

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

 Yes No

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 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> <i>(Submit ACO-4)</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	OMU 705
Doc ID	1257531

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	OMU 705
Doc ID	1257531

Tops

Name	Top	Datum
HEEBNER	3979	
TORONTO	4001	
LANSING	4072	
MARMATON	4645	
PAWNEE	4767	
CHEROKEE	4814	
ATOKA	4997	
MORROW	5129	
CHESTER	5251	
ST GENEVIEVE	5307	
ST LOUIS	5361	

Summary of Changes

Lease Name and Number: OMU 705

API/Permit #: 15-081-22095-00-00

Doc ID: 1257531

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	06/26/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2994	2993
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1256101	../..//kcc/detail/operatorEditDetail.cfm?docID=1257531



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1256101
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) (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	OMU 705
Doc ID	1256101

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	OMU 705
Doc ID	1256101

Tops

Name	Top	Datum
HEEBNER	3979	
TORONTO	4001	
LANSING	4072	
MARMATON	4645	
PAWNEE	4767	
CHEROKEE	4814	
ATOKA	4997	
MORROW	5129	
CHESTER	5251	
ST GENEVIEVE	5307	
ST LOUIS	5361	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	OMU 705
Doc ID	1256101

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
	CIBP @ 5000		5000
4	4674-4692 MARMATON	ACID-3600 GALS 15%HCL ACID, 23 BBLs FLUSH 4%KCL	4674-4692
4	4589-4597 KANSAS CITY	ACID-1600 GALS 15%HCL ACID, 23 BBLs FLUSH 4%KCL	4589-4597
4	4496-4501 KANSAS CITY	ACID-1000 GALS 15%HCL ACID, 23 BBLs FLUSH 4%KCL	4496-4501

ALLIED OIL & GAS SERVICES, LLC 065431

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberal to Hall

DATE <i>02-27-15</i>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <i>6:50 AM</i>	JOB FINISH <i>7:00 AM</i>
LEASE <i>OMU</i>	WELL # <i>705</i>	LOCATION <i>Sublette KS North on Hwy 83</i>			COUNTY <i>Haskell</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)		<i>to Hwy 160, 8 miles East to CREE, Southwest into</i>					

CONTRACTOR *Saxon #142*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* I.D. *1550*

CASING SIZE *8 5/8* I.D. DEPTH *155445*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT *44.75*

CEMENT LEFT IN CSG. *2.8 BBL*

PERFS.

DISPLACEMENT *96 BBL*

EQUIPMENT

OWNER

CEMENT

AMOUNT ORDERED *275 SF Class C, 27-gypical*

27. Neums, 37-cc, 1/4" Flosceal, 0.37 SA51

240 SF Class C Neut, 37-cc, 1/4" Flosceal

COMMON @

POZMIX @

GEL @

CHLORIDE *1453* @ *1.10* *1598.30*

ASC @

(AMN) Class C *275* @ *31.00* *8525.00*

Flosceal *129* @ *2.97* *383.13*

SA51 *52* @ *17.55* *912.66*

Preplus Class C *240* @ *24.40* *5856.00*

HANDLING @

MILEAGE @

TOTAL *17,275.03*

PUMP TRUCK CEMENTER *Jose Calderon*

531-541 HELPER *Ivan Carrillo*

BULK TRUCK

868-467 DRIVER *Jose Calderon*

BULK TRUCK

DRIVER

REMARKS:
Thank you!

Well *DMU 705*

AFE *35453*

GL *83001075*

Office *Ulysses*

Date *2/27/15*

CHARGE TO: *Ment Energy*

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB *Circulation on 1 @ 1125.00*

PUMP TRUCK CHARGE *1 @ 2213.25*

EXTRA FOOTAGE *LUM 50 @ 4.40 220.00*

MILEAGE *HUM 50 @ 7.70 385.00*

MANIFOLD *1 @ 275.00 275.00*

Handling 575 @ 2.48 1426.00

Drayage 1277 @ 2.25 2873.25

TOTAL *9156.50*

PLUG & FLOAT EQUIPMENT

Top Plug Non-Rot 1 @ 963.81 963.81

Float collar Non-Rot 1 @ 1442.00 1442.00

Hydr shoe 1 @ 460.00 460.00

Centralizer 14 @ 75.00 1050.00

Stop collar 1 @ 56.00 56.00

TOTAL *3,969.81*

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 *EARLY Dawn*

SIGNATURE *[Signature]*

SALES TAX (If Any)

TOTAL CHARGES *39401.34*

DISCOUNT *Net-16720.74*

F PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 065486

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberal Ks #21

DATE <u>03-2-15</u>	SEC. <u>3</u>	TWP. <u>29</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00am</u>	JOB FINISH <u>5:00am</u>
LEASE <u>OMU</u>	WELL # <u>705</u>	LOCATION <u>Sibley Hks, North on Hwy 83</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		to Hunko, 8 miles west to CR EE 1/4 SW into					

CONTRACTOR SAXON #142
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 17# DEPTH 5606.29
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 44.64
 CEMENT LEFT IN CSG. 1 BBL
 PERFS.
 DISPLACEMENT 129 BBL

OWNER
 CEMENT
 AMOUNT ORDERED 300 SF Class H, 50/50/27 gel
5' gyp seal, 10' salt, 5' pot seal, 1/4" Flo seal,
0.5% FL Temp, 0.2% Disp.
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 Hivis sweep 12 BBL @ 25.00 300.00
 A 50/50 Class H 300 @ 21.79 6537.00
 Gyp seal 1260 @ 0.88 1108.80
 Sodium chloride 1762 @ 0.68 1198.16
 Pot seal 1500 @ 0.98 1470.00
 Flo seal 75 @ 2.97 222.75
 Fluid loss ADD 126 @ 18.25 2299.50
 Cement Disp. 51 @ 7.73 394.23
 HANDLING @
 MILPAGE @

EQUIPMENT
 PUMP TRUCK CEMENTER Aldo Espinoza
 # 903-501 HELPER Ricardo Estrada
 BULK TRUCK
 # 955-554 DRIVER Cesar Garcia
 BULK TRUCK
 # DRIVER

Thank you! REMARKS:

TOTAL 13,530.44

Well OMU 705
AFE 35453
GL 83001075
Office Ulysses
Date 3/3/15

SERVICE
 Additional hours 7 @ 440.00 3,080.00
 DEPTH OF JOB Circumfer @ 1125.00
 PUMP TRUCK CHARGE 1 @ 3099.25
 EXTRA FOOTAGE LVM 50 @ 4.40 220.00
 MILEAGE Hum 50 @ 7.70 385.00
 MANIFOLD 1 @ 275.00 275.00
 Handling 385 @ 2.48 954.80
 Drayage 761.93 @ 2.25 2095.31
 Defect charge 577.50
 TOTAL 11,811.86

CHARGE TO: Merit Energy
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Guide shoe 1 @ 281.00 281.00
SS Float collar 1 @ 725.00 725.00
Centralizer 20 @ 57.00 1140.00
Top Ribber plug 1 @ 85.00 85.00
stop collar 1 @ 49.00 49.00
 TOTAL 2280.00

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 27,682.30
 DISCOUNT
 Net - 15,192.26 IF PAID IN 30 DAYS

PRINTED NAME [Signature]
 SIGNATURE