Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1257446

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:			
Address 2:	Feet from North / South Line of Section		
City: State: Zip:+	Feet from East / West Line of Section		
Contact Person:	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()			
CONTRACTOR: License #	GPS Location: Lat:, Long:		
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)		
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84		
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
New Well Re-Entry Workover	Field Name:		
	Producing Formation: Kelly Bushing: Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:		
Gas D&A ENHR SIGW			
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet		
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No		
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet		
Operator:	If Alternate II completion, cement circulated from:		
Well Name:	feet depth to:w/sx cmt.		
Original Comp. Date: Original Total Depth:			
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Monogoment Dien		
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
	Chloride content: ppm Fluid volume: bbls		
Commingled Permit #:	Dewatering method used:		
Dual Completion Permit #:			
SWD Permit #:	Location of fluid disposal if hauled offsite:		
ENHR Permit #:	Operator Name:		
GSW Permit #:	Lease Name: License #:		
	Quarter Sec TwpS. R East West		
Spud Date orDate Reached TDCompletion Date orRecompletion DateRecompletion Date	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:

CORRECTION #1

1257446

Operator Nar	ne:			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 (Attach Additional Sheets)		Yes No		Log Formation (Top), Depth and Datum			Sample	
Samples Sent to Geological Survey		Yes No	Nan	ne		Тор	Datum	
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
			RECORD N	ew Used termediate, product	ion, 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	
[1	ADDITIONA	L CEMENTING / SQ	UEEZE RECORD				
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives				
Protect Casing Plug Back TD Plug Off Zone								
Did you perform a hydraul	ic fracturing treatment	on this well?		Yes	No (If No, ski	ip questions 2 ar		
	-	draulic fracturing treatment e	exceed 350,000 gallons			ip question 3)		
Was the hydraulic fracturir	ng treatment informatic	on submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot	PERFORATI Specify	ON RECORD - Bridge Plue Footage of Each Interval Pe	gs Set/Type rforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:				
				[Yes No			
Date of First, Resumed F	Production, SWD or EN	IHR. Producing Met	thod:					

			Flowing	Pumpi	ing Gas Lift	Other (Explai	in)	
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
Vented Sold Used on Lease	Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)	
(If vented, Submit ACO-18.)	Other (Specify)	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	NOE A 2
Doc ID	1257446

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT

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	NOE A 2
Doc ID	1257446

Tops

Name	Тор	Datum
HEEBNER	3776	
LANSING	3889	
KANSAS CITY	4167	
MARMATON	4305	
АТОКА	4598	
MORROW	4703	
CHESTER	4778	
ST GENEVIEVE	4853	
ST LOUIS	4915	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	NOE A 2
Doc ID	1257446

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
SURFACE	12.25	8.625	24	1798	CLASS C	SEE ATTACH ED

Summary of Changes

Lease Name and Number: NOE A 2

API/Permit #: 15-093-21919-00-00

Doc ID: 1257446

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/04/2014	07/10/2015
Kelly Bushing Elevation	3302	3301
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 15886	//kcc/detail/operatorE ditDetail.cfm?docID=12 57446



Confidentiality Requested:

CONFIDENTIAL

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1215886

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.gxxx.xxxxx)
Name:	(e.g. xx xxxx) (e.g xxx xxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from:
Operator:	
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date Recompletion Date	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:

KOLAR Document ID: 1215886

Operator Nam	ne:			Lease Name:	_ Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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 (Attach Additional S	heets)		🗌 Ye	s 🗌 No		L	.og l	ormatio	n (Top), Depth a	ind Datum	Sample
Samples Sent to Geolo	,	N/	🗌 Ye	s 🗌 No		Nam	е			Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:	-	y	☐ Ye ☐ Ye ☐ Ye	s 🗌 No s 🗌 No							
			Repor	CASING		Ne ace. inte		lsed	on. etc.		
Purpose of String	Size I Drill		Size	e Casing (In O.D.)	Weigh Lbs. / F	t	Set	ting pth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTING	G / SQL	JEEZE R	ECORD			
Purpose: Perforate	Dep Top Bo		Type of Cement		# Sacks Used			Type and Percent Additives			
Protect Casing											
Plug Off Zone											
 Did you perform a hydr Does the volume of the Was the hydraulic fract 	e total base flu	uid of the hydr	aulic fra	cturing treatment		-] Yes] Yes] Yes	No (If No, s	kip questions 2 ar kip question 3) Il out Page Three	
Date of first Production/Ir Injection:	njection or Re	sumed Produc	ction/	Producing Meth	iod:		Gas Lift	0	ther <i>(Explain)</i>		
Estimated Production Oil Bbls. Ga Per 24 Hours		Gas	Mcf	Wat	er	Bb	ls.	Gas-Oil Ratio	Gravity		
DISPOSITIC	N OF GAS:			N	IETHOD OF C	OMPLE	TION:				ON INTERVAL:
Vented Sold	Used o	on Lease	Open Hole Perf.		Perf.	Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		Bottom			
(If vented, Sub	mit ACO-18.)					(Subinit	ACO-5)	(Subil	III ACO-4)		
Shots Per Pe Foot			Bridge Plug Set At			Acid,		ementing Squeeze ad of Material Used)			
TUBING RECORD: Size: Set At:			Packer At:								

