



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:
 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	HANDS B 2
Doc ID	1257451

All Electric Logs Run

DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
AHV/BHV HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HANDS B 2
Doc ID	1257451

Tops

Name	Top	Datum
HEEBNER	3919	
TORONTO	3937	
LANSING	4010	
KANSAS CITY	4384	
MARMATON	4529	
PAWNEE	4616	
CHEROKEE	4667	
ATOKA	4854	
MORROW	4910	
ST GENEVIEVE	5038	

Summary of Changes

Lease Name and Number: HANDS B 2

API/Permit #: 15-055-22287-00-00

Doc ID: 1257451

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/28/2014	07/10/2015
Contractor License Number	34660	99975
Contractor Name	Aztec Well Servicing Co.	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2910	2909
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1215861	../..kcc/detail/operatorEditDetail.cfm?docID=1257451



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215861
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	HANDS B 2
Doc ID	1215861

All Electric Logs Run

DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
AHV/BHV HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HANDS B 2
Doc ID	1215861

Tops

Name	Top	Datum
HEEBNER	3919	
TORONTO	3937	
LANSING	4010	
KANSAS CITY	4384	
MARMATON	4529	
PAWNEE	4616	
CHEROKEE	4667	
ATOKA	4854	
MORROW	4910	
ST GENEVIEVE	5038	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HANDS B 2
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5044-5049 ST GENEVIEVE (isolated)		5044-5049
	CIBP @ 5035		
4	5011-5014, 4993- 5004 MORROW	FRAC-333 BBLs 70% Q N2 FOAM 20/40 SAND 40,158 LBS	5011-5004

ALLIED OIL & GAS SERVICES, LLC 052548

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberals KS

DATE <u>4-18-14</u>	SEC <u>4</u>	TWP <u>26S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>12:30pm</u>	JOB START <u>2:00pm</u>	JOB FINISH <u>3:40pm</u>
LEASE <u>Hands</u>	WELL # <u>B-2</u>	LOCATION <u>Veg. Garden city</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Aztec #S07
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1654
 CASING SIZE 8 5/8 DEPTH 1659
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 40.55
 CEMENT LEFT IN CSG. 2.5661
 PERFS.
 DISPLACEMENT 103661
 EQUIPMENT

OWNER
 CEMENT
 AMOUNT ORDERED 350sk Class C 2% gipsal
2% sodium metasilicate 3% cc 1/4 # Flo Seal 2.25%
2.5% Class C 2% cc 1/4 # Flo Seal
 COMMON (C) 248sk @ 24.40 = 5978.00
 POZMIX @
 GEL @
 CHLORIDE 18sk @ 60.00 = 1080.00
 ASC @
Flo Seal 149# @ 2.97 = 442.53
SAS 16# @ 7.25 = 116.00
AMDC 350sk @ 31.00 = 10850.00
 Y Materials @
\$ 19580.83
 HANDLING 69# @ 2.98 = 206.22
 MILEAGE 1472.70 @ 2.60 = 3829.02
 TOTAL

PUMP TRUCK CEMENTER Cenny Boozg
 # S49-SS0 HELPER Jaime M.
 BULK TRUCK
 # 495-SS4 DRIVER Ricardo C.
 BULK TRUCK
 # B68-842 DRIVER Gregory K.

REMARKS:

AP LOCATION/DEPT. Liberals D02/NON-D02E
 LEASE/WELL/FAC Hands B-2
 MAXIMO / WSM #
 TASK 01-02 ELEMENT 3023
 PROJECT # 1179097 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME JARED LEWTON
 SIGNATURE Jared Lewton
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB 1001 - 2000
 PUMP TRUCK CHARGE 2213.25
 EXTRA FOOTAGE @
 MILEAGE 50 @ 7.70 = 385.00
 MANIFOLD @
light vehicle 50 @ 4.40 = 220.00

