



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:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	W.B. Scherling 29-3
Doc ID	1257527

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	W.B. Scherling 29-3
Doc ID	1257527

Tops

Name	Top	Datum
Heebner	3793	
Toronto	3811	
Lansing	3848	
Kansas City	4183	
Marmaton	4341	
Pawnee	4432	
Cherokee	4474	
Morrow	4667	
St Genevieve	4766	
St Louis	4788	



## Summary of Changes

Lease Name and Number: W.B. Scherling 29-3

API/Permit #: 15-067-21808-00-00

Doc ID: 1257527

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/13/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3155	3154
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1251283">../..//kcc/detail/operatorEditDetail.cfm?docID=1251283</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257527">../..//kcc/detail/operatorEditDetail.cfm?docID=1257527</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1251283  
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
-----------------------------------	-----------------	---

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](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
--	---

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

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	W.B. Scherling 29-3
Doc ID	1251283

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	W.B. Scherling 29-3
Doc ID	1251283

Tops

Name	Top	Datum
Heebner	3793	
Toronto	3811	
Lansing	3848	
Kansas City	4183	
Marmaton	4341	
Pawnee	4432	
Cherokee	4474	
Morrow	4667	
St Genevieve	4766	
St Louis	4788	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	W.B. Scherling 29-3
Doc ID	1251283

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	5674-5680 St. Louis		5674-5680



# ALLIED OIL & GAS SERVICES, LLC 064566

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Grand Island

DATE <u>1-4-15</u> <small>WB</small>	SEC. <u>29</u>	TWP. <u>29</u>	RANGE <u>38</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30pm</u>	JOB FINISH <u>10:30pm</u>
LEASE <u>Scharling</u>	WELL # <u>293</u>	LOCATION <u>ULYSSES, 7mi west on Hwy 160</u>			COUNTY <u>Avant</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		TO <u>CR 1, 5mi south of CR 17, 1 mi west south into</u>					