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Operator	Merit Energy Company, LLC
Well Name	NOE A 2
Doc ID	1215886

All Electric Logs Run

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Well Name	NOE A 2
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CHESTER	4778	
ST GENEVIEVE	4853	
ST LOUIS	4915	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	NOE A 2
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Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
SURFACE	12.25	8.625	24	1798	CLASS C	SEE ATTACH ED

ALLIED OIL & GA	AS SERVICES, LLC 052565
REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665	SERVICE POINT:
DATE 6-10-14 9 23 RANGE 37 w	CALLED OUT ON LOCATION JOB START JOB FINISH Sicopm 9:00pm
LEASE Noe WELL # A-2 LOCATION Lak OLD OR NEW (Circle one)	in-15, 9 mile north, Keamey 55 6 west, 2. south, west into
To CR 250,	5 mest, 2. south, most into
CONTRACTOR Saxon # 146	OWNER AFE 34285
IYPE OF JOB P.T.A. HOLE SIZE T.D.	CEMENT
CASING SIZE 8 78 DEPTH	AMOUNT ORDERED 175 su chan a colum
TUBING SIZE DEPTH DRILL PIPE 4 1/4	blogel
DRILL PIPE <u>4</u> /2- DEPTH <u>1900</u> TOOL DEPTH	
PRES. MAX 1000 MINIMUM	COMMON_Class A 1253 A 17.90 1, 879.50
MEAS. LINE SHOE JOINT CEMENT LEFT IN CSG.	- 102MIA 12/3K @ 7.35 65450
PERFS.	GEL <u>6 5K</u> @ 23.40 140.40
DISPLACEMENT	CHLORIDE @
EQUIPMENT	@ @
	@
PUMPTRUCK CEMENTER Aldo Espinoza	@
# 531-541 HELPER Cosar Pavia BULK TRUCK	@
955-528 DRIVER Gregory Rondall	
BULK TRUCK	@
# DRIVER	@ HANDLING@
	MILEAGE
REMARKS:	TOTAL 2,674.40
	SERVICE
	DEPTH OF JOB
	PUMP TRUCK CHARGE 2 249 SH
	EXTRA FOOTAGE Light V. Down 4,40 220,00
	MANUEOLD
	MANIFOLD
	Handling 182 PT3 @ 2.48 451.36 Payage 391 T-ve @ 2.60 1,016.60
CHARGE TO: Marit Energy	
TREET	TOTAL <u>4,322.80</u>
CITYSTATEZIP	PLUG & FLOAT EQUIPMENT
	@
Γο: 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	·
lone to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL	TOTAL
"ERMS AND CONDITIONS" listed on the reverse side.	SALES TAX (If Any)
\bigcirc \bigcirc h	TOTAL CHARGES 6, 997. 20
RINTED NAME J; /by	DISCOUNT _ IF PAID IN 30 DAYS
IGNATURE Buy	NET: 4,898.05

ALLIED OIL & GA	SSERVICES, LLC 052774
Federal Tax I. REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665	D.# 20-5975804 SERVICE POINT:
DATE 0 - 1 - 9 - 255 - 3-46 - 1	ALLED OUT ON LOCATION JOB START JOB FINISH 7:20m, 10:50m, 11:30m, Kin MS COUNTY STATE
CONTRACTOR Saxon #146 TYPE OF JOB Surge C HOLE SIZE TAILY T.D. MAR	OWNER CEMENT
CASING SIZEContent of the second	AMOUNT ORDERED <u>3505801950 290940509/38</u> 200 adium Malasi da te 14#7/05001, 20050-51 24.24 Class C 39000, 1447 105001
PRES. MAX MINIMUM MEAS. LINE SHOE JOINT 40,5 (CEMENT LEFT IN CSG. 2.5 66/ PERFS.	COMMON <u>(C) 248K @ 2446 897800</u> POZMIX@ GEL@ CHLORIDE28K @ 64.60 1408.00
DISPLACEMENT ///.966/9 EQUIPMENT PUMPTRUCK CEMENTER LEANY BOSZO	ASC
#S49-SSO HELPER Jamo Maldurado BULK TRUCK #705-642 DRIVER JOSE Calderon BUCK TRUCK	
REMARKS:	HANDLING @ MILEAGE TOTAL 19839.80
	SERVICE
AFE 34285	DEPTH OF JOB $100/-2000$ PUMP TRUCK CHARGE $23/3, 5$ $1/gh + Veh/C) = 8^{m} 1@ 4, 40 220,00$ MILEAGE $50m/e @ 7.70 385.00$ MANIFOLD $1 @ 25.00$ MANIFOLD $1 @ 25.00$ Manifold $105, 87 @ 3, 98 1651.36$
CHARGE TO: MORIT Energy	Drayase 1478,96 @ 2.60 3849,00
CITY STATE ZIP	PLUG & FLOAT EQUIPMENT TOP Byther Plug C. 131,00 AFU TOSENT Flattlahe @ 447.00 Outde Show @ 400,00
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.	Outors Shoe @ 75.00 1050.00 Cen trailizer 19 @ 75.00 1050.00 Clamp / Stop (ollar @ 3 56.00 Total 21.94.00 Sales tax (If Any) Total Charges 305 72.91
PRINTED NAME JAMES CON EN	DISCOUNT, 9477.60/31% IF PAID IN 30 DAYS