



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
--	---

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	RUSSELL F 1
Doc ID	1257433

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	RUSSELL F 1
Doc ID	1257433

Tops

Name	Top	Datum
HEEBNER	4044	
TORONTO	4064	
LANSING	4131	
KANSAS CITY	4526	
MARMATON	4643	
PAWNEE	4731	
CHEROKEE	4778	
ATOKA	4864	
MORROW	5019	
ST GENEVIEVE	5090	
ST LOUIS	5163	



## Summary of Changes

Lease Name and Number: RUSSELL F 1

API/Permit #: 15-055-22308-00-00

Doc ID: 1257433

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/04/2014	07/10/2015
Kelly Bushing Elevation	2898	2897
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1215888">../..kcc/detail/operatorEditDetail.cfm?docID=1215888</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257433">../..kcc/detail/operatorEditDetail.cfm?docID=1257433</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1215888  
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: \_\_\_\_\_

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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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Operator	Merit Energy Company, LLC
Well Name	RUSSELL F 1
Doc ID	1215888

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	RUSSELL F 1
Doc ID	1215888

Tops

Name	Top	Datum
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TORONTO	4064	
LANSING	4131	
KANSAS CITY	4526	
MARMATON	4643	
PAWNEE	4731	
CHEROKEE	4778	
ATOKA	4864	
MORROW	5019	
ST GENEVIEVE	5090	
ST LOUIS	5163	





1700 S. Country Estates Rd.  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 05906 A

DATE 6/27 TICKET NO. \_\_\_\_\_

DATE OF JOB <u>6/27/14</u> DISTRICT	NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:					
CUSTOMER <u>Merit Energy</u>	LEASE <u>Russell "F"</u> WELL NO. <u>1</u>					
ADDRESS	COUNTY STATE					
CITY STATE	SERVICE CREW <u>Chad/Tommy/Daniel/T Smar</u>					
AUTHORIZED BY <u>Tyce Davis JRB</u>	JOB TYPE: <u>242 Surface</u>					
EQUIPMENT# HRS	EQUIPMENT# HRS	EQUIPMENT# HRS	TRUCK CALLED	DATE	AM PM	TIME
<u>70939</u> 10 1/2						7:00
<u>34723/34726</u> 10 1/2				ARRIVED AT JOB	AM PM	10:00
<u>30463/19566</u> 10 1/2				START OPERATION	AM PM	4:00
<u>14355/34725</u> 10 1/2				FINISH OPERATION	AM PM	7:30
				RELEASED	AM PM	8:30
				MILES FROM STATION TO WELL		50

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED X  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	Accon Blend	SK	375		6975 00
CL110	Premium Plus Cement	SK	245		3993 50
CC109	Calcium Chloride	lb	1521		1577 05
CC102	Cello-lako	lb	156		577 20
CC130	C-51	lb	71		1775 00
CF753	Outside Shoe Regular 8 3/8	ea	1		380 00
CF1453	Flapper type Insert Flat Valve 8" 8	ea	1		290 00
CF4405	Accon mixer Hinged welded standard controllers 8 3/8	ea	14		2030 00
CF4109	Stop collar 8 3/8	ea	1		100 00
CF105	Top Rubber Cement Plug 8 3/8	ea	1		225 00
E101	Heavy Equipment Mileage	mi	150		1050 00
CE240	Blending -> Mixing Service Charge	SK	620		868 00
E113	Proppant and Bulk Delivery Charges	tm	1460		3212 00
CE202	Depth Charge 1001-2000	4hrs	1		1500 00
CE504	Plug Container Utilization Charge	job	1		250 00
E100	Unit Mileage Charge "pickup"	mi	50		212 50
S003	Service Supervisor first 8 hrs on loc.	ea	1		175 00
T105	Cement Data Acq. mixer	ea	1		550 00
CF403	Cement Pumper Add. H/S.	ea	3		1500 00
SUB TOTAL					20667 69
					20462 69

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

AFE# 034491

SERVICE REPRESENTATIVE <u>Tommy Marcellis</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X [Signature]</u>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



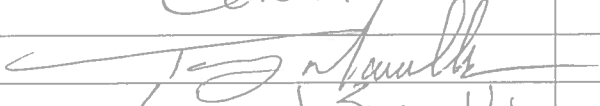
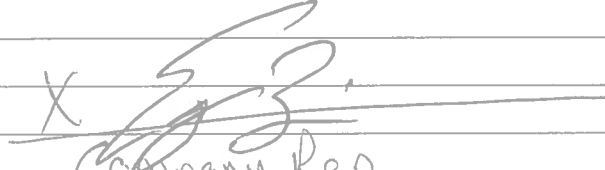
**BASIC**<sup>SM</sup>  
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET CONT.

TICKET NO. 171705906 A

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CE503	Derrick Charge	eq	1		350.00
<p>Cont. Ticket              Cement Supervisor            Tommy Mariello</p>					
<p>X             Company Rep            Early Lion</p>					



# Cement Report

Customer <b>Merit Energy</b>		Lease No.		Date <b>6/27/14</b>	
Lease <b>Russe "F"</b>		Well # <b>1</b>		Service Receipt <b>171705906A</b>	
Casing <b>8 5/8 24#</b>		Depth <b>1948.84</b>		County <b>Finney</b> State <b>KS</b>	
Job Type <b>Surface</b>		Formation		Legal Description <b>Sec/29 Twp/76 Range/37</b>	

