



Confidentiality Requested:

Yes No

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 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	SHELL B 6
Doc ID	1257486

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	SHELL B 6
Doc ID	1257486

Tops

Name	Top	Datum
HEEBNER	3757	
TORONTO	3781	
LANSING	3814	
KANSAS CITY	4128	
PAWNEE	4365	
CHEROKEE	4409	
MORROW	4601	
ST GENEVIEVE	4687	
ST LOUIS	4743	

Summary of Changes

Lease Name and Number: SHELL B 6

API/Permit #: 15-055-22331-00-00

Doc ID: 1257486

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	2988	2987
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1234213	../..kcc/detail/operatorEditDetail.cfm?docID=1257486



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234213
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	SHELL B 6
Doc ID	1234213

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	SHELL B 6
Doc ID	1234213

Tops

Name	Top	Datum
HEEBNER	3757	
TORONTO	3781	
LANSING	3814	
KANSAS CITY	4128	
PAWNEE	4365	
CHEROKEE	4409	
MORROW	4601	
ST GENEVIEVE	4687	
ST LOUIS	4743	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	SHELL B 6
Doc ID	1234213

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4300-4303 MARMATON	FRAC-2550 BBLs OF 2%KCL WATER, 125,000 LBS 40/70 BROWN SAND, 70% QN2 FOAM	4300-4303
2	4368-4374, 4395- 4402 PAWNEE	" "	4368-4402
2	4501-4503 CHEROKEE	" "	4501-4503
2	4533-4535, 4546- 4548, 4583-4586 ATOKA	" "	4533-4586
2	4763-4768 ST LOUIS	ACIDIZE-15% HCL, FLUSH W/ 34 BBLs OF 4%KCL	4763-4768

ALLIED OIL & GAS SERVICES, LLC 053189

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Urbank, KS

DATE <u>8-26-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>12:20 PM</u>	JOB START <u>4:15 PM</u>	JOB FINISH <u>6:30 PM</u>
LEASE <u>Shell</u>	WELL # <u>B-6</u>	LOCATION <u>Garden City, KS west on 50 to</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)		<u>Byrd Rd, 9 miles north, east into</u>					

CONTRACTOR Saxon 146
TYPE OF JOB Surface
HOLE SIZE 12 1/4 T.D. 1749
CASING SIZE 8 5/8 DEPTH 1754
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX 1500 PSI MINIMUM
MEAS. LINE SHOE JOINT 41.85
CEMENT LEFT IN CSG. 41.85 FT
PERFS.
DISPLACEMENT 109 bbl/s

OWNER Ment Energy
CEMENT
AMOUNT ORDERED 350 sks Class C AMDCL, 270 gals seal,
270 Manly 37% CC, 0.25 16/32 Ho Seal, 270 2KSL,
245 sks Class C Ment. 37% CC, 0.25 16/32 Ho Seal

EQUIPMENT
PUMP TRUCK CEMENTER Edgar Rodriguez
549-550 HELPER Alex Ayala
BULK TRUCK
993-467 DRIVER Ricardo Estrada
BULK TRUCK
869-554 DRIVER Jose Calderon

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
AMDCL - class C	350 sks @	31.00	10850.00
Calcium Chloride	13 sks @	64.00	832.00
Flow Seal	88 # @	2.97	261.36
SASI	66 # @	17.55	1158.30
Class EC Premium	245 sks @	24.40	5978.00
Calcium Chloride	9 sks @	66.00	594.00
Flow Seal	62 # @	2.97	184.14
	@		
	@		
TOTAL			19,839.80

REMARKS:

AFF# 34573

SERVICE

DEPTH OF JOB		1754
PUMP TRUCK CHARGE	1	2213.75
MILEAGE	Light 50 mi @	4.40
	Heavy 50 mi @	7.70
MANIFOLD	1	275.00
Handling	665.32 H ³	2.48
Orange	1478.46 Ton	2.60
TOTAL		8589.11

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

PLUG & FLOAT EQUIPMENT

Top Rubber Plug	1 @	131.00	131.00
API Insert Float Valve	1 @	447.00	447.00
Steel Collar	1 @	69.00	69.00
Guide Shoe	1 @	400.00	400.00
Centra-beer	14 @	75.00	1050.00
TOTAL			2157.00

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 30,585.91
DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____
SIGNATURE Calvin Curry

Net = 20,492.56

ALLIED OIL & GAS SERVICES, LLC 053267

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal ks

DATE <u>08-30-14</u>	SEC. <u>17</u>	TWP. <u>22.5</u>	RANGE <u>34 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00am</u>	JOB FINISH <u>12:00pm</u>
LEASE <u>Shell</u>	WELL # <u>B-6</u>	LOCATION <u>Garden City, W to CR Byrd.</u>				COUNTY <u>Finney</u>	STATE <u>Ks</u>
OLD OR <u>NEW</u> (Circle one)		<u>N. 4. Miles E. Into.</u>					

CONTRACTOR Saxon # 146
 TYPE OF JOB Long string
 HOLE SIZE 7 7/8 T.D. 4873 ft
 CASING SIZE 5 1/2 # 17 DEPTH 4871.98 ft
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1400 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 43.25 ft
 CEMENT LEFT IN CSG. 1 BBLs
 PERFS. _____
 DISPLACEMENT 112 BBLs

OWNER Merit Energy
 CEMENT
 AMOUNT ORDERED 230 sk 50/50 Poz-H
2% Gel, 5% Exp Seal, 10% Salt, 51% Sk
Gilsonite, 4 F.S., 5% FL-160, 2% Dispers
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASCE FL-160 97 lb @ 18.90 1833.30
 Super Flush 12 BBL @ 58.70 704.40
 Allied 50/50-H-Poz 230 sk @ 16.35 3875.50
 Exp Seal 20 sk @ 37.60 752.00
 Salt 14 sk @ 26.35 368.90
 Gilsonite 1150 lb @ .98 1127.00
 Floseal 58 lb @ 2.97 172.26
 CO-31 39 lb @ 10.30 401.70
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT
 PUMP TRUCK CEMENTER Ruben Chavez
 # 501-541 HELPER Jame Torres
 BULK TRUCK
 # 774-744 DRIVER Jose Calderon
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

AFE # 34573

20 TOTAL 9,235.⁰⁶

SERVICE

Handling 309.90 C.T. @ 2.48 768.55
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 2765.75
 EXTRA FOOTAGE _____ @ _____
 MILEAGE heavy 50 Mi. @ 7.70 385.00
 MANIFOLD head 1 @ 275.00 275.00
 Light Vehicle 50 Mi. @ 4.40 220.00
 Dragnge 584.15 T.M. @ 2.60 1,518.78

TOTAL 5,933.⁰⁸

CHARGE TO: MERIT ENERGY
 STREET _____
 CITY _____ STATE _____ ZIP _____

Calvin Curry

PLUG & FLOAT EQUIPMENT

Guide Shoe 1 @ 280.50 280.50
 AFU Float Valve 1 @ 334.62 334.62
 Centralizer 20 @ 57.33 1,146.60
 stop collar 1 @ 49.74 49.74
 Top rubber plug 1 @ 85.41 85.41

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 17,064.⁷¹
 DISCOUNT 5631.35/33% IF PAID IN 30 DAYS

PRINTED NAME Calvin Curry
 SIGNATURE [Signature]

NET = 11,433.36