

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 |
|----------------|---|--|-------|
| | | | |
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| | | | |
| | | | |
| | | | |

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 | CUNDIFF A 3 |
| Doc ID | 1257488 |

All Electric Logs Run

| |
|--|
| |
| ARRAY COMPENSATED TRUE RESISTIVITY LOG |
| BOREHOLE COMPENSATED SONIC ARRAY LOG |
| MICROLOG |
| SPECTRAL DENSITY DUAL SPACED NEUTRON LOG |

| | |
|-----------|---------------------------|
| Form | ACO1 - Well Completion |
| Operator | Merit Energy Company, LLC |
| Well Name | CUNDIFF A 3 |
| Doc ID | 1257488 |

Tops

| Name | Top | Datum |
|--------------|------|-------|
| HEEBNER | 3747 | |
| TORONTO | 3768 | |
| LANSING | 3804 | |
| KANSAS CITY | 4116 | |
| MARMATON | 4270 | |
| PAWNEE | 4357 | |
| CHEROKEE | 4404 | |
| ATOKA | 4518 | |
| MORROW | 4600 | |
| ST GENEVIEVE | 4648 | |
| ST LOUIS | 4672 | |

Summary of Changes

Lease Name and Number: CUNDIFF A 3

API/Permit #: 15-055-22329-00-00

Doc ID: 1257488

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 | 2958 | 2957 |
| Save Link | ../..//kcc/detail/operatorEditDetail.cfm?docID=1234237 | ../..//kcc/detail/operatorEditDetail.cfm?docID=1257488 |



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234237
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 | | | | |
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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: | |
|----------------|-------|---------|------------|--|

| | |
|-----------|---------------------------|
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| Operator | Merit Energy Company, LLC |
| Well Name | CUNDIFF A 3 |
| Doc ID | 1234237 |

All Electric Logs Run

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| |
| ARRAY COMPENSATED TRUE RESISTIVITY LOG |
| BOREHOLE COMPENSATED SONIC ARRAY LOG |
| MICROLOG |
| SPECTRAL DENSITY DUAL SPACED NEUTRON LOG |

| | |
|-----------|---------------------------|
| Form | ACO1 - Well Completion |
| Operator | Merit Energy Company, LLC |
| Well Name | CUNDIFF A 3 |
| Doc ID | 1234237 |

Tops

| Name | Top | Datum |
|--------------|------|-------|
| HEEBNER | 3747 | |
| TORONTO | 3768 | |
| LANSING | 3804 | |
| KANSAS CITY | 4116 | |
| MARMATON | 4270 | |
| PAWNEE | 4357 | |
| CHEROKEE | 4404 | |
| ATOKA | 4518 | |
| MORROW | 4600 | |
| ST GENEVIEVE | 4648 | |
| ST LOUIS | 4672 | |

| | |
|-----------|---------------------------|
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| Well Name | CUNDIFF A 3 |
| Doc ID | 1234237 |

Perforations

| Shots Per Foot | Perforation Record | Material Record | Depth |
|----------------|--------------------|--|-----------|
| 4 | 4638-4648 MORROW | R4QD MORROW&ST LOUIS-1595 2%KCL, 10,000 100 MESH SAND, 70,000 40/70 SAND | 4638-4648 |
| 4 | 4753-4759 ST LOUIS | ACIDIZE ST LOUIS-900 GALS 15%HCL, 19 BBL FLUSH 7%KSCL | 4753-4759 |

ALLIED OIL & GAS SERVICES, LLC 061604

Federal Tax I.D. # 20-8651475

MIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Liberal (21)

| | | | | | | | |
|---------------------------|-----------------|---|-----------------|------------|----------------------|--------------------------|---------------------------|
| DATE <u>8-24-17</u> | SEC. <u>10</u> | TWP. <u>23</u> | RANGE <u>34</u> | CALLED OUT | ON LOCATION | JOB START <u>2:45 am</u> | JOB FINISH <u>3:45 am</u> |
| BASE <u>Cundiff #</u> | WELL # <u>3</u> | LOCATION <u>Garden City, Hwy 30, Nebraska</u> | | | COUNTY <u>Finney</u> | STATE <u>KS</u> | |
| OLD OR (NEW) (Circle one) | | <u>6 North, east, and North into</u> | | | | | |

CONTRACTOR Saxon 176 OWNER _____
 TYPE OF JOB Production
 CEMENT SIZE 7/8 T.D. 4940
 CASING SIZE 5 1/2 DEPTH 4939
 TUBING SIZE _____ DEPTH _____
 CEMENT PIPE _____ DEPTH _____
 CEMENT COL _____ DEPTH _____
 CAS. MAX 2000 MINIMUM _____
 CAS. LINE _____ SHOE JOINT 42.27
 CEMENT LEFT IN CSG. 1 BBL
 RFS. _____
 SPLACEMENT 113.6 BBL
 EQUIPMENT _____

CEMENT
 AMOUNT ORDERED 200 SK 50150 Class H,
200 gal, 5% Gypsol, 10% Sodium Chloride,
5% Gilsonite, 1/4 Floreal, .5% FLI 100, 2% Dipercant
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
Super Flush 12 am @ 58.70 704.40
50150 Class H 200 SK @ 16.25 3,250.00
Gypsol 19 SK @ 37.60 714.40
Salt 13 SK @ 26.35 342.55
Gilsonite 1100 lb @ .98 1,078.00
Floreal 55 lb @ 2.97 163.35
FLI 100 93 lb @ 18.90 1,757.70
CB-31 27 lb @ 10.30 281.10
 HANDLING _____ @ _____
 MILEAGE _____

REMARKS:

TOTAL 8,848.50

QFC # 34362

SERVICE
Circulating Iron 1 @ 400.00 400.00
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 3,299.25
 Light Vehicle 50 mi @ 4.40 220.00
 Heavy Vehicle 50 mi @ 7.70 385.00
 MANIFOLD 1 @ 275.00 275.00
Handling 296.48 FT³ @ 2.48 735.13
Drayage 558.25 T-m @ 2.60 1,452.25
Berrick charge 1 @ 577.50 577.50
 TOTAL 7,144.63

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

PLUG & FLOAT EQUIPMENT

Guide Shoe 1 @ 280.80 280.80
AFV Float Valve 1 @ 334.68 334.68
Centralizers 20 @ 57.33 1,146.60
Stop Collar 1 @ 49.14 49.14
Tap Rubber Plug 1 @ 85.41 85.41
 TOTAL 1,896.57

I, Allied Oil & Gas Services, LLC,
 you are hereby requested to rent cementing equipment
 I 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 17,889.70

PRINTED NAME JAMES CARTER

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE James Carter

NET = 12,522.79