Pipe Data		Perforating Data		Cement Data
Casing size <b>8 5/8 24#</b>	Tubing Size	Shots/Ft		Lead <b>375 SK Acow @ 12.1#</b>
Depth <b>1948.84 ft</b>	Depth	From	To	
Volume <b>121.43 BBL</b>	Volume	From	To	<b>2.40 A3/SK 1400 gal/SK</b>
Max Press <b>2400 psi</b>	Max Press	From	To	Tail in <b>245 SK / head / 05 @ 14.8#</b>
Well Connection <b>PC</b>	Annulus Vol.	From	To	
Plug Depth <b>1909.2 ft</b>	Packer Depth	From	To	<b>1.30 A3/SK 6.33 gal/SK</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:00					Callout
10:00					On location / Running casing
14:00					Running casing
16:00					Safety mtg w/ BBS emp + Spot in
16:10					Rig up
17:10					Pressure test 2400 psi
17:15	30 psi		136.2 BBL	5.3 BPM	Start cementing head @ 12.1#
17:53	90 psi		58.47 BBL	5.4 BPM	Start cementing Tail @ 14.8#
18:06					Shut Down / Drop Plug
18:10					Start Disp / Wash up on plug
	0 psi		10	5 BPM	
	10 psi		20	5 BPM	
	20 psi		30	5 BPM	
	50 psi		40	5.1 BPM	
	100 psi		50	5.1 BPM	
	170 psi		60	5 BPM	
	240 psi		70	4.9 BPM	
	320 psi		80	4.8 BPM	
	320 psi		90	4.8 BPM	
	320 psi		100	3.7 BPM	slow Rate
	390 psi		110	2.27 BPM	
	440 psi		120	1.52 BPM	
18:47	450		121	0 BPM	

Service Units	<b>78939</b>	<b>34223/34426</b>	<b>30463/19566</b>	<b>19355/34470</b>
Driver Names	<b>Chad Hinz</b>	<b>Tommy Marcellus</b>	<b>David Beck</b>	<b>Ismael De Avila</b>

**Early Zion**  
Customer Representative

**Jerry Bennett**  
Station Manager

**Tommy Marcellus**  
Cementer



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FIELD SERVICE TICKET  
1717 05906 A

DATE 6/27 TICKET NO. \_\_\_\_\_

DATE OF JOB <u>6/27/14</u> DISTRICT _____		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.: _____								
CUSTOMER <u>Merit Energy</u>		LEASE <u>Russell "F"</u> WELL NO. <u>1</u>								
ADDRESS _____		COUNTY _____ STATE _____								
CITY _____ STATE _____		SERVICE CREW <u>Chad/Tommy/Daniel/T Smar</u>								
AUTHORIZED BY <u>Tyce Davis IRB</u>		JOB TYPE: <u>242 Surface</u>								
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										<u>8:30</u>
										<u>50</u>

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(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

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SUB TOTAL					<u>20667 69</u>
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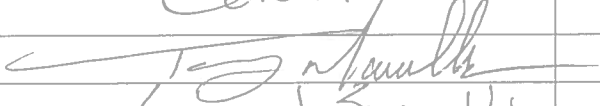
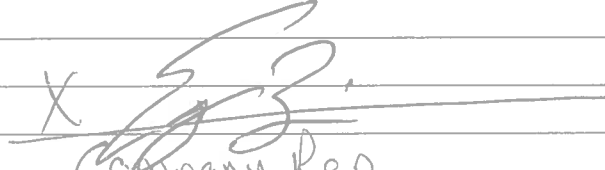
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Casing <b>8 5/8 24#</b>		Depth <b>1948.84</b>		County <b>Finney</b> State <b>KS</b>	
Job Type <b>Surface</b>		Formation		Legal Description <b>Sec/29 Twp/76 Range/37</b>	
<b>Pipe Data</b>			<b>Perforating Data</b>		
Casing size <b>8 5/8 24#</b>			Shots/Ft		
Tubing Size			Lead <b>375 SK Acow @ 12.1#</b>		
Depth <b>1948.84 ft</b>		Depth		From	
Volume <b>121.43 BBL</b>		Volume		To	
Max Press <b>2400 psi</b>		Max Press		From	
Well Connection <b>PC</b>		Annulus Vol.		To	
Plug Depth <b>1909.2 ft</b>		Packer Depth		From	
				To	
				Tail in <b>245 SK / head / 05 @ 14.8#</b>	
				1.30 A3/SK 6.33 gal/SK	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:00					Callout
10:00					On location / Running casing
14:00					Running casing
16:00					Safety mtg w/ BBS emp + Spot in
16:10					Rig up
17:10					Pressure test 2400 psi
17:15	30 psi		136.2 BBL	5.3 BPM	Start cementing head @ 12.1#
17:53	90 psi		58.47 BBL	5.4 BPM	Start cementing Tail @ 14.8#
18:06					Shut Down / Drop Plug
18:10					Start Disp / Wash up on plug
	0 psi		10	5 BPM	
	10 psi		20	5 BPM	
	20 psi		30	5 BPM	
	50 psi		40	5.1 BPM	
	100 psi		50	5.1 BPM	
	170 psi		60	5 BPM	
	240 psi		70	4.9 BPM	
	320 psi		80	4.8 BPM	
	320 psi		90	4.8 BPM	
	320 psi		100	3.7 BPM	slow Rate
	390 psi		110	2.27 BPM	
	440 psi		120	1.52 BPM	
18:47	450		121	0 BPM	
Service Units	<b>78939</b>	<b>34223/34426</b>	<b>30463/19566</b>	<b>19355/34470</b>	
Driver Names	<b>Chad Hinz</b>	<b>Tommy Marcellus</b>	<b>David Beck</b>	<b>Ismael De Avila</b>	

**Early Zion**  
Customer Representative

**Jerry Bennett**  
Station Manager

**Tommy Marcellus**  
Cementer