Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #			API No. 15				
Name:			Spot Description:				
Address 1:			SecTwpS. R 🗌 East 🗌 Wes				
Address 2:			Feet from North / South Line of Section				
City: Sta	ate: Zi	p:+	Feet from _ East / _ West Line of Section				
Contact Person:			Footages Calculated from Nearest Outside Section Corner:				
Phone: ()			□NE □NW □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:, Long:				
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84				
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
New Well Re-l	Entry	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:				
☐ Gas ☐ D&A	GSW	Temp. Abd.					
CM (Coal Bed Methane)	dow	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fe				
Cathodic Other (Core,	Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fe				
Operator:			If Alternate II completion, cement circulated from:				
Well Name:			feet depth to:w/sx cn				
Original Comp. Date:			, , , , , , , , , , , , , , , , , , ,				
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Comming to d	Da wasit #		Chloride content: ppm Fluid volume: bb				
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR			Location of haid disposal in hadred offsite.				
☐ GSW			Operator Name:				
_			Lease Name: License #:				
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R East We				
Recompletion Date		Recompletion Date	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 Approved by: Date:					



1257485 CORRECTION #1

Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	NSTRUCTIONS: 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.						
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	☐ Yes ☐ No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		0.0000					
		CASING Report all strings set-o	RECORD Ne onductor, surface, inte		ion, 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
Durmaga	Depth		CEMENTING / SQU	EEZE RECORD			
Purpose: Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Protect Casing Plug Back TD	Protect Casing						
Plug Off Zone							
Did you perform a hydrou	ulia fracturing tractment or	a this well?		Yes	No (If No, ski	n quantiana 2 an	(d 2)
	ulic fracturing treatment or otal base fluid of the hydra	aulic fracturing treatment ex	ceed 350,000 gallons?	= =	= ' '	p questions 2 an p question 3)	u 3)
Was the hydraulic fractur	ring treatment information	submitted to the chemical o	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		N RECORD - Bridge Plug			cture, Shot, Cement		
	Specify Fo	ootage of Each Interval Perf	orated	(Ai	mount and Kind of Ma	terial Used)	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		l
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil B		Mcf Wate			as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:		METHOD OF COMPLE	TION.		PRODUCTIO	DN INTERVAL:
Vented Sold		Open Hole	Perf. Dually	Comp. Cor	nmingled	1110000110	TO THE LEVILLE
	bmit ACO-18.)	Other (Specify)	(Submit A	ACO-5) (Sub	mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	BRINKMAN 2-15
Doc ID	1257485

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG	
BOREHOLE COMPENSATED SONIC ARRAY LOG	
MICROLOG	
QUAD COMBO LOG	
REPEAT PASS	
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	BRINKMAN 2-15
Doc ID	1257485

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
SURFACE	12.25	8.625	24	1679	CLASS C	SEE ATTACH ED
PRDOUC TION	7.875	5.5	17	5260	50-50 POZ	SEE ATTACH ED

Summary of Changes

Lease Name and Number: BRINKMAN 2-15

API/Permit #: 15-055-22337-00-00

Doc ID: 1257485

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/08/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2918	2917
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 34227	//kcc/detail/operatorE ditDetail.cfm?docID=12 57485



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1234227

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 #			API No. 15				
Name:			Spot Description:				
Address 1:			SecTwpS. R 🗌 East 🗌 Wes				
Address 2:			Feet from North / South Line of Section				
City: Sta	ate: Zi	p:+	Feet from _ East / _ West Line of Section				
Contact Person:			Footages Calculated from Nearest Outside Section Corner:				
Phone: ()			□NE □NW □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:, Long:				
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84				
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
New Well Re-l	Entry	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:				
☐ Gas ☐ D&A	GSW	Temp. Abd.					
CM (Coal Bed Methane)	dow	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fe				
Cathodic Other (Core,	Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fe				
Operator:			If Alternate II completion, cement circulated from:				
Well Name:			feet depth to:w/sx cn				
Original Comp. Date:			, , , , , , , , , , , , , , , , , , ,				
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Comming to d	Da wasit #		Chloride content: ppm Fluid volume: bb				
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR			Location of haid disposal in hadred offsite.				
☐ GSW			Operator Name:				
_			Lease Name: License #:				
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec. TwpS. R East _ We				
Recompletion Date		Recompletion Date	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 III Approved by: Date:				

