

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:
 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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER H 1
Doc ID	1257454

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER H 1
Doc ID	1257454

Tops

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

Summary of Changes

Lease Name and Number: ALEXANDER H 1

API/Permit #: 15-081-22064-00-00

Doc ID: 1257454

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/25/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3061	3060
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1220072	../..//kcc/detail/operatorEditDetail.cfm?docID=1257454



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220072
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
-----------------------------------	-----------------	---

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
--	---

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER H 1
Doc ID	1220072

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER H 1
Doc ID	1220072

Tops

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER H 1
Doc ID	1220072

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5339-5348, 5305-5311, 5293-5297 MORROW	ACID-1000 GALS 15% ACID, 13 BLS 6% KCL FLUSH	5339-5297
		FRAC-412 BBLs, 20/40 SAND 49,760 LBS, QN2 FOAM	



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05817 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-21-14 DISTRICT: 1717		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: Merit Energy		LEASE: Alexander H #1 WELL NO.:							
ADDRESS:		COUNTY: Haskell STATE: KS							
CITY: STATE:		SERVICE CREW: E Mendoza, D Beck, J DeAvila							
AUTHORIZED BY: J Bennett		JOB TYPE: 242 85/8" Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	8						5-21-14	AM	10:00
27462	8					ARRIVED AT JOB		AM	12:00
27808	8					START OPERATION		PM	11:30
37724	8					FINISH OPERATION		AM	1:00
19827	8					RELEASED		AM	2:00
19883	8					MILES FROM STATION TO WELL	85	mi	

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:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A Con	sk	340		6324 00
CL110	Premium Plus	sk	245		3993 50
CL109	Calcium Chloride	lb	1422		1493 10
CL102	Cellulose	lb	147		543 90
CL130	C-51	lb	64		1600 00
CF253	85/8" Regular Guide Shoe	ea	1		350 00
CF1453	Insert Float	l	1		250 00
CF4405	Centralizers	l	14		2030 00
CF4109	Stop Collar	l	1		100 00
CF105	Plug	l	1		225 00
E101	Heavy Equipment Mileage	mi	255		1785 00
CE240	Blending & Mixing Service	sk	585		819 00
E113	Proppant - Bulk Delivery	ton/mi	2342		5151 85
CE202	Pump Depth 1001-2000'	4hr	1		1500 00
CE503	High Head 8"	ea	1		300 00
CE504	Plug Container	ea	1		250 00
E100	Unit Mileage	mi	85		361 25
S003	Service Supervisor	ea	1		175 00
CE403	Additional hours on loc.	ea	4		2000 00
SUB TOTAL					21983.70

CHEMICAL / ACID DATA:			

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

AFE# 034244

SERVICE REPRESENTATIVE:	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

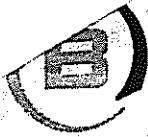
Customer	Merit Energy	Lease No.		Date	5-21-14
Lease	Alexander	Well #	1	Service Receipt	05817
Casing	8 5/8" 24#	Depth	1806'	County	Haskell
Job Type	242 8 5/8" Surface	Formation		State	KS
		Legal Description	33-27-34		

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24#	Tubing Size		Lead 340 sk
Depth	1806'	Depth	From To	A-Con
Volume	113 bbl	Volume	From To	Tail in 245 sk
Max Press	1500#	Max Press	From To	Class C
Well Connection	10-1798'	Annulus Vol.	From To	
Plug Depth	85-42'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00 AM					on loc-site assessment (wood fork)
10:00 AM					spot trucks-rig up
4:00					start csg + float equip
9:30					csg on btms break circ
11:00					safety meeting - JSA
11:30					pressure test 2000#
11:35	100		145.3	5	mix + pump 340 sk A-Con w/ 3% CC, 1/4# DF, 2% WMA-1 @ 12.1# - 2.40 #/sk
12:05	150		58.5	5	switch to tail 245 sk Premium Plus w/ 2% CC, 1/4# DF @ 14.8# - 1.34 #/sk
12:20	100		0	5	drop plug - disp csg
12:25	100		6	5	saw cut returns to surface
12:55	600		103	2	slow rate
1:00	1200		113	0	land plug, float held
					circ 106' hpl cut slurry to surface
					job complete

Service Units	34726	27462	27808-37724	19827-19873
Driver Names	A Rivera	E Mudeza	D Beck	I Delahite

