



Confidentiality Requested:

Yes No

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 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	KRAFT D 1
Doc ID	1257455

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	KRAFT D 1
Doc ID	1257455

Tops

Name	Top	Datum
LANSING	3902	
KANSAS CITY	4187	
MARMATON	4345	
PAWNEE	4435	
CHEROKEE	4488	
ATOKA	4618	
MORROW	4713	
ST GENEVIEVE	4864	

Summary of Changes

Lease Name and Number: KRAFT D 1

API/Permit #: 15-093-21918-00-00

Doc ID: 1257455

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/05/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3010	3009
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1221701	../..//kcc/detail/operatorEditDetail.cfm?docID=1257455



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221701
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	KRAFT D 1
Doc ID	1221701

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	KRAFT D 1
Doc ID	1221701

Tops

Name	Top	Datum
LANSING	3902	
KANSAS CITY	4187	
MARMATON	4345	
PAWNEE	4435	
CHEROKEE	4488	
ATOKA	4618	
MORROW	4713	
ST GENEVIEVE	4864	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	KRAFT D 1
Doc ID	1221701

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4372-4376 MARMATON	ACID-12 BBLs 6% KCL 1,000 15% ACID 18 BBLs FLUSH 6%KCL	4372-4376
	CIBP@4325		

ALLIED OIL & GAS SERVICES, LLC 053159

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal ks

DATE <u>5-30-14</u>	SEC. <u>1</u>	TWP. <u>23 s</u>	RANGE <u>35 W</u>	CALLED OUT	ON LOCATION	JOB START <u>4:50 pm</u>	JOB FINISH <u>11:33 pm</u>
LEASE <u>Kraft</u>	WELL # <u>D-1</u>	LOCATION <u>Garden City, ks</u>			COUNTY <u>Keavny</u>	STATE <u>ks</u>	
OLD OR NEW (Circle one)							

CONTRACTOR <u>Saxon 146</u>	OWNER <u>Merit Energy</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>1798</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>1794</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1500 PSI</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>40.50</u>
CEMENT LEFT IN CSG. <u>40.50 ft</u>	
PERFS.	
DISPLACEMENT <u>112 bbls</u>	

EQUIPMENT	
PUMP TRUCK # <u>531-541</u>	CEMENTER <u>Edgar Rodriguez</u>
	HELPER <u>Heriberto V.</u>
BULK TRUCK # <u>562-842</u>	DRIVER <u>Ricardo E.</u>
BULK TRUCK # <u>955-528</u>	DRIVER <u>Daniel P.</u>

REMARKS:

AFE # 34284

CHARGE TO: _____
STREET _____
CITY _____ STATE _____ ZIP _____

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 Jan [Signature]

CEMENT		
AMOUNT ORDERED	<u>350 sks Class C, 2% gypsum, 2% NAMS, 3% Calcium, 0.25 lb/sk flo seal, 0.2% SASI.</u>	
	<u>245 sks Class C Premium, 2% Calcium, 0.25 lb/sk flo seal</u>	
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
Class C Premium	<u>245 sks @ 24.40</u>	<u>5978.00</u>
Calcium Chloride	<u>18 sks @ 64.00</u>	<u>1152.00</u>
Flo Seal	<u>149 # @ 2.97</u>	<u>442.53</u>
SASI	<u>66 # @ 17.55</u>	<u>1158.30</u>
AMDC-Class C	<u>350 sks @ 31.00</u>	<u>10850.00</u>
	@	
	@	
	@	
	@	