CONTRACTOR Saxon #142

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1522

CASING SIZE 8 5/8 24" DEPTH 1527

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT 4123

CEMENT LEFT IN CSG. 2.6 BBL

PERFS. \_\_\_\_\_

DISPLACEMENT 94.6 BBL

EQUIPMENT \_\_\_\_\_

OWNER \_\_\_\_\_

CEMENT AMOUNT ORDERED 275 Class C, 2% gypsum, 2% NAMS

37.00 1/4" # Flossal, 2% SA-51

230 SR

COMMON \_\_\_\_\_ @ \_\_\_\_\_

POZMIX \_\_\_\_\_ @ \_\_\_\_\_

GEL \_\_\_\_\_ @ \_\_\_\_\_

CHLORIDE 19 1/2 @ 64.00 1216.00

ASC \_\_\_\_\_ @ \_\_\_\_\_

AM-DC Class C 275 1/2 @ 36.00 8,568.00

Flossal 127 1/2 @ 2.97 377.19

SA-51 52 1/2 @ 17.55 912.00

Class C premium 230 1/2 @ 24.40 5612.00

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

HANDLING \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

TOTAL 16,162.79

PUMP TRUCK CEMENTER Jose Garcia

# 531-541 HELPER Herberto Valenzuela

BULK TRUCK \_\_\_\_\_

# 562-528 DRIVER Jose Andres Zubira

BULK TRUCK \_\_\_\_\_

# 956-841 DRIVER Jose M Garcia

REMARKS: thank you

Well WB Scharling 29-3

AFE 35276

GL 83001075

Office Ulysses KS

Date 1-4-15

CHARGE TO: Ment Energy

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB Condition 10 400.00

PUMP TRUCK CHARGE 1 @ 2213.75

EXTRA FOOTAGE LUM 50 @ 4.40 220.00

MILEAGE HUM 80 @ 7.70 616.00

MANIFOLD 1 @ 275.00 275.00

Handling 563.40 @ 2.48 1397.24

Drayage 1252.65 @ 2.60 3256.89

TOTAL 8147.88

PLUG & FLOAT EQUIPMENT

Top Plug 10in-10t 1 @ 963.81 963.81

Float collar 10in-10t 1 @ 1440.00 1440.00

Quick shoe 1 @ 460.00 460.00

Centralizer 14 @ 75.00 1050.00

Stop collar 1 @ 56.00 56.00

TOTAL 3969.81

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

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 28,760.48

DISCOUNT \_\_\_\_\_ PAID IN 30 DAYS

Net-19,269.52



# ALLIED OIL & GAS SERVICES, LLC 064567

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
*Liberal KS #21*

DATE <i>1-10-15</i>	SEC <i>29</i>	TWP <i>29</i>	RANGE <i>38</i>	CALLED OUT	ON LOCATION	JOB START <i>2:30 AM</i>	JOB FINISH <i>3:30 AM</i>
LEASE <i>WB Scherling</i>	WELL # <i>29-3</i>		LOCATION <i>Ulysses KS, 7 mi west on Hwy 160</i>		COUNTY	STATE <i>KS</i>	
OLD OR NEW (Circle one)			<i>to CE 1/2 mi south to CE 1/4, 1 mile west into</i>				

CONTRACTOR *Saxon #142*  
 TYPE OF JOB *Production*  
 HOLE SIZE *7 7/8* T.D. *5975*  
 CASING SIZE *5 1/2* DEPTH *8974*  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT *41.55*  
 CEMENT LEFT IN CSG. *0.96 BBL*  
 PERFS.  
 DISPLACEMENT *137.6*  
 EQUIPMENT

OWNER  
 CEMENT  
 AMOUNT ORDERED *355 SK Class H, 50/50/2.7 gel*  
*0.5" Fl-160, 0.2" displacement, 5" gypsum, 10" SC*  
*5# gilsonite, 1/4" Floeal*  
 COMMON @  
 POZMIX @  
 GEL @  
 CHLORIDE @  
 ASC @  
*Super flush 12 # @ 58.70 704.40*  
*A/50/50 class H 355 @ 16.85 5,981.75*  
*Fl-160 150 # @ 18.90 2,835.00*  
*CD-31 60 # @ 10.30 618.00*  
*Gypseal 30 # @ 37.60 1,128.00*  
*Salt 22 # @ 26.35 579.70*  
*Gilsonite 177 # @ 0.98 1,734.50*  
*Floeal 89 # @ 2.97 264.33*  
 HANDLING @  
 MILEAGE

PUMP TRUCK CEMENTER *Cesar Flores*  
 # *531-541* HELPER *Alexandro Ayuda*  
 BULK TRUCK  
 # *993-1066* DRIVER *Tevin Carrillo*  
 BULK TRUCK  
 # DRIVER

*Thank you!* REMARKS:

TOTAL *13850.68*

Well *W.B. Scherling 29-3*  
AFE *35276*  
GL *83001025*  
Office *Ulysses KS*  
Date *1-10-2015*

SERVICE

DEPTH OF JOB *Cravation Iron 1 @* *400.00*  
 PUMP TRUCK CHARGE *1 @* *3099.25*  
 EXTRA FOOTAGE *41M 50 @* *4.40 220.00*  
 MILEAGE *HUM 50 @* *7.70 385.00*  
 MANIFOLD *1 @* *275.00 275.00*  
*Handling 479.28 @ 2.48 1188.61*  
*Drayage 903.32 @ 2.60 2,348.63*

TOTAL *7916.49*

PLUG & FLOAT EQUIPMENT

*Weatherford Top Rubber Plug @ 258.26 258.26*  
*Syc Seal Float Collar 4 @ 725.00 2,900.00*  
*Centralizer 20 @ 57.00 1,140.00*  
*Twist shoe 1 @ 281.00 281.00*  
*Stop collar 1 @ 49.00 49.00*

TOTAL *2453.26*

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 *24220.43*  
 DISCOUNT  
 , JIF PAID IN 30 DAYS

PRINTED NAME *James Carter*  
 SIGNATURE *James Carter*

Net *16,227.69*