

1257473

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 | HYLBOM A 6 |
| Doc ID | 1257473 |

All Electric Logs Run

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

| | |
|-----------|---------------------------|
| Form | ACO1 - Well Completion |
| Operator | Merit Energy Company, LLC |
| Well Name | HYLBOM A 6 |
| Doc ID | 1257473 |

Tops

| Name | Top | Datum |
|--------------|------|-------|
| HEEBNER | 3771 | |
| TORONTO | 3781 | |
| LANSING | 3813 | |
| KANSAS CITY | 4197 | |
| PAWNEE | 4393 | |
| CHEROKEE | 4450 | |
| MORROW | 4669 | |
| ST GENEVIEVE | 4775 | |
| ST LOUIS | 4840 | |

Summary of Changes

Lease Name and Number: HYLBOM A 6

API/Permit #: 15-055-22314-00-00

Doc ID: 1257473

Correction Number: 1

Approved By: NAOMI JAMES

| Field Name | Previous Value | New Value |
|---------------------------|---|---|
| Approved Date | 10/31/2014 | 07/10/2015 |
| Contractor License Number | 35070 | 99975 |
| Contractor Name | Saxon Drilling, LP | COMPANY SERVICING TOOLS |
| Kelly Bushing Elevation | 2987 | 2986 |
| Save Link | ../..kcc/detail/operatorEditDetail.cfm?docID=1229835 | ../..kcc/detail/operatorEditDetail.cfm?docID=1257473 |



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229835
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)</i> <i>(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 | HYLBOM A 6 |
| Doc ID | 1229835 |

All Electric Logs Run

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

| | |
|-----------|---------------------------|
| Form | ACO1 - Well Completion |
| Operator | Merit Energy Company, LLC |
| Well Name | HYLBOM A 6 |
| Doc ID | 1229835 |

Tops

| Name | Top | Datum |
|--------------|------|-------|
| HEEBNER | 3771 | |
| TORONTO | 3781 | |
| LANSING | 3813 | |
| KANSAS CITY | 4197 | |
| PAWNEE | 4393 | |
| CHEROKEE | 4450 | |
| MORROW | 4669 | |
| ST GENEVIEVE | 4775 | |
| ST LOUIS | 4840 | |

| | |
|-----------|---------------------------|
| Form | ACO1 - Well Completion |
| Operator | Merit Energy Company, LLC |
| Well Name | HYLBOM A 6 |
| Doc ID | 1229835 |

Perforations

| Shots Per Foot | Perforation Record | Material Record | Depth |
|----------------|-----------------------------|---|-----------|
| 2 | 4720-4735, 4738-4744 MORROW | FRAC- 70%QN2 FOAM, 60,000 LBS OF 20/40 OTTAWA WHITE 7%KCL | 4720-4735 |

ALLIED OIL & GAS SERVICES, LLC 053173

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal, ks

| | | | | | | | |
|--------------------------------|------------------|---|------------------|------------|----------------------|---------------------------|---------------------------|
| DATE <u>7-9-14</u> | SEC. <u>30</u> | TWP. <u>23s</u> | RANGE <u>34w</u> | CALLED OUT | ON LOCATION | JOB START <u>11:14 am</u> | JOB FINISH <u>1:20 pm</u> |
| LEASE <u>Hylbom</u> | WELL# <u>A-6</u> | LOCATION <u>Garden City ks west of Hwy 50</u> | | | COUNTY <u>Finney</u> | STATE <u>KS</u> | |
| OLD OR <u>NEW</u> (Circle one) | | To Byrd Rd. North into location | | | | | |

CONTRACTOR Saxon 146 OWNER Ment Energy

TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1815
 CASING SIZE 8 5/8 DEPTH 1815
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1500 psi MINIMUM
 MEAS. LINE SHOE JOINT 43-20
 CEMENT LEFT IN CSG. 43.20 lb
 PERFS.
 DISPLACEMENT 113 blals

EQUIPMENT
 PUMP TRUCK CEMENTER Edgar Rodriguez
 # 549-550 HELPER Jaime Torrez
 BULK TRUCK
 # 562-842 DRIVER Ricardo Estrada
 BULK TRUCK
 # 993-467 DRIVER Daniel Rosales

REMARKS:
AFE 34365

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

CEMENT
 AMOUNT ORDERED 350 sks Class C, 20% gypsum, 2% Sodium
3% CC, 0.25 lb/sk Gloseal, 0.20% SASI, 245 sks Class
C, 20% CC, 0.25 lb/sk Gloseal

| | | | |
|-----------------------|-----------|-------|----------|
| COMMON | @ | | |
| POZMIX | @ | | |
| GEL | @ | | |
| CHLORIDE | @ | | |
| ASC | @ | | |
| AMDC-CLASS C | 350 SKS @ | 31.00 | 10850.00 |
| CCPP- Class C Premium | 245 SKS @ | 24.40 | 5978.00 |
| Calcium Chloride | 18 SKS @ | 64.00 | 1152.00 |
| Hoseal | 149# @ | 2.97 | 442.53 |
| SASI | 66# @ | 17.55 | 1158.30 |
| | @ | | |
| | @ | | |
| | @ | | |
| HANDLING | @ | | |
| MILEAGE | | | |
| TOTAL <u>19580.83</u> | | | |

SERVICE

| | | |
|----------------------|-------------------------------------|----------------|
| DEPTH OF JOB | | <u>1815'</u> |
| PUMP TRUCK CHARGE 1 | <u>2213.75</u> | <u>2213.75</u> |
| MILEAGE | <u>Light 50 mi @ 4.40</u> | <u>220.00</u> |
| | <u>Heavy 50 mi @ 7.70</u> | <u>385.00</u> |
| MANIFOLD | <u>1 @ 275.00</u> | <u>275.00</u> |
| Handling | <u>648.00 ft³ @ 2.48</u> | <u>1607.04</u> |
| Drayage | <u>1472.70 Ton @ 2.60</u> | <u>3829.03</u> |
| TOTAL <u>8529.82</u> | | |

PLUG & FLOAT EQUIPMENT

| | | | |
|----------------------|------|--------|---------|
| Guide Shoe | 1 @ | 460.98 | 460.98 |
| Insert Float Valve | 1 @ | 446.94 | 446.94 |
| Centralizer | 14 @ | 74.88 | 1048.32 |
| Stop Collar | 1 @ | 56.16 | 56.16 |
| Top Rubber Plug | 1 @ | 131.04 | 131.04 |
| Insert Float Valve | 1 @ | 446.94 | 446.94 |
| TOTAL <u>2590.38</u> | | | |

SALES TAX (If Any) _____
 TOTAL CHARGES 30701.03
 DISCOUNT _____ 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 Gene Bilby
 SIGNATURE Gene Bilby

Net = 21183.71

ALLIED OIL & GAS SERVICES, LLC 052583

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Liberal (21)

| | | | | | | | |
|-------------------------|-----------------|--------------------------------|-----------------|------------|----------------------|-------------------------|--------------------------|
| DATE <u>7-13-14</u> | SEC. <u>30</u> | TWP. <u>23</u> | RANGE <u>34</u> | CALLED OUT | ON LOCATION | JOB START <u>3:00am</u> | JOB FINISH <u>4:00am</u> |
| LEASE <u>H-160m-A</u> | WELL # <u>6</u> | LOCATION <u>Deerfield -153</u> | | | COUNTY <u>Finney</u> | STATE <u>KS</u> | |
| OLD OR NEW (Circle one) | | | | | | | |

CONTRACTOR _____ OWNER _____

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. _____

CASING SIZE 5 1/2 DEPTH 5030'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 2000 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 4.3'

CEMENT LEFT IN CSG. 1 BBL

PERFS. _____

DISPLACEMENT 118.7 BBL

CEMENT

AMOUNT ORDERED 240SK Class #1, 2%gel

2% gel, 5.2 FL 160, 5% gypsum, 10% salt

1/4 floscal, 23 Kolsca

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

~~APBH~~ APBH, Class #1 240 @ 16.85 4,044.00

Salt 14.7 SK @ 26.35 387.35

Gyp scal 21 SK @ 37.60 789.60

Gilsonite 1250 lb @ .98 1,225.00

Floscal 62.5 lb @ 2.97 1,851.63

FL-160 102.5 lb @ 18.90 1,939.50

CD 31 42 lb @ 10.30 432.60

Supr Flush 12 BBL @ 58.70 704.40

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Aldo Espinosa

331-541 HELPER Cesar Pavia

BULK TRUCK

705-642 DRIVER Victor A. Corona

BULK TRUCK

_____ DRIVER _____

REMARKS:

AFE 34365

TOTAL 9,753.08

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE 3,099.25

Light Vehicle 50mi @ 4.40 220.00

Heavy Vehicle 50mi @ 7.70 385.00

MANIFOLD 1 @ 275.00 275.00

Handling 334.60 FT @ 2.48 829.81

Drayage 634.95 Tm @ 2.60 1,650.87

TOTAL 6,459.93

CHARGE TO: Merit Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Tap Rubber Plug 1 @ 85.41 85.41

Stop Collar 1 @ 49.14 49.14

Guide Shoe 1 @ 280.80 280.80

AFU Float Valve 1 @ 334.62 334.62

Centralizers 20 @ 57.33 1,146.60

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 18,109.58

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Gene Bilby

SIGNATURE Gene Bilby

NET = 18,676.71