CHARGE TO: Oxy USA
 STREET
 CITY STATE ZIP

\$ 8529.82
 TOTAL

PLUG & FLOAT EQUIPMENT

Guido Shoe 1 @ 460.98
BFU Insert 1 @ 446.94
Centralizer 14 @ 74.68 = 1045.52
Stop collar 1 @ 56.16
Rubber plug @ 131.09
 TOTAL 2143.44

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 JARED LEWTON
 SIGNATURE Jared Lewton

DISCOUNT IF PAID IN 30 DAYS
Net \$ 20,875.32

ALLIED OIL & GAS SERVICES, LLC 052445

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Libcap, KS

DATE <u>4-23-14</u>	SEC. <u>4</u>	TWP. <u>26S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:20 PM</u>	JOB FINISH <u>8:40 PM</u>
LEASE <u>Hands</u>	WELL # <u>B-2</u>	LOCATION <u>Garden City, KS</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Aztec 507 OWNER Oxy Usa Inc

TYPE OF JOB <u>Production</u>	HOLE SIZE <u>7 7/8</u>	T.D. <u>5235</u>
CASING SIZE <u>5 1/2</u>	TUBING SIZE	DEPTH <u>5240</u>
DRILL PIPE	TOOL	DEPTH
PRES. MAX <u>3500 PSI</u>	MEAS. LINE	SHOE JOINT <u>41.50</u>
CEMENT LEFT IN CSG. <u>41.50 ft</u>	PERFS.	
DISPLACEMENT <u>120 bbls Fresh Water</u>	EQUIPMENT	

CEMENT
AMOUNT ORDERED 250 SKS 50/50 per Class H
2% gel, 5% 94P Seal, 10% Salt, 5% 16/sk gylkwhite,
1/4 16/sk Flo Seal, 0.5% 0.1-160, 0.2% 0.1-31

COMMON	@		
POZMIX	@		
GEL	@		
FLUORIDE Class H	250 SKS @	16.85	4212.50
ASG Salt	15.20 SKS @	26.35	400.52
Gyp Seal	21 SKS @	37.60	789.60
Gulsonite	12.50 # @	0.98	1225.00
Flo Seal	62.50 # @	2.97	185.63
FL-160	105 # @	18.90	1984.50
CD-31	42 # @	10.30	432.60
Super Flush	12 bbl @	58.70	704.40
	@		
HANDLING <u>335.60 4%</u>	@	2.48	832.29
MILEAGE <u>636.25 ton mile</u>		2.60	1654.25
		TOTAL	12,421.29

PUMP TRUCK # <u>530-484</u>	CEMENTER <u>Felipe Rodriguez</u>
BULK TRUCK # <u>869-841</u>	HELPER <u>Heriberto Valenzuela</u>
BULK TRUCK #	DRIVER <u>Alex Ayala</u>
BULK TRUCK #	DRIVER

REMARKS:

AP LOCATION/DEPT. Libcap DOZ/NON DOZ
 LEASEWELL/FAC Hands B-2
 MAXIMO / WSM # _____
 TASK 01-02 ELEMENT 3023
 PROJECT # 1179097 CAPEX/ OPEX - Circle one
 SPO / BPA _____ UNSUPPORTED
 PRINTED NAME JARED LEWTON
 SIGNATURE Jared Lewton
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB		5240'
PUMP TRUCK CHARGE	1	3096.25
EXTRA FOOTAGE	@	
MILEAGE <u>Light vehicle 50 mi</u>	@	4.40
MANIFOLD	1	275.00
<u>Heavy vehicle 50 mi</u>	@	7.70
		TOTAL

PLUG & FLOAT EQUIPMENT

Top Rubber Plug	1	85.41	85.41
Stop Colter	1	49.14	49.14
Grade Shoe	1	280.80	280.80
Afu Float Valve	1	334.62	334.62
Centralizer	20	57.33	1146.60
		TOTAL	1896.57

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.

SALES TAX (If Any) _____
 TOTAL CHARGES 18,297.11
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME JARED LEWTON
 SIGNATURE Jared Lewton

NET = 12,807.98