



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

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	STRACKLEJOHN 26-1
Doc ID	1257491

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	STRACKLEJOHN 26-1
Doc ID	1257491

Tops

Name	Top	Datum
HEEBNER	4012	
TORONTO	4028	
LANSING	4101	
KANSAS CITY	4491	
PAWNEE	4723	
CHEROKEE	4775	
MORROW	5026	
CHESTER	5215	
ST GENEVIEVE	5229	
ST LOUIS	5272	

Summary of Changes

Lease Name and Number: STRACKLEJOHN 26-1

API/Permit #: 15-055-22345-00-00

Doc ID: 1257491

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/18/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2951	2950
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1235816	../..//kcc/detail/operatorEditDetail.cfm?docID=1257491



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1235816
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	STRACKLEJOHN 26-1
Doc ID	1235816

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	STRACKLEJOHN 26-1
Doc ID	1235816

Tops

Name	Top	Datum
HEEBNER	4012	
TORONTO	4028	
LANSING	4101	
KANSAS CITY	4491	
PAWNEE	4723	
CHEROKEE	4775	
MORROW	5026	
CHESTER	5215	
ST GENEVIEVE	5229	
ST LOUIS	5272	

ALLIED OIL & GAS SERVICES, LLC 061591

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberals KS

DATE <u>9-20-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>7:00pm</u>	JOB START <u>1:00am</u>	JOB FINISH <u>2:00am</u>
LEASE <u>Strackley John</u>	WELL # <u>26-1</u>	LOCATION <u>Vec Garden city KS</u>	COUNTY <u>Finney</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one)							

CONTRACTOR <u>Saxson #146</u>	OWNER
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u> T.D. <u>1710</u>	CEMENT
CASING SIZE <u>8 5/8</u> DEPTH <u>1715</u>	AMOUNT ORDERED <u>250sk class 2 pumped 3%cc</u>
TUBING SIZE DEPTH	<u>2% Sodium Metasilicate 1/4" #10 seal</u>
DRILL PIPE DEPTH	<u>24.5sk ClassC 3%cc 1/4" #10 seal</u>
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON @
MEAS. LINE SHOE JOINT <u>40.83</u>	POZMIX @
CEMENT LEFT IN CSG.	GEL @
PERFS.	CHLORIDE <u>20sk</u> @ <u>64.00</u> <u>1408.00</u>
DISPLACEMENT <u>106.6661</u>	ASC @
EQUIPMENT	<u>Alred Multi Density (C) 350sk</u> @ <u>31.00</u> <u>10850.00</u>
	<u>ClassC 24.5sk</u> @ <u>24.40</u> <u>5978.00</u>
	<u>SA-51 66#</u> @ <u>17.55</u> <u>1158.30</u>
	<u>Flo seal 150#</u> @ <u>2.97</u> <u>445.50</u>
PUMP TRUCK CEMENTER <u>Larry Breza</u>	
# <u>549-550</u> HELPER <u>Alex C</u>	
BULK TRUCK	
# <u>705-842</u> DRIVER <u>Gregory B.</u>	
BULK TRUCK	
# <u>994-642</u> DRIVER <u>Jose (Pepe) G.</u>	

REMARKS:
AFE 34697

TOTAL 19839.80

SERVICE

DEPTH OF JOB <u>1001-2000</u>	
PUMP TRUCK CHARGE <u>2213.75</u>	
<u>50</u> @ <u>4.40</u> <u>220.00</u>	
MILEAGE <u>50</u> @ <u>7.70</u> <u>385.00</u>	
MANIFOLD @ <u>275.00</u>	
<u>Handling 668.87</u> @ <u>2.48</u> <u>1651.36</u>	
<u>Drayage 1476.46</u> @ <u>2.60</u> <u>3839.00</u>	

TOTAL 8589.11

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

PLUG & FLOAT EQUIPMENT

<u>Rubber plug</u> @ <u>131.00</u>	
<u>DFI Inert Float</u> @ <u>497.00</u>	
<u>Stop Collar</u> @ <u>69.00</u>	
<u>Guide shoe</u> @ <u>460.00</u>	
<u>Centralizer 14</u> @ <u>75.00</u> <u>1050.00</u>	
<u>Thread Loc 12</u> @ <u>85.00</u> <u>1020.00</u>	
TOTAL <u>3177.00</u>	

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 \$ 31600.71

PRINTED NAME Gene Billy
SIGNATURE Gene Billy

DISCOUNT _____ IF PAID IN 30 DAYS
Net \$ 21176.50

ALLIED OIL & GAS SERVICES, LLC 061652

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberal #21

DATE <u>9-23-14</u>	SEC. <u>28</u>	TWP. <u>26</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00pm</u>	JOB FINISH <u>6:00pm</u>
LEASE <u>Stracklejohn</u>	WELL # <u>26-1</u>	LOCATION <u>Sublette Ks North to Craft Rd</u>			COUNTY <u>Finney</u>	STATE <u>KS.</u>	
OLD OR <u>NEW</u> (Circle one)				<u>west to Hands, south East, into</u>			

CONTRACTOR Saxon #146
 TYPE OF JOB Plug to Abandon
 HOLE SIZE _____ T.D. _____
 CASING SIZE 8 5/8 24# DEPTH 1800
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 16.6# DEPTH 1901
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER _____
 CEMENT
 AMOUNT ORDERED 240SK Class A
60/40/6 gel, 1/4# Flaseal
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
Class A 60/40/4 gel 240SK @ 18.92 4540.80
Flaseal 60/40 @ 2.97 178.20
 PUMP TRUCK CEMENTER Edgar Rodriguez / Cesar Pina
 # 903-501 HELPER Raardo Estrada
 BULK TRUCK _____ @ _____
 # 950-692 DRIVER Jose M Garcia (Papa)
 BULK TRUCK _____ @ _____
 # _____ DRIVER _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

REMARKS:

AFE # 34697

I thank you

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

TOTAL 4719.00

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE 1 @ 2,249.84
LM 50 @ 4.40 220.00
 MILEAGE Hvm 50 @ 7.70 385.00
 MANIFOLD _____ @ _____
Handling 257.76 @ 2.48 639.24
Drayage 538.14 @ 2.75 1479.89
Additional Hrs 1 @ 440.00 440.00
 TOTAL 5413.97

PLUG & FLOAT EQUIPMENT

~~_____ @ _____~~
~~_____ @ _____~~
~~_____ @ _____~~
~~_____ @ _____~~
 TOTAL 0

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 Calvin Curry
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 10,132.97
 DISCOUNT _____ IF PAID IN 30 DAYS
Net - 7093.08