



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
-----------------------------------	-----------------	---

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
--	---

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	ALEXANDER 3-33
Doc ID	1257496

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	ALEXANDER 3-33
Doc ID	1257496

Tops

Name	Top	Datum
HEEBNER	4019	
TORONTO	4038	
LANSING	4070	
LANSING GROUP	4120	
KANSAS CITY	4521	
MARMATON GROUP	4664	
PAWNEE	4772	
LANSING	4807	
CHEROKEE	4832	
ATOKA GROUP	5004	
MORROW GROUP	5136	
L MORROW	5194	
CHESTER GROUP	5297	
ST GENEVIEVE	5493	
ST LOUIS	5516	

Summary of Changes

Lease Name and Number: ALEXANDER 3-33

API/Permit #: 15-081-22079-00-00

Doc ID: 1257496

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/23/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3085	3084
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1235836	../..//kcc/detail/operatorEditDetail.cfm?docID=1257496



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1235836
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	ALEXANDER 3-33
Doc ID	1235836

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	ALEXANDER 3-33
Doc ID	1235836

Tops

Name	Top	Datum
HEEBNER	4019	
TORONTO	4038	
LANSING	4070	
LANSING GROUP	4120	
KANSAS CITY	4521	
MARMATON GROUP	4664	
PAWNEE	4772	
LANSING	4807	
CHEROKEE	4832	
ATOKA GROUP	5004	
MORROW GROUP	5136	
L MORROW	5194	
CHESTER GROUP	5297	
ST GENEVIEVE	5493	
ST LOUIS	5516	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER 3-33
Doc ID	1235836

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5195-5200 MORROW	ACID-72BBLS OF ACID, 77 FLUSH 4%KCL.	5195-5200
		FRAC-1300 BBLS TOTAL LOAD, 40/70 WHITE SAND 49,948 LBS N2TOTAL=2,838,000 SCF	

ALLIED OIL & GAS SERVICES, LLC 061589

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Liberals

9-16-14

DATE <u>9-17-14</u>	SEC. <u>33</u>	TWP. <u>27S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION <u>10:00pm</u>	JOB START <u>10:00am</u>	JOB FINISH <u>12:00pm</u>
LEASE <u>Alexander</u>	WELL # <u>3-33</u>	LOCATION <u>Vec. Sublette KS</u>	COUNTY <u>Finney</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one) <u>NEW</u>		AFE 34700					

CONTRACTOR <u>Saxson #142</u>	OWNER
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>1717</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>1717</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>4223</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>166601</u>	
EQUIPMENT	
PUMP TRUCK # <u>547-530</u>	CEMENTER <u>Cenny Bozoa</u>
BULK TRUCK # <u>705-842</u>	HELPER <u>Alex C.</u>
BULK TRUCK # <u>955-528</u>	DRIVER <u>Gregory R.</u>
	DRIVER <u>Daniel B.</u>

CEMENT	350sk Class C 2% 1/2" #19 seal	
AMOUNT ORDERED	2% SA-51 2% Sodium Metasilicate	
	200sk Class C 3% 1/2" #19 seal	
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	20sk @	64.00 1408.00
ASC	@	
Allied Multi Density (C) 350sk	@	31.00 10650.00
Class C 245sk	@	24.40 5978.00
SA-51 66#	@	17.55 1158.30
	@	
Floccal 150#	@	2.97 445.50
	@	
	@	
	@	
	@	

REMARKS:

TOTAL 19,839.00

SERVICE

DEPTH OF JOB	<u>1001-2000</u>	
PUMP TRUCK CHARGE	<u>2213.25</u>	
	50 @ 4.40	220.00
MILEAGE	50 @ 7.70	385.00
MANIFOLD	1 @	275.00
Handling	665.87 @ 2.48	1651.36
Dayoff	1478.46 @ 2.60	3844.00

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

Additional hours 6 @ 420.00 3520.00
PLUG & FLOAT EQUIPMENT \$ 12,109.11

AFU Insert Float	@	447.00
Stop Collar	@	69.00
Guide Shoe	@	460.00
Centralizers 14	@ 75	1050.00
Weatherford plug	@	418.60

TOTAL 2444.60

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 \$ 34,393.51
DISCOUNT We 1st \$ 2,3043.65 IN 30 DAYS

PRINTED NAME James Carter
SIGNATURE James Carter

Correction

ALLIED OIL & GAS SERVICES, LLC 061592

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Citertalks

DATE <u>9-21-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>2:00 a.m.</u>	JOB START <u>5:30 a.m.</u>	JOB FINISH <u>6:30 a.m.</u>
<u>Alexander</u> LEASE	WELL # <u>3-33</u>	LOCATION <u>Vec Sublette MS</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Saxson #142
 TYPE OF JOB Production
 HOLE SIZE 2 1/8 T.D. 5650
 CASING SIZE 5 1/2 DEPTH 5649
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 37.55
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 130 661

OWNER
 CEMENT
 AMOUNT ORDERED 320sk 50/50 2% gel 1.5% gel
5% bypassal 10% salt S#6 Gilsonite 1/4# floxer

EQUIPMENT
 PUMP TRUCK CEMENTER Lenny Breez
 # 549-550 HELPER Alex Corona (Victor)
 BULK TRUCK
 # 950-692 DRIVER Gregory Randall
 BULK TRUCK
 # DRIVER

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
Allied 50/50 (H)	320sk @	16.85	5392.00
Fl-160	135# @	18.90	2551.50
DN-31	54# @	10.30	556.20
Byseal	27sk @	37.60	1018.20
S#6 Gilsonite	1600# @	.48	768.00
Flo Seal	60# @	2.97	178.20
Salt	20sk @	20.35	407.00
Super Flush	126bl @	5.80	731.40

REMARKS:

AFE # 34700

TOTAL 12551.90

SERVICE

DEPTH OF JOB	<u>5001-6000</u>		
PUMP TRUCK CHARGE	<u>3099.25</u>		
light vehicle	50 @	4.40	220.00
MILEAGE	50 @	7.70	385.00
MANIFOLD	1 @		275.00
Handling	432.03 @	2.48	1071.43
Drayage	814.26 @	2.60	2117.07

TOTAL 7167.75

PLUG & FLOAT EQUIPMENT

Weatherford Plug			<u>258.26</u>
AFU Insert Float	@		335.00
Centralizer	20 @	57.00	1140.00
Guide shoe	@		261.00
Champ Stop Collar	@		49.00

TOTAL 2013.26

CHARGE TO: Merit Energy
 STREET
 CITY STATE ZIP

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 \$21,782.91

PRINTED NAME James Carter
 SIGNATURE Jan Carter

DISCOUNT PAID IN 30 DAYS
Net \$14,594.55