



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	GARDEN CITY V 6
Doc ID	1257468

Tops

Name	Top	Datum
HEEBNER	3754	
TORONTO	3770	
LANSING	3803	
KANSAS CITY	4147	
PAWNEE	4368	
CHEROKEE	4414	
MORROW	4620	
ST GENEVIEVE	4714	
ST LOUIS	4789	

Summary of Changes

Lease Name and Number: GARDEN CITY V 6

API/Permit #: 15-055-22306-00-00

Doc ID: 1257468

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/08/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2975	2974
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1226775	../..//kcc/detail/operatorEditDetail.cfm?docID=1257468



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226775
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	GARDEN CITY V 6
Doc ID	1226775

Tops

Name	Top	Datum
HEEBNER	3754	
TORONTO	3770	
LANSING	3803	
KANSAS CITY	4147	
PAWNEE	4368	
CHEROKEE	4414	
MORROW	4620	
ST GENEVIEVE	4714	
ST LOUIS	4789	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	GARDEN CITY V 6
Doc ID	1226775

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4790-4805 ST LOUIS	ACID-250 GAL 15% ACID W/ ADDITIVES FLUSH10%BBLs 4%KCL	4790-4805
4	4696-4706, 4681- 4684, 4644, 4675 MORROW	FRAC-3195 BBLs 70%QN2 70,000 LBS 20/40 OTTAWA WHITE 7%KCL	4696-4675

ALLIED OIL & GAS SERVICES, LLC 052779

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberals KS

DATE <u>6-20-14</u>	SEC <u>28</u>	TWP. <u>23S</u>	RANGE <u>34W</u>	CALLED OUT <u>7:00 a.m.</u>	ON LOCATION <u>3:00 p.m.</u>	JOB START <u>6:00 p.m.</u>	JOB FINISH <u>9:30 p.m.</u>
LEASE <u>Garden City</u>	WELL# <u>V-6</u>	LOCATION <u>Vec Garden City KS</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		AFE <u>34240</u>					

CONTRACTOR Saxon Rig #146

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1811

CASING SIZE 6 5/8 DEPTH 1815

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 42

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 112.8661

OWNER _____

CEMENT

AMOUNT ORDERED 350 class C 2 3/4 6yr seal 30cc

2% Sodium Metasilicate 1/4 # 10 seal

245SK class C 30cc 1/4 # 10 seal

COMMON (C) <u>245SK</u>	@ <u>24.40</u>	<u>5978.00</u>
POZMIX _____	@ _____	_____
GEL _____	@ _____	_____
CHLORIDE <u>18SK</u>	@ <u>64.00</u>	<u>1152.00</u>
ASC _____	@ _____	_____
AMOR. (C) <u>350SK</u>	@ <u>31.00</u>	<u>10850.00</u>
<u>SF-SI 60#</u>	@ <u>17.55</u>	<u>1158.30</u>
<u>Flo seal 149#</u>	@ <u>2.97</u>	<u>442.53</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____

EQUIPMENT

PUMP TRUCK CEMENTER Lenny Baeza

549-050 HELPER Jaime Maldonado

BULK TRUCK

562-842 DRIVER Daniel Rosales

BULK TRUCK

956-841 DRIVER Rubon Perez

REMARKS:

TOTAL 19580.83

SERVICE

DEPTH OF JOB <u>1001-2000</u>		
PUMP TRUCK CHARGE <u>2213.75</u>		
light vehicle <u>50</u>	@ <u>4.40</u>	<u>220.00</u>
MILEAGE <u>50</u>	@ <u>7.70</u>	<u>385.00</u>
MANIFOLD <u>1</u>	@ _____	<u>275.00</u>
Handling <u>648</u>	@ <u>2.48</u>	<u>1607.04</u>
Dravage <u>1472.70</u>	@ <u>2.60</u>	<u>3829.03</u>
Additional hours <u>10</u>	@ <u>44.00</u>	<u>440.00</u>
TOTAL		<u>12929.82</u>

CHARGE TO: Merit Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Guideshoe <u>1</u>	@ <u>460.98</u>	<u>460.98</u>
Insert Float <u>2</u>	@ <u>446.94</u>	<u>893.88</u>
Centralizer <u>14</u>	@ <u>74.88</u>	<u>1048.32</u>
Stop Collar <u>1</u>	@ <u>56.16</u>	<u>56.16</u>
Rubber plug <u>1</u>	@ <u>131.04</u>	<u>131.04</u>
TOTAL		<u>2590.38</u>

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 \$ 35,101.03

PRINTED NAME Gene Bilby

SIGNATURE Gene Bilby

DISCOUNT 11 IF PAID IN 30 DAYS

Net \$ 24219.71

ALLIED OIL & GAS SERVICES, LLC 053169

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal ks

DATE <u>6-27-14</u>	SEC. <u>29</u>	TWP. <u>23S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>8:55 PM</u>	JOB FINISH <u>10:05 PM</u>
LEASE <u>Garden City</u>	WELL # <u>V-6</u>	LOCATION <u>Garden City ks</u>			COUNTY <u>Finnery</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR Saxon 146
 TYPE OF JOB Production
 HOLE SIZE 7 1/8 T.D. 4958
 CASING SIZE 5 1/2 DEPTH 4942
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 3500 psi MINIMUM
 MEAS. LINE SHOE JOINT 42.20
 CEMENT LEFT IN CSG. 42.20 ft
 PERFS.
 DISPLACEMENT 114 bbls
 EQUIPMENT

OWNER Merit Energy
 CEMENT
 AMOUNT ORDERED 250 sks 50/50 poz Class H, 2% gel, 5% gypsum, 10% salt, 5 lb/sk gilsonite, 1/4 lb/sk floeal, 0.5% FH60, 0.2% CD-31
 COMMON @ _____
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC @ _____
 50/50 poz Class H 250 sks @ 16.85 4212.50
 Salt 14.70 sks @ 26.35 387.35
 gypsum 21.00 sks @ 37.60 789.60
 Gylsonite 1250 # @ 0.98 1225.00
 Floeal 62.50 # @ 2.97 185.63
 FH60 105 # @ 18.90 1984.50
 CD-31 42 # @ 10.30 432.60
 Super flush 12 bbls @ 58.70 704.40
 @ _____
 @ _____
 TOTAL 9921.58

PUMP TRUCK CEMENTER Edgar Rodriguez
 # 531-541 HELPER Heriberto Valencuela
 BULK TRUCK
 # 1956-841 DRIVER Gregory Randall
 BULK TRUCK
 # DRIVER

REMARKS:
AFE # 34247

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

SERVICE

DEPTH OF JOB		<u>4942'</u>
PUMP TRUCK CHARGE	<u>1</u>	<u>3099.25</u> <u>3099.25</u>
EXTRA FOOTAGE	<u>Light 50 mi</u>	@ <u>4.40</u> <u>220.00</u>
MILEAGE	<u>Heavy 50 mi</u>	@ <u>7.70</u> <u>385.00</u>
MANIFOLD	<u>1</u>	@ <u>275.00</u> <u>275.00</u>
Handling	<u>334.60 ft³</u>	@ <u>2.49</u> <u>829.81</u>
Drainage	<u>634.95 ton</u>	@ <u>2.60</u> <u>1650.87</u>
TOTAL		<u>6459.93</u>

PLUG & FLOAT EQUIPMENT

Top Rubber Plug	<u>1</u>	@ <u>85.41</u>	<u>85.41</u>
Stop collar	<u>1</u>	@ <u>49.14</u>	<u>49.14</u>
Guide Shoe	<u>1</u>	@ <u>280.80</u>	<u>280.80</u>
AH float valve	<u>1</u>	@ <u>334.62</u>	<u>334.62</u>
Centralizers	<u>70</u>	@ <u>57.33</u>	<u>1146.60</u>
TOTAL			<u>1896.57</u>

To: Allied Oil & Gas Services, LLC.
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PRINTED NAME James Carter
 SIGNATURE James Carter

SALES TAX (If Any) _____
 TOTAL CHARGES 18278.08
 DISCOUNT _____ .F PAID IN 30 DAYS
Net = 12794.66