E Zion J Bennett A Rivera
 Customer Representative Station Manager Cementer



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

1717 05668 A

DATE 5/25/14 TICKET NO. _____

DATE OF JOB <u>5/25/14</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>Alexander H</u>	WELL NO. <u>1</u>							
ADDRESS _____	COUNTY <u>Haskell</u>	STATE <u>KS</u>							
CITY _____	STATE _____	SERVICE CREW <u>Chad Tommy Israel</u>							
AUTHORIZED BY <u>Jerry Bennett</u>	JOB TYPE: <u>Z4Z Production</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	ARR	TIME
<u>48959</u>	<u>5</u>						<u>5/25/14</u>	<u>ARR</u>	<u>7:00</u>
<u>37225/5926</u>	<u>5</u>							<u>ARR</u>	<u>6:30</u>
<u>30465/19566</u>	<u>5</u>							<u>ARR</u>	<u>8:25</u>
								<u>ARR</u>	<u>9:53</u>
								<u>ARR</u>	<u>11:00</u>
									MILES FROM STATION TO WELL <u>65</u>

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 _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CC113	Gypsum	lb	1495		1121.25
CC111	SOIL	lb	2184		1092.00
CC103	C-15	lb	180		2250.00
11105	C-4IP	lb	75		300.00
CC201	Gilsonite	lb	1700		1191.11
CF251	Guide Shoe 5 1/2"	ea	1		250.00
CF1451	Flapper Type Insert Flap 5 1/2"	ea	1		215.00
CF4457	Feeder Mixer Hinged Milled Contactor	ea	25		1875.00
CF4105	Slap Collar 5 1/2"	ea	1		84.00
CF103	Top Rubber Cement Plug 5 1/2"	ea	1		105.00
CC155	Super Flush II	gal	500		265.00
E101	Heavy Equipment Mileage	mi	130		910.00
CE240	Blowdown & Mixing Service Charge	sk	355		497.00
E113	Proppant and Bulk Delivery Charge	fm	972		2137.85
CE206	Depth Charge 5001-6000'	4hrs	1		2880.00
CE504	Flg. Container Utilization Charge	hr	1		276.00
E100	Unit Mileage Pickup Charge	mi	65		276.00
SG03	Service Supervisor Charge	ea	1		558.00
T105	Cement Data Acquisition Monitor	ea	1		558.00
SUB TOTAL					15,173.21

CHEMICAL / ACID DATA:			

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

AFE# 035244

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



Cement Report

Customer: Merity Energy	Lease No.:	Date: 5/25/14
Lease: Alexander H 00	Well #:	Service Receipt: 171205668 H
Casing: 5 1/2 17#	Depth: 5714	County: Haskell
Job Type: Production	Formation:	State: KS
		Legal Description: 33 / 24 / 34

Pipe Data		Perforating Data		Cement Data
Casing size: 5 1/2 17#	Tubing Size:	Shots/Ft		Lead: 355 SK
Depth: 5714	Depth:	From:	To:	50/50 P&Z
Volume: 1325648	Volume:	From:	To:	1.5847 SK
Max Press: 1600 psi	Max Press:	From:	To:	7.36 gal SK
Well Connection: PL	Annulus Vol.:	From:	To:	Tail in
Plug Depth: 5672	Packer Depth:	From:	To:	

Time	Casing Pressure	Tubing Pressure	Ebbs. Pumped	Rate	Service Log
14:00					Call out
18:30					On location
20:25					Pressure test lines to 3000
20:30					Pressure test lines to 3000
20:31	80 psi		17 RBL	4.88 BPM	Pump Superflush II
20:50	200 psi		99.89 BBL	5.42 BPM	Start pumping Cement
21:05					Wash up to Pit
21:15					Start Disp.
	20		30	5.5	
	30		40	5.6	
	30		50	5.5	
	30		60	5.5	
	30		70	5.5	
21:33	30		80	5.5	
	150		84	5.5	
	150		90	5.5	
	330		100	5.3	
	550		110	5.7	
	810		120	5	
	900		130	2.9	
	960		131	0	
21:48	1600				Pressured up to 1600# Wait 5min.
21:53					Released back Plug held Job complete
Service Units	78939	37223/34976	50463/19566		
Driver Names					

Early Zion Customer Representative
 Jerry Bennett Station Manager
 Tommy Marcelus Cementer