

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD  
 Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs 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](mailto: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	Evelyn 1-10
Doc ID	1350116

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 INCH
5 INCH MAIN LOG
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	Evelyn 1-10
Doc ID	1350116

Tops

Name	Top	Datum
Heebner	4152	
Lansing	4215	
Swope	4710	
Hertha	4753	
Marmaton	4861	
Pawnee	4974	
Cherokee	5034	
Atoka	5230	
Morrow	5327	
Chester	5595	
St Genevieve	5616	
St Louis	5676	



## Summary of Changes

Lease Name and Number: Evelyn 1-10

API/Permit #: 15-175-22244-00-00

Doc ID: 1350116

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	04/26/2016	03/28/2017
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Fracturing Question 1	No	Yes
Fracturing Question 2		No
Perf_Material_1		Frac- 942 bbl total load, 475 bbl Total X-Link fluid, 438 bbls total
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=13 03821	../kcc/detail/operatorE ditDetail.cfm?docID=13 50116



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1303821  
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: \_\_\_\_\_

Field Ticket Number: **LIB1601281605** Field Ticket Date: **Thursday, January 28, 2016**

**Bill To:**  
MERIT ENERGY COMPANY  
Liberal, KS 67901  
P O Box 1293 / 1900 W 2nd St

**Job Name:** 01 Surface  
**Well Location:** Seward, KS  
**Well Name:** Evelyn  
**Well Number:** 1-10  
**Well Type:** New Well  
**Rig Number:** Duke #9  
**Shipping Point:** Liberal, KS  
**Sales Office:** Mid Con

*Handwritten:*  
TDR @ 1505'  
TRP @ 1500'  
SJ @ 42'  
Pipe = 8 5/8"  
Hole = 12 1/4"

PERSONEL		EQUIPMENT	
Edgar Rodriguez		1039	
Aldo Espinoza		903	501
Lenny Baeza		774	744
Ramon Escarcega		868	642

SERVICES - SERVICES - SERVICES							
Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
PUMP, CASING CEMENT 1001-2000 FT	1.00	min. 4 hr	2,213.75	2213.75	774.81	65.0%	774.81
CMLP	1.00	per day	275.00	275.00	96.25	65.0%	96.25
PHDL	673.00	per cu. Ft.	2.48	1669.04	0.87	65.0%	584.16
DRYG	1455.00	ton-mile	2.75	4001.25	0.96	65.0%	1,400.44
MILV	50.00	per mile	4.40	220.00	1.54	65.0%	77.00
MIHV	50.00	per mile	7.70	385.00	2.70	65.0%	134.75

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT							
GS-8.625	1.00	each	460.00	460.00	207.00	55.0%	207.00
SSFC-8.625	1.00	each	1,214.00	1,214.00	546.30	55.0%	546.30
CEN-8.625	15.00	each	75.00	1,125.00	33.75	55.0%	506.25
TRP - 8.625	1.00	each	131.00	131.00	58.95	55.0%	58.95

MATERIALS - MATERIALS - MATERIALS							
--	10.00	bbl	0.00	0.00	0.00	65.0%	0.00
CB-AMDAL	385.00	sack	26.57	10,229.45	9.30	65.0%	3,580.31
CA-100	1086.00	pound	1.10	1,194.60	0.39	65.0%	418.11
CLC-CPF	193.00	pound	2.97	573.21	1.04	65.0%	200.62
CCAC	175.00	sack	17.90	3,132.50	6.27	65.0%	1,096.38
CA-100	329.00	pound	1.10	361.90	0.39	65.0%	126.67
CLC-CPF	88.00	pound	2.97	261.36	1.04	65.0%	91.48

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS							
Additional hours, in excess of set hours		per hour	440.00	0.00	154.00	65.0%	0.00

	Gross	Discount	Final
Services Total	8,764.04	5,696.63	3,067.41
Equipment Total	2,930.00	1,611.50	1,318.50
Materials Total	15,753.02	10,239.46	5,513.56
Additional Items	0.00	0.00	0.00
<b>Final Total</b>	<b>27,447.06</b>	<b>17,547.59</b>	<b>9,899.47</b>

Allied Rep: Edgar Rodriguez  
Customer Agent:

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.  
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.  
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

*Handwritten Signature:* Kelly [Signature]

Field Ticket Total (USD):

**\$9,899.47**



Field Ticket Number: LIB1602020630

Field Ticket Date:

Tuesday, February 02, 2016

**Bill To:**  
MERIT ENERGY COMPANY  
Liberal, KS 67901  
P O Box 1293 / 1900 W 2nd St

**Job Name:** 02 Production/Long String  
**Well Location:** Seward . KS  
**Well Name:** Evelyn  
**Well Number:** 1-10  
**Well Type:** New Well  
**Rig Number:** DUKE # 9  
**Shipping Point:** Liberal, KS  
**Sales Office:** Mid Con

TP@5815'  
TP@5808'  
SJ@43.75'  
Pipe = 5 1/2"  
Hole = 7 7/8"

**PERSONEL**

LENNY BAEZA  
JOSE CALDERON

**EQUIPMENT**

903-501

Aldo Espinoza - 984

956-841

**SERVICES - SERVICES - SERVICES**

Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
PUMP, CASING CEMENT 5001-6000 FT	1.00	min. 4 hr	3,099.25	3099.25	1,022.75	67.0%	1,022.75
CMLP	1.00	per day	275.00	275.00	90.75	67.0%	90.75
PHDL	482.00	per cu. Ft.	2.48	1195.36	0.82	67.0%	394.47
DRYG	1009.00	ton-mile	2.75	2774.75	0.91	67.0%	915.67
MILV	50.00	per mile	4.40	220.00	1.45	67.0%	72.60
MIHV	50.00	per mile	7.70	385.00	2.54	67.0%	127.05

**FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT**

GS-5.5	1.00	each	281.00	281.00	126.45	55.0%	126.45
SSFC-5.5	1.00	each	725.00	725.00	326.25	55.0%	326.25
CEN-5.5	25.00	each	57.00	1,425.00	25.65	55.0%	641.25
TRP - 5.5	1.00	each	85.00	85.00	38.25	55.0%	38.25

**MATERIALS - MATERIALS - MATERIALS**

CW-HVS	12.00	bbl	58.70	704.40	19.37	67.0%	232.45
0	0.00	0.00	FALSE	0.00	0.00	67.0%	0.00
CB-ASA	350.00	sack	23.50	8,225.00	7.76	67.0%	2,714.25
CFL-210	165.00	pound	18.90	3,118.50	6.24	67.0%	1,029.11
CLC-KOL	1750.00	pound	0.98	1,715.00	0.32	67.0%	565.95
CLC-CPF	88.00	pound	2.97	261.36	0.98	67.0%	86.25

**ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS**

Additional hours, in excess of set hours	2.00	per hour	440.00	880.00	145.20	67.0%	290.40
Derrick Charge	1.00	per event	577.50	577.50	190.58	67.0%	190.58

	Gross	Discount	Final
Services Total	7,949.36	5,326.07	2,623.29
Equipment Total	2,516.00	1,383.80	1,132.20
Materials Total	14,024.26	9,396.25	4,628.01
Additional Items	1,457.50	976.53	480.98
<b>Final Total</b>	<b>25,947.12</b>	<b>17,082.65</b>	<b>8,864.47</b>

Allied Rep  
Customer Agent:

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.  
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.  
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X

Customer Signature

Field Ticket Total (USD):

**\$8,864.47**