

Kansas Corporation Commission Oil & Gas Conservation Division

1052607

Form ACO-1 June 2009 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
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil ☐ WSW ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	

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							
Letter of Confidentiality Received							
Date:							
Confidential Release Date:							
Wireline Log Received							
Geologist Report Received							
UIC Distribution							
ALT I II Approved by: Date:							

Side Two



Operator Name:				Lease I	Name: _			_ Well #:			
Sec Twp	County	":									
INSTRUCTIONS: Shitime tool open and clorecovery, and flow rate line Logs surveyed. A	sed, flowing and shues if gas to surface te	t-in pressures st, along with	s, whether so final chart(s	hut-in pres	sure read	ched static level,	hydrostatic press	sures, bottom h	nole temp	erature, fluid	
Drill Stem Tests Taken (Attach Additional S		Yes	☐ No			og Formatio	n (Top), Depth ar	nd Datum	;	Sample	
Samples Sent to Geological Survey					Nam	е		Тор		Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes Yes Yes	No No No								
List All E. Logs Run:											
		Report a		RECORD	Ne	w Used	ion, etc.				
Purpose of String	Size Hole Drilled	Size C Set (In		Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used		and Percent additives	
			ADDITIONAL	CEMENTII	NG / SQL	 EEZE RECORD					
Purpose:	Depth	Type of (# Sacks Used Type and Percent Additives						
Perforate Protect Casing	Top Bottom	71									
Plug Back TD Plug Off Zone											
Flug On Zone											
	PERFORATI	ON RECORD	- Bridge Plug	s Set/Type		Acid, Fra	cture, Shot, Cemen	t Saueeze Recor	d		
Shots Per Foot	Specify	Footage of Eac	h Interval Perf	forated			mount and Kind of Ma			Depth	
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:	Yes No				
Date of First, Resumed	Production, SWD or EN	_	roducing Meth	nod:	ıg 🗌	Gas Lift C	Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio		Gravity	
DISPOSITIO	ON OF GAS:		ħ.	METHOD OF	COMPLE	TION:		PRODUCTION	ON INTER	VAL:	
Vented Sold		Оре	n Hole	Perf.	Dually	Comp. Cor	nmingled				
(If vented, Sub			or (Specify)		(Submit A	ACO-5) (Sub	mit ACO-4)				

Form	ACO1 - Well Completion					
Operator	OXY USA Inc.					
Well Name	REDDINGER A 1					
Doc ID	1052607					

All Electric Logs Run

ANNULAR HOLE VOLUME LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG



FIELD SERVICE TICKET 1717 01359 A

			one 620-62				DATE	TICKET N	0		_
DATE OF //-25	-10 t	DISTRICT /7/7	WELL 🔀	OLD □	PROD □IN	J □ MDA	V □ CUS ORD	TOMER DER NO.	•		
CUSTOMER OX	54	LEASE Reddinger "A" WELL NO.						0. /			
ADDRESS						COUNTY Grant STATE KS					
CITY STATE						SERVICE CREW Lochisty/ bibsonf Martine c/ Mendos					
AUTHORIZED BY Benneth IRB						JOB TYPE: Z 42 8th Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQI	JIPMENT#	HRS	TRUCK CAL	LED	DATE	AN	TIME
2/755	29	19828	24			-	ARRIVED A	Т ЈОВ	11-24	<u>~</u>	13:00
197808	24	19883	129	•			START OPE	RATION	11-25		20:20
19885	29	<u> </u>	24				FINISH OPE	