

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HORTON D 1
Doc ID	1257472

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HORTON D 1
Doc ID	1257472

Tops

Name	Top	Datum
HEEBNER	4021	
TORONTO	4046	
LANSING	4075	
KANSAS CITY	4529	
MARMATON	4665	
PAWNEE	4771	
CHEROKEE	4836	
ATOKA	5089	
MORROW	5183	
CHESTER	5376	
ST GENEVIEVE	5479	

Summary of Changes

Lease Name and Number: HORTON D 1

API/Permit #: 15-093-21920-00-00

Doc ID: 1257472

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/05/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3084	3083
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1241451	../..kcc/detail/operatorEditDetail.cfm?docID=1257472



Confidentiality Requested:

Yes No

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: _____



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229673
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) (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	HORTON D 1
Doc ID	1229673

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HORTON D 1
Doc ID	1229673

Tops

Name	Top	Datum
HEEBNER	4021	
TORONTO	4046	
LANSING	4075	
KANSAS CITY	4529	
MARMATON	4665	
PAWNEE	4771	
CHEROKEE	4836	
ATOKA	5089	
MORROW	5183	
CHESTER	5376	
ST GENEVIEVE	5479	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HORTON D 1
Doc ID	1229673

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4565-4572, 4598-4601 PAWNEE		4565-4601
	CIBP @4545		4545
4	4492-4497 MARMATON		4492-4497

ALLIED OIL & GAS SERVICES, LLC 052575

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal (21)

DATE <u>7-2-14</u>	SEC. <u>35</u>	TWP. <u>21</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30 am</u>	JOB FINISH <u>8:30 am</u>
LEASE <u>Horton D</u>	WELL # <u>1</u>	LOCATION <u>Deerfield-KS, 14 North</u>			COUNTY <u>Kearny</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>1 west north into</u>					

CONTRACTOR Saxon 146
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D.
 CASING SIZE 8 5/8 DEPTH 1898'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 2000 MINIMUM
 MEAS. LINE SHOE JOINT 42.3
 CEMENT LEFT IN CSG. 2.7
 PERFS.
 DISPLACEMENT 118.2
 EQUIPMENT

OWNER
 CEMENT
 AMOUNT ORDERED 350SK MB class C, 3%CC, 2 3/8 gyp seal, 2 2 3/8 SI, 2 2 netto, 1/4 flo seal, 2 1/2 SK class C, 3%CC, 1/4 flo seal
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE 22 SK @ 64.00 1,408.00
 ASC @
Flo seal 150 lb @ 2.97 445.50
SA51 66 lb @ 17.55 1,158.30
AMDC class C 350SK @ 31.00 10,850.00
Class C Premium 245SK @ 24.40 5,978.00
 @
 @
 @
 @
 HANDLING @
 MILEAGE @

PUMP TRUCK CEMENTER Aldo Espinoza
 #549-550 HELPER Victor Corona
 BULK TRUCK
 #955-528 DRIVER Gregory Randall
 BULK TRUCK
 #956-841 DRIVER Jose Calderon

REMARKS:
AFE#34228

TOTAL 19,839.80

SERVICE

DEPTH OF JOB 1898'
 PUMP TRUCK CHARGE 2,213.75
Light Vehicle 50mi @ 4.40 220.00
Heavy Vehicle 50mi @ 7.70 385.00
 MANIFOLD 1 @ 275.00 275.00
Handling 665.87 FT³ @ 2.48 1,651.36
Drayage 1478.46 T-mi @ 2.60 3,844.00

TOTAL 8,589.11

CHARGE TO: Merit Energy
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Top Rubber Plug 1 @ 131.00 131.00
AFV Insert Float Valve 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

TOTAL 2,144.00

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 30,572.91
 DISCOUNT IF PAID IN 30 DAYS
 NET = 21,095.31

PRINTED NAME JAMES CARTER
 SIGNATURE James Carter

ALLIED OIL & GAS SERVICES, LLC 052577

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal (21)

DATE <u>7-6-14</u>	SEC. <u>35</u>	TWP. <u>21</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00am</u>	JOB FINISH <u>3:00am</u>
LEASE <u>Horton D</u>	WELL# <u>1</u>	LOCATION <u>Dearfield -155</u>			COUNTY <u>Kearny</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Saxon #146
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 DEPTH 5200'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 2000 MINIMUM
 MEAS. LINE SHOE JOINT 43'2"
 CEMENT LEFT IN CSG. 1 DBL
 PERFS.
 DISPLACEMENT 119.6 DBL

OWNER
 CEMENT
 AMOUNT ORDERED 230sk 50/150 class H,
2 ggal, 5% Gyp seal, 10% SC, 5% salt Gilsomite,
1/4 floscal, 5% FL160, 2% Dispersant.
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @

EQUIPMENT
 PUMP TRUCK CEMENTER Aldo Espinosa
#903-501 HELPER Jaima Torrez
 BULK TRUCK
#956-841 DRIVER Daniel Rosales
 BULK TRUCK
 # DRIVER

Super Flush 12 DBL @ 58.70 704.40
Allied Poz Blend, Class H 230sk @ 16.85 3,875.50
Gyp Seal 20 sk @ 37.60 752.00
Salt 14 sk @ 26.35 368.90
Gilsomite 1150 lb @ .98 1,127.00
Floscal 58 lb @ 2.97 172.26
FL-160 97 lb @ 18.90 1,833.30
Dispersant CD-31 39 lb @ 10.30 401.70
 HANDLING @
 MILEAGE

TOTAL 9,235.06

REMARKS:
AFE# 34258

SERVICE

DEPTH OF JOB 5200'
 PUMP TRUCK CHARGE 3,099.25
 EXTRA FOOTAGE Light V. 50m @ 4.40 220.00
 MILEAGE Heavy Vehicle 50m @ 7.70 385.00
 MANIFOLD 1 @ 275.00 275.00
Handling 309.90 FT3 @ 2.48 768.55
Drayage 584.15 T-m @ 2.60 1,518.78

TOTAL 6,266.58

CHARGE TO: Merit Energy
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Guide shoe 1 @ 280.80 280.80
API Float Valve 1 @ 334.62 334.62
Centralizers 20 @ 57.33 1,146.60
Stop Callers 1 @ 49.14 49.14
Top Rubber Plug 1 @ 85.41 85.41

TOTAL 4,896.57

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 17,398.21
 DISCOUNT SQ10 IF PAID IN 30 DAYS

PRINTED NAME James CARTER
 SIGNATURE James Carter

NET = 12,128.75