TOTAL 19,580.83

SERVICE

DEPTH OF JOB		<u>1794'</u>
PUMP TRUCK CHARGE	<u>1</u>	<u>2213.75</u>
	<u>Light 50 mi</u>	<u>@ 4.40</u>
		<u>220.00</u>
MILEAGE	<u>Heavy 50 mi</u>	<u>@ 7.70</u>
		<u>385.00</u>
MANIFOLD	<u>1</u>	<u>@ 275.00</u>
		<u>275.00</u>
Handling	<u>648.00 ft³</u>	<u>@ 2.48</u>
		<u>1607.04</u>
Drayage	<u>1472.70 Ton</u>	<u>@ 2.60</u>
		<u>3829.03</u>
Additional Hrs	<u>1</u>	<u>440.00</u>
		<u>440.00</u>
TOTAL		<u>8969.82</u>

PLUG & FLOAT EQUIPMENT

Top Rubber Plug	<u>1</u>	<u>@ 131.04</u>	<u>131.04</u>
Guide Shoe	<u>1</u>	<u>@ 460.98</u>	<u>460.98</u>
Flapper Float Valve	<u>1</u>	<u>@ 446.94</u>	<u>446.94</u>
Centralizer	<u>14</u>	<u>@ 74.88</u>	<u>1048.32</u>
Stop Collar	<u>1</u>	<u>@ 56.16</u>	<u>56.16</u>
TOTAL			<u>2143.44</u>

SALES TAX (If Any) _____
TOTAL CHARGES 30,694.09
DISCOUNT _____ IF PAID IN 30 DAYS

Net = 21,178.92

ALLIED OIL & GAS SERVICES, LLC 052562

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal (21)

DATE <u>6-3-14</u>	SEC. <u>1</u>	TWP. <u>23</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00pm</u>	JOB FINISH <u>12:00am</u>
LEASE <u>Kraft</u>		WELL# <u>D-1</u>	LOCATION <u>Garden City, west on Hwy 50, to</u>		COUNTY <u>Keamy</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		CR-294, north to CR-14, East 1/2 mi, north side					

CONTRACTOR Saxon # 146
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5.5 DEPTH 4940'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 38'58"
 CEMENT LEFT IN CSG. .91 BBL
 PERFS.
 DISPLACEMENT 116.6 BBL

OWNER
 CEMENT
 AMOUNT ORDERED 250sk Class H, 50/50
2 bagel, 5% gypsum, 10% salt, 5% Gilsonite,
1/4 Flacal, .5% FL-160, .2% CD-31
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @

EQUIPMENT

PUMP TRUCK CEMENTER Alda Espinoza
 # 956-550 HELPER Cesar Pavia
 BULK TRUCK
 # 562-872 DRIVER Alex Ayah
 BULK TRUCK
 # 916 DRIVER Justin Talley

APBH 50/50-H 250sk @ 16.85 4,212.50
NACL-salt 14.7 sk @ 26.35 387.35
G.P.S.L 21 sk @ 37.60 789.60
G.I.L.S 1250 lb. @ .98 1,225.00
FLSL Flacal 62.5 lb @ 2.97 185.63
FL-160 125 lb @ 18.90 1,987.50
CD-31 42 lb @ 12.30 432.60
SPFL 12 BBL @ 58.70 704.40
 HANDLING @
 MILEAGE

TOTAL 9,921.58

REMARKS:

AFE# 34284

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE 3,099.25
Heavy Vehicle 50 mi @ 7.70 385.00
MILEAGE Light 50 mi @ 7.40 370.00
MANIFOLD 1 @ 275.00 275.00
Handling 334.6 cu FT @ 2.48 829.81
Drayage 634.95 T-mik @ 2.60 1,650.87

TOTAL 6,459.93

CHARGE TO: Merit Energy
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Guide shoe 1 @ 280.80 280.80
AFV Float Valve 1 @ 334.62 334.62
Centralizer 20 @ 57.23 1,144.60
Stop Collar 1 @ 49.14 49.14
Top Rubber Plug 1 @ 85.41 85.41

TOTAL 1,896.57

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 18,278.08

PRINTED NAME James Lawton
 SIGNATURE James Lawton

DISCOUNT IF PAID IN 30 DAYS
 NET = 12,794.66