



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	Shell B 5
Doc ID	1257453

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Shell B 5
Doc ID	1257453

Tops

Name	Top	Datum
HEEBNER	3747	
TORONTO	3779	
LANSING	3813	
KANSAS CITY	4121	
MARMATON	4268	
PAWNEE	4365	
CHEROKEE	4410	
ATOKA	4525	
MORROW	4597	
ST GENEVIEVE	4658	
ST LOUIS	4740	

Summary of Changes

Lease Name and Number: Shell B 5

API/Permit #: 15-055-22299-00-00

Doc ID: 1257453

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/22/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2991	2990
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1219976	../..//kcc/detail/operatorEditDetail.cfm?docID=1257453



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219976
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	Shell B 5
Doc ID	1219976

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Shell B 5
Doc ID	1219976

Tops

Name	Top	Datum
HEEBNER	3747	
TORONTO	3779	
LANSING	3813	
KANSAS CITY	4121	
MARMATON	4268	
PAWNEE	4365	
CHEROKEE	4410	
ATOKA	4525	
MORROW	4597	
ST GENEVIEVE	4658	
ST LOUIS	4740	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Shell B 5
Doc ID	1219976

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4268-4272, 4368-4372, 4392-4394, 4395-4397 MARMATON	ACIDIZE-1800 GAL. 15% HCL W/ ADDITIVES.	4268-4297
		FRAC-333 BBLs, X-LINC 293 BBLs, L-FRAC 40 BBLs, 20/40 SAND 45,000 LBS	

ALLIED OIL & GAS SERVICES, LLC 052449

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal ks

DATE <u>5-9-14</u>	SEC. <u>17</u>	TWP. <u>22s</u>	RANGE <u>34w</u>	CALLED OUT	ON LOCATION	JOB START <u>3:20 PM</u>	JOB FINISH <u>7:00 PM</u>
LEASE <u>Shell</u>	WELL # <u>B-05</u>	LOCATION <u>Garden City ks - west track - Byrd</u>			COUNTY <u>Finney</u>	STATE <u>ks</u>	
OLD OR <u>NEW</u> (Circle one)		10 miles north-east into					

CONTRACTOR Saxon #146 OWNER Merit Energy

TYPE OF JOB Surface

HOLE SIZE <u>12 1/4</u>	T.D. <u>1800</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>1800</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1500 PSI</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>40.41</u>
CEMENT LEFT IN CSG. <u>40.41 FT</u>	
PERFS.	
DISPLACEMENT <u>112 bbls Fresh water</u>	

CEMENT

AMOUNT ORDERED 350 SKS class C, 2% gypsum, 2% Kams, 3% Calcium chloride, 0.25 lb/sk Flo Seal, 0.2% SASI, 245 SKS class C neat, 3% Calcium, 0.25 lb/sk Flo Seal

AMDC - Class C	350 SKS @ 31.00	10,850.00
Calcium Chloride	13 SKS @ 64.00	832.00
Flo Seal	58 # @ 2.97	261.36
SASI	66 # @ 17.55	1158.30
Class C Premium Plus	245 SKS @ 24.40	5978.00
Calcium Chloride	9 SKS @ 64.00	576.00
Flo Seal	62 # @ 2.97	184.14
	@	
	@	
	@	
	@	
	@	
	@	

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Edgar K. Liguera</u>
# <u>530-484</u>	HELPER <u>Heriberto Valenzuela</u>
BULK TRUCK	<u>Victor</u>
# <u>705-8642</u>	DRIVER <u>Alex Corona</u>
BULK TRUCK	
# <u>868-842</u>	DRIVER <u>Ricardo Landa</u>

REMARKS:

\$ 6,150.34 / 31% TOTAL 19,839.80

SERVICE

DEPTH OF JOB		1800'
PUMP TRUCK CHARGE	1	2213.75
Manifold	1 @ 275.00	275.00
MILEAGE heavy	50 mile @ 7.70	385.00
Mileage Light	50 mile @ 4.40	220.00
Handling	665.87 # @ 2.48	1651.36
Drayage/mileage	1478.46 ton @ 2.40	3548.24
Additional hrs	4 @ 440.00	1760.00
Circulating Iron	1 @ 400.00	400.00
		TOTAL 10,749.11

\$ 3332.22 31% TOTAL 10,749.11

PLUG & FLOAT EQUIPMENT

Top Rubber Plug	1	131.00	131.00
AFU Insect Float Valve	1 @ 447.00	447.00	
Guide Shoe	1 @ 460.00	460.00	
Centralizer	14 @ 75.00	1050.00	
Clamp / Strip Collar	1 @ 56.00	56.00	
Weld A threadlock	12 @ 83.07	996.84	
		TOTAL 3140.84	

\$ 973.66 / 31% TOTAL 3140.84

SALES TAX (If Any) _____
TOTAL CHARGES 33,729.75
DISCOUNT 10 456.22 / 31% IF PAID IN 30 DAYS

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.

PRINTED NAME JAMES CARTER

SIGNATURE Jan Cart

Net = 23,273.53

ALLIED OIL & GAS SERVICES, LLC 053130

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal Ks

DATE <u>05-15-14</u>	SEC. <u>17</u>	TWP. <u>22S</u>	RANGE <u>34 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>3-00</u>	JOB FINISH <u>4-00 a.m</u>
LEASE <u>Shell</u>	WELL # <u>B-5</u>	LOCATION <u>Garden City, W to byrd Rd,</u>			COUNTY <u>Finney</u>	STATE <u>Ks.</u>	
OLD OR <u>(NEW)</u> (Circle one)		N 10 Mi; E into.					

CONTRACTOR Saxon Rig #146 OWNER Merit Energy Company

TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4980+1F
 CASING SIZE 5 1/2 17# DEPTH 4964+1F
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1300 PSI MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 42.00+1F
 CEMENT LEFT IN CSG. 1 BBIS
 PERFS. _____
 DISPLACEMENT 114.5 BBIS.

EQUIPMENT
 PUMP TRUCK CEMENTER Ruben Chavez
 # 531-541 HELPER Jaime Torres
 BULK TRUCK
 # 774-744 DRIVER Manuel Covarrubias
 BULK TRUCK
 # _____ DRIVER _____

CEMENT
 AMOUNT ORDERED 240 sk 50-50-H, Pz
2% bel, 5% Byp Seal, 10% Salt, 51b/sk
Gilsonite, 1/4 F.S., 5% FL-160, .24. Dis per
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GET Flasele 60 Lb @ 2.97 178.20
 CHLORIDE _____ @ _____
 use Gilsonite 1200lb @ .98 1,176.00
 Super Flush 12 BBL @ 58.70 704.40
 Allied 50-50 H-Pz 240sk @ 16.85 4,044.00
 Gyp Seal 21 sk @ 37.60 789.60
 Salt 15 sk @ 26.35 395.25
 FL-160 101 lb @ 18.90 1,908.90
 CD-31 41 lb @ 10.30 422.30
 _____ @ _____
 _____ @ _____
 HANDLING 3240 c.f. @ 2.48 803.71
 MILEAGE 610.74 T.M @ 2.60 1,588.06
 TOTAL 12,010.42

REMARKS:
Merit Energy
Box 250
Holcomb, Ks 67851

Garden City. Invoices@ Merit Energy. com

CHARGE TO: Merit Energy Company
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB 4964 ft
 PUMP TRUCK CHARGE 2,765.75
 EXTRA FOOTAGE @ _____
 MILEAGE heavy 50 Mi @ 7.70 385.00
 MANIFOLD + head 1 @ 275.00 275.00
 Light Vehicle 50 Mi @ 4.40 220.00
 _____ @ _____
 TOTAL 3,645.75

PLUG & FLOAT EQUIPMENT
 Guide Shoe 1 @ 280.50 280.50
 AFU Float Valve 1 @ 334.62 334.62
 Stop Collar 1 @ 49.14 49.14
 Centralizer 20 @ 57.33 1,146.60
 Top rubber plug 1 @ 85.41 85.41
 TOTAL 1,896.57

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 17,552.74
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Gene Bilby
 SIGNATURE Gene Bilby

NET = 12,286.92