



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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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	STOFFEL A 1
Doc ID	1257457

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	STOFFEL A 1
Doc ID	1257457

Tops

Name	Top	Datum
HEEBNER	3778	
TORONTO	3801	
LANSING	3884	
KANSAS CITY	4180	
MARMATON	4338	
PAWNEE	4432	
CHEROKEE	4479	
ATOKA	4603	
MORORW	4689	
ST GENEVIEVE	4835	
ST LOUIS	4871	

Summary of Changes

Lease Name and Number: STOFFEL A 1

API/Permit #: 15-055-22303-00-00

Doc ID: 1257457

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/04/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2986	2985
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1221626	../..//kcc/detail/operatorEditDetail.cfm?docID=1257457



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221626
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	STOFFEL A 1
Doc ID	1221626

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	STOFFEL A 1
Doc ID	1221626

Tops

Name	Top	Datum
HEEBNER	3778	
TORONTO	3801	
LANSING	3884	
KANSAS CITY	4180	
MARMATON	4338	
PAWNEE	4432	
CHEROKEE	4479	
ATOKA	4603	
MORORW	4689	
ST GENEVIEVE	4835	
ST LOUIS	4871	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	STOFFEL A 1
Doc ID	1221626

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4762-4768 MORROW	ACID-500 GAL 15%HCL ACID W/ ADDITIVES.FLUSH 29 BBLS 6%KCL	4762-4768
		FRAC MORROW-357 BBL, X-LINK 313 BBLS, L-FRAC 44 BLS, 40,282 LBS 20/40 SAND	
4	4363-4369 MARMATON	ACID-500 GALS OF ACID	4363-4369

ALLIED OIL & GAS SERVICES, LLC 052855

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal 21

DATE <u>5-17-15</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>1630</u>	JOB FINISH <u>1730</u>
LEASE <u>Stoffe</u>	WELL # <u>A-1</u>	LOCATION <u>Garden City KS - W to Byrd Rd</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		N to 7MI Rd East into					

CONTRACTOR	OWNER
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u> T.D.	CEMENT
CASING SIZE <u>8 7/8 24</u> DEPTH <u>1803.25</u>	AMOUNT ORDERED <u>350sk Amp - 3%CC, 1/4" FLO Seal</u>
TUBING SIZE DEPTH	<u>245sk Prom Plus - 3%CC, 1/4" FLO Seal</u>
DRILL PIPE DEPTH	
TOOL DEPTH	
PRE. MAX MINIMUM	
MEAS. LINE SHOE JOINT <u>41.36</u>	
CEMENT LEFT IN CSG. <u>3 BBL</u>	
PERFS.	
DISPLACEMENT <u>112</u>	

EQUIPMENT	
PUMP TRUCK CEMENTER <u>Kitby H</u>	
# <u>903-501</u> HELPER <u>Cesar P</u>	
BULK TRUCK	
# <u>829-841</u> DRIVER <u>Wick A</u>	
BULK TRUCK	
# <u>456-251</u> DRIVER <u>Evcc A</u>	
	HANDLING @
	MILEAGE @

REMARKS: AFE 34203

	TOTAL <u>19,580.⁸³</u>
SERVICE	
DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>2215.⁷⁵</u>
EXTRA FOOTAGE @	
MILEAGE <u>Heavy</u> 50MI @ <u>7.10</u>	<u>355.⁰⁰</u>
MANIFOLD <u>Lead</u> 7 Day @ <u>275.⁰⁰</u>	<u>1925.⁰⁰</u>
<u>Light Mileage</u> 50MI @ <u>4.40</u>	<u>220.⁰⁰</u>
<u>Handling</u> 648 ft @ <u>2.49</u>	<u>1607.⁰¹</u>
<u>Mileage</u> 1472.77M @ <u>2.62</u>	<u>3874.⁰³</u>
	TOTAL <u>8,529.⁸³</u>

CHARGE TO: Merit Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT		
<u>Top Plug</u> 1EA @ <u>131.⁰⁴</u>		<u>131.⁰⁴</u>
<u>Guide Shoe</u> 1EA @ <u>460.⁹⁵</u>		<u>460.⁹⁵</u>
<u>NFU Insert</u> 1EA @ <u>446.⁰³</u>		<u>446.⁰³</u>
<u>Centralizers</u> 1EA @ <u>1078.³²</u>		<u>1078.³²</u>
<u>Stop Collar</u> 1EA @ <u>56.¹⁶</u>		<u>56.¹⁶</u>
		TOTAL <u>2,143.⁴⁴</u>

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 30,254.⁰⁹

PRINTED NAME Gene Bilby

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Gene Bilby

NET - 20,875.³³

ALLIED OIL & GAS SERVICES, LLC 052766

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Libegit KS

DATE <u>5-21-14</u>	SEC <u>8</u>	TWP <u>23S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION <u>William</u>	JOB START <u>10:00am</u>	JOB FINISH <u>11:00am</u>
LEASE <u>Stoppel</u>	WELL # <u>A-1</u>		LOCATION <u>Vpc Garden City KS</u>		COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR Saxon #146

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5100

CASING SIZE 5 1/2 DEPTH 5087.4

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 40.97

CEMENT LEFT IN CSG. .95 bbl

PERFS.

DISPLACEMENT 117 bbls

OWNER

CEMENT

AMOUNT ORDERED 2200# SOROS(H) 2200#

5% Gypseal 1020 salt 5% Gilsomite 1020#

5% FL-160, 2% CD-31

EQUIPMENT

PUMP TRUCK CEMENTER Lenny Baeza

950-550 HELPER Cesar P.

BULK TRUCK

705-642 DRIVER Alex A

BULK TRUCK

DRIVER

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
Allied SOROS(H)	@	<u>116.85</u>	<u>3707.60</u>
Gypseal	@	<u>37.00</u>	<u>714.40</u>
Salt	@	<u>26.35</u>	<u>342.55</u>
Gilsomite	@	<u>1.78</u>	<u>1078.00</u>
Floceal	@	<u>2.97</u>	<u>16.33</u>
FL-160	@	<u>18.90</u>	<u>1752.78</u>
CD-31	@	<u>10.30</u>	<u>381.10</u>
Super P/wsb	@	<u>58.70</u>	<u>704.40</u>
HANDLING	@		
MILEAGE	@		

REMARKS:

TOTAL 6846.58

SERVICE

DEPTH OF JOB	<u>5001-6000</u>		
PUMP TRUCK CHARGE	<u>3099.25</u>		
light vehicle	<u>50</u>	@	<u>4.90</u> <u>240.50</u>
MILEAGE	<u>50</u>	@	<u>7.70</u> <u>365.00</u>
MANIFOLD	<u>1</u>	@	<u>275.00</u>
Handling	<u>290.42</u>	@	<u>2.48</u> <u>735.13</u>
Drayage	<u>558.75</u>	@	<u>2.60</u> <u>1452.75</u>

TOTAL 10167.13

CHARGE TO: Merit Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Guide Shoe	<u>0</u>	@	<u>0</u>
AFU Float Valve	<u>1</u>	@	<u>339.62</u>
Centralizer	<u>0</u>	@	<u>57.33</u>
Strip Collar	<u>1</u>	@	<u>49.14</u>
Antifloat Plug	<u>1</u>	@	<u>65.41</u>

TOTAL 469.17

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 \$ 15404.00

PRINTED NAME Gene Bilby

DISCOUNT _____ IF PAID IN 30 DAYS

\$ Net 10,839.30

SIGNATURE Gene Bilby

