PLUG & FLOAT EQUIPMENT

Top Plug Non Rotating	<u>1</u>	<u>963.81</u>	<u>963.81</u>
Float Collar Non Rotating	<u>1</u>	<u>1440.00</u>	<u>1440.00</u>
Grade Shoe	<u>1</u>	<u>460.00</u>	<u>460.00</u>
Centrifuges	<u>14</u>	<u>75.00</u>	<u>1050.00</u>
Clamp / Stop Collar	<u>1</u>	<u>56.00</u>	<u>56.00</u>
TOTAL			<u>3969.81</u>

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES 28360.49  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME EARLY ZION  
SIGNATURE [Signature]

Netz 19,001.53  
- 2989.00 (Rig time)  
= 16012.53

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.

# ALLIED OIL & GAS SERVICES, LLC 064602

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Liberia (2)

DATE <u>12-4-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>0030</u>	JOB FINISH <u>0130</u>
LEASE <u>Hall</u>	WELL# <u>12</u>	LOCATION <u>Sublette KS - 3 S - 2 1/2 E</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)			N into				

CONTRACTOR Saxon 142

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5223.91 Ft

CASING SIZE 5 1/2 17# DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 47.55

CEMENT LEFT IN CSG. 1 BBL

PERFS.

DISPLACEMENT 120 BBL

OWNER

CEMENT

AMOUNT ORDERED 210sk 40/50 H -  
10% Salt, 5% Gyp, 2% CD-31, 5% FL-100  
5# Gilsontite, 1/4# Flo-Seal

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
Superflush	12 BBL @	<u>58.70</u>	<u>704.40</u>
50/50-2-H	210 SK @	<u>16.93</u>	<u>3538.50</u>
FI-160	89 LB @	<u>18.90</u>	<u>1,682.10</u>
CD-31	36 LB @	<u>10.30</u>	<u>370.80</u>
Gypseal	18 SK @	<u>37.60</u>	<u>676.80</u>
Salt	13 SK @	<u>26.35</u>	<u>342.55</u>
Gilsontite	1050 LB @	<u>.93</u>	<u>1,029.00</u>
FloSeal	53 LB @	<u>2.97</u>	<u>157.41</u>
HANDLING	@		
MILEAGE			

TOTAL 8501.36

**EQUIPMENT**

PUMP TRUCK CEMENTER Kirby Harper

# 530-484 HELPER Honberto Valenzuela

BULK TRUCK JOSE

# 856-841 DRIVER Andres Zubia

BULK TRUCK

# DRIVER

**REMARKS:**

Well Hall #12

AFE 35148

GL 83001075

Office Liberia

Date 12/3/14

CHARGE TO: Merit Energy

STREET

CITY STATE ZIP

**SERVICE**

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>3099.25</u>
EXTRA FOOTAGE	@		
MILEAGE Heavy	50 MI @	<u>7.70</u>	<u>385.00</u>
MANIFOLD Hand	1 Day @	<u>275.00</u>	<u>275.00</u>
Light Mileage	50 MI @	<u>4.40</u>	<u>220.00</u>
Handling	284 Ft @	<u>2.45</u>	<u>704.32</u>
Damage	535 Tm @	<u>2.60</u>	<u>1,391.00</u>
TOTAL			<u>6,074.57</u>

**PLUG & FLOAT EQUIPMENT**

W-Pina	1 EA @		<u>258.26</u>
SS Float Collar	1 EA @		<u>725.00</u>
Centralizer	20 EA @	<u>57.00</u>	<u>1,140.00</u>
Con.ble Shoe	1 EA @		<u>281.00</u>
Stop Collar	1 EA @		<u>49.00</u>
TOTAL			<u>2,453.26</u>

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 17,029.39

DISCOUNT Net - 11,409.69 IF PAID IN 30 DAYS

PRINTED NAME

SIGNATURE [Signature]