KOLAR Document ID: 1234227

Page Two

Operator Name: _				Lease Name:			Well #:		
Sec Twp.	S. R.	E	ast West	County:					
	flowing and shu	ut-in pressures, v	vhether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,	
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample	
Samples Sent to 0	Geological Surv	/ey	Yes No	Na	me		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		B	CASING eport all strings set-c		New Used	ion, etc.			
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD				
Purpose:		epth T Bottom	ype of Cement	# Sacks Used		Type and F	Percent Additives		
Perforate Protect Casi Plug Back T									
Plug Off Zor									
Did you perform a Does the volume Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,	
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity	
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom	
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT	
,	,			B.11 B1					
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record	
TUBING RECORD:	: Size:	Set	Δ+-	Packer At:					
TODING RECORD:	. 3126.		n.	i donei Al.					

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	BRINKMAN 2-15
Doc ID	1234227

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG	
BOREHOLE COMPENSATED SONIC ARRAY LOG	
MICROLOG	
QUAD COMBO LOG	
REPEAT PASS	
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	BRINKMAN 2-15
Doc ID	1234227

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5030-5035 MORROW	ACIDIZE-1000 GAL 7.5% HCL	5030-5035
		FRAC-70%QN2 FOAM & 10,000 LBS 100 MESH&50,000 LBS OF 40/70 OTTAWA SHITE, 2%KCL	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	BRINKMAN 2-15
Doc ID	1234227

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
SURFACE	12.25	8.625	24	1679	CLASS C	SEE ATTACH ED
PRDOUC TION	7.875	5.5	17	5260	50-50 POZ	SEE ATTACH ED

ALLIED OIL & GAS SERVICES, LLC 061581

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999 SERVICE POINT: SOUTHLAKE, TEXAS 76092 Cubecal B ONLOCATION 5:30pm JOB START S:00pm CALLED OUT JOB FINISH 7:00pm. LEASE INRMAN COUNTY LOCATION VPC WELL# Emney OLD OF NEW Circle one) axon # 146 CONTRACTOR OWNER Surface TYPE OF JOB HOLE SIZE T.D. CEMENT AMOUNT ORDERED 35048 Class C 2864050122 NA 195 370 CC 144 Flosof 28650-SI **CASING SIZE** DEPTH TUBING SIZE **DEPTH** DRILL PIPE 390CL 44 # Floson DEPTH ausiclass c TOOL **DEPTH** 2488K PRES. MAX COMMON(() @ 24.40 S978.00 MINIMUM MEAS. LINE SHOE JOINT POZMIX @ CEMENT LEFT IN CSG. 661 GEL (a) PERFS. CHLORIDE @ 64.00 DISPLACEMENT 104,566 @ lied Multi Centsit @ EOUIPMENT @ SA-51 66 #@ 1 CEMENTER CENTY 6029 PUMP TRUCK @ #S49-SSO HELPER HIEY C @ BULK TRUCK #869-SSY @ DRIVER . @ **BULK TRUCK** (Yukon) @ DRIVER TOTAL 19839-BE REMARKS: AFE# 34683 SERVICE DEPTH OF JOB 1001-2000 PUMP TRUCK CHARGE light Vehicle: @ MILEAGE @ 7*8*S-00 MANIFOLD (a) @ Handla 460 CHARGE TO: TOTAL 8589.11 STREET CITY_ STATE_ ZIP_ PLUG & FLOAT EQUIPMENT er plus Inser 460 <u>Guide Shoe</u> **@** To: Allied Oil & Gas Services, LLC. entralizer @ 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 TOTAL 2144.00 done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL SALES TAX (If Any, TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES PRINTED NAME DISCOUNT IF PAID IN 30 DAYS 20,483.85 **SIGNATURE**

ALLIED OIL & GAS SERVICES, LLC 061614 Federal Tax I.D. # 20-8651475

SOUTHLAKE, TEXAS 76092	SERVICE POINT:			
DATE 9-6-14 SEC TWP. RANGE 33	CALLED OUT	ON LOCATION	JOB START JOB FINISH	
LEASE BYINKING WELL # 2-15 LOCATION SUBJE	He Ks Whoth	00 Hav 82	COUNTY STATE	
OLD OR (NEW) (Circle one) +0 Plymeil PD	13 West 1500	the Estate	7	
CONTRACTOR SAXON # 146	OWNER		And C	
TYPE OF JOB Production 5/2	OWINER	· · · · · · · · · · · · · · · · · · ·	197744111	
HOLE SIZE 7 1/8 T.D. 5260 CASING SIZE 5/2 DEPTH 52-55-85	CEMENT		Ka allay 1002	
TUBING SIZE DEPTH	AMOUNT OR	DEKED <u>750</u>	Cass H. 27 get 05 7/160	
DRILL PIPE DEPTH TOOL DEPTH	5#8:150	14 /14# Pac	256/	
PRES. MAX 2500 PO MINIMUM	COMMON			
MEAS. LINE SHOE JOINT 53.3	POZMIX			
CEMENT LEFT IN CSG. 1.2 BBL PERFS.	GEL			
DISPLACEMENT 120.7 BRL	CHLORIDE _ ASC		@ @	
EQUIPMENT	50/500	1055 H 258		
	Super	Aush 12	@ <u>58.70</u> 704.40	
PUMPTRUCK CEMENTER Adolespinoza			_@ 18-90 2041.30 @ 1030 492.90	
# 103,00 HELPER CESUREDING. BULKTRUCK	Gyps	ed da	@ 37.60 827.20	
# 994-ley-DRIVER Jaime Maldonado	- 15.1 Gils	+ 16	@ 2635 401-60	
BULK TRUCK # DRIVER	#10.St		@ <u>.98</u> [349.50 @ 2.97 [90:08	
" DRIVER	HANDLING_		_ @	
REMARKS:	MILEAGE		1017777	
AFE#34683			готац <u>10173-63</u>	
		SERVI	CE	
	***************************************	On the	1 -1 1100 - 1100 -	
	PUMP TRUCK	CHARGE	1000 4000 40000 30000	
	Light Ve	hide 50	@ 4.40 <u>230.00</u>	
	Heavy 14	picle 50		
	MANIFOLD _ Fland line	344.07	_@ <u>275.00 </u>	
May Fran	Drayage	648.86	@ 260 1687.04	
CHARGE TO: Merit Energy	Derrickch	tage 1	577.60 577.60	
STREET	_			
	ŧ.	_	TOTAL 7497.98	
CITYSTATEZIP			7(, , , ,	
CITYSTATEZIP		' PLUG & FLOAT	7(, , , ,	
CITYSTATEZIP			EQUIPMENT	
	Too Rb		© 85.00 85.00	
To: Allied Oil & Gas Services, LLC.	Too Rb	ber Plug 1 - Floorf Valve:	EQUIPMENT - @ 25.00 -25.00 - 235.00 -335.00 - 37.00 -1140.00	
To: Allied Oil & Gas Services, LLC. You are hereby requested to rent cementing equipment	Top Rib Affl insers Centraliz Guide	ber Plug 1 - Floorf Valve:	EQUIPMENT - @ 35.00 - 35.00 - @ 51.00 - 1,140.00 - & 21.00 - 24.00	
To: Allied Oil & Gas Services, LLC. You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or	Top Rib Affl insers Centraliz Guide	ber Plug 1 - Front lake: Shore 30	EQUIPMENT - @ 3 5.00 - 35.00 - @ 335.00 - 335.00 - @ 57.00 - 1,140.00 - & 281.00 - 281.00	
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	Top Rib Affl insers Centraliz Guide	ber Plug 1 - Front lake: Shore 30	EQUIPMENT - @ 35.00 - 35.00 - @ 51.00 - 1,140.00 - & 21.00 - 24.00	
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	Top Rib HTV insex Centraliz Guide Stop a	ber flug 1 Flood lake: ex 20 Shore 1 Ollin 1	EQUIPMENT - @ 35.00 - 35.00 1.00 - 335.00 00 - 1.140.00 281.00 - 281.00 281.00 - 49.00	
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	Top Rib HTV insers Centraliz Guide Stop Co SALES TAX (1)	ber flug 1 Floorf lake: Elmor 1 Olkir 1	EQUIPMENT - @ \$5.00 AS.00 (@ 335.00 335.00 - @ 57.00 1,140.00 - @ 287.00 287.00 - @ 49.00 49.00 TOTAL 1,890.00	
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.	Top R.b. AFT inser Controlliz Guide Stop Control SALES TAX (III	ber Plug 1 Floor Plake: Elnor 1 Ollher 1	EQUIPMENT - @ 35.00 - 35.00 (@ 335.00 - 335.00 - @ 57.00 - 1,140.00 - @ 281.00 - 281.00 - #300 - 49.00 TOTAL 1,890.00	
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