



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:
 Yes No

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: _____

1257470

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 U 3
Doc ID	1257470

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Garden City U 3
Doc ID	1257470

Tops

Name	Top	Datum
HEEBNER	3765	
TORONTO	3782	
LANSING	3816	
KANSAS CITY	4163	
PAWNEE	4388	
CHEROKEE	4432	
MORROW	4641	
ST GENEVIEVE	4732	
ST LOUIS	4859	

Summary of Changes

Lease Name and Number: Garden City U 3

API/Permit #: 15-055-22304-00-00

Doc ID: 1257470

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	2977	2976
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1226737	../..//kcc/detail/operatorEditDetail.cfm?docID=1257470



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226737
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 U 3
Doc ID	1226737

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Garden City U 3
Doc ID	1226737

Tops

Name	Top	Datum
HEEBNER	3765	
TORONTO	3782	
LANSING	3816	
KANSAS CITY	4163	
PAWNEE	4388	
CHEROKEE	4432	
MORROW	4641	
ST GENEVIEVE	4732	
ST LOUIS	4859	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Garden City U 3
Doc ID	1226737

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4702-4712 MORROW	FRAC-394 BBLs, 50,000 # 20/40 OTTAWA SAND 70% QN2 FOAM 6%KCL	4702-4712

ALLIED OIL & GAS SERVICES, LLC 053143

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal Ks

DATE <u>06-13-14</u>	SEC <u>28</u>	TWP <u>23S</u>	RANGE <u>34 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00</u>	JOB FINISH <u>12:00 a.m.</u>
LEASE <u>Garden City</u>	WELL# <u>U-3</u>	LOCATION <u>Garden City, W. to Patter-</u>		COUNTY <u>Finney</u>	STATE <u>Ks</u>		
OLD OR <u>(NEW)</u> (Circle one)				<u>son rd, N 1/4 M, E. Into</u>			

CONTRACTOR Saxon 146 OWNER Merit Energy

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1800 ft

CASING SIZE 8 5/8 24 # DEPTH 1795 ft

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 1100-1200 MINIMUM

MEAS. LINE SHOE JOINT 40 ft

CEMENT LEFT IN CSG. 2.54 BBIs

PERFS.

DISPLACEMENT 112 BBIs

CEMENT

AMOUNT ORDERED 350 sk AMDC "C" 2%
Gyp Seal, 2% NAMG, 3% CC, 1/4 FG, 2% SA
51 / 2.45 sk "C" 3% CC, 1/4 lb/k F-S.

COMMON "C" 2.45 sk @ 24.40 5,978.00

POZMIX @

GEL @

CHLORIDE 32 sk @ 64.00 2,048.00

ASC @

AMDC "C" 350 sk @ 31.00 10,850.00

Flosole 150 lb @ 2.97 445.50

SA-51 66 lb @ 17.55 1,158.30

HANDLING @

MILEAGE @

TOTAL 20,479.80

EQUIPMENT

PUMP TRUCK CEMENTER Roben Chavez

868-467 HELPER Taime Torres

BULK TRUCK

531-541 DRIVER Manuel Covarrubias

BULK TRUCK

562-842 DRIVER Alex Ayala

REMARKS:
AFE 34238

SERVICE

Handling

DEPTH OF JOB 665.57 C.F / 2.45 1,651.36

PUMP TRUCK CHARGE 2,058.50

EXTRA FOOTAGE @

MILEAGE heavy 50 Mi @ 7.70 385.00

MANIFOLD thead 1 @ 275.00 275.00

Light Vehicle 50 Mi @ 4.40 220.00

Dragege 1478.467 M @ 2.60 3,844.00

TOTAL 8,433.86

CHARGE TO: Merit Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Top rubber plug 1 @ 131.00 131.00

AFU Insert Float 1 @ 447.00 447.00

Guide Shoe 1 @ 460.00 460.00

Centralizer 14 @ 75.00 1,050.00

Stop Collar 1 @ 56.00 56.00

thead lock 12 85.00 1,020.00

TOTAL 3,164.00

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.

SALES TAX (If Any) _____

TOTAL CHARGES 32,077.66

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Gene Bilby

SIGNATURE Gene Bilby

NET = 22,133.59

ALLIED OIL & GAS SERVICES, LLC 053163

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>6-17-14</u>	SEC. <u>28</u>	TWP. <u>23S</u>	RANGE <u>34 W</u>	CALLED OUT	ON LOCATION	JOB START <u>1:57 pm</u>	JOB FINISH <u>2:48 pm</u>
LEASE <u>Garden City</u>	WELL # <u>U-3</u>	LOCATION <u>Garden City ks. west to</u>			COUNTY <u>Funney</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		Peterson Rd - 2 North - east into					

CONTRACTOR Saxon 146 OWNER Ment Energy

TYPE OF JOB Production
HOLE SIZE 7 7/8 T.D. 5075
CASING SIZE 5 1/2 DEPTH 5064
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX 3500 psi MINIMUM
MEAS. LINE SHOE JOINT 42-00
CEMENT LEFT IN CSG. 42-00 lb

CEMENT
AMOUNT ORDERED 245 Sks 50/50 #2 20 gal, 5%
94% seal, 10% Sodium chloride, 5 lb/sk gilsonite,
0.25 lb/sk Fib Seal, 0.5% ft-160, 0.2% CD-31

PERFS.
DISPLACEMENT 117 bbls

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
Super Flush	12 bbls @	58.70	704.40
50/50 #2 Class H	245 Sks @	16.85	4128.25
Gyp Seal	21 Sks @	37.60	789.60
Salt	15 Sks @	26.35	395.25
Gilsonite	1225 # @	0.98	1200.50
Fib Seal	62 # @	2.97	184.14
ft-160	103 # @	15.90	1636.70
CD-31	42 # @	10.30	432.60
	@		

EQUIPMENT
PUMP TRUCK CEMENTER Edgar T.
#530484 HELPER Jaime T.
BULK TRUCK
#774-744 DRIVER Jose C.
BULK TRUCK
#543 DRIVER Kenny B.

TOTAL 9781.44

REMARKS:

AFE 34238

SERVICE

DEPTH OF JOB			<u>5064</u>
PUMP TRUCK CHARGE	1	3099.75	3099.75
	Light 50mi @	4.40	220.00
MILEAGE Heavy	50 mi. @	7.70	385.00
MANIFOLD	1	@ 275.00	275.00
Handling	330.11 # @	2.48	818.67
Drayage	622.24 ton @	2.60	1617.83

TOTAL 6415.75

PLUG & FLOAT EQUIPMENT

Guide Shoe	1	280.80	280.80
Afu float Valve	1	@ 334.62	334.62
Centralizer	20	@ 57.33	1146.60
Clamp / Stop collar	1	@ 49.14	49.14
Tap Rubber Plug	1	@ 85.41	85.41
	@		

TOTAL 1896.57

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

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 Gene Bilby
SIGNATURE Gene Bilby

SALES TAX (If Any) _____
TOTAL CHARGES 18093.76
DISCOUNT _____ IF PAID IN 30 DAYS

Net = 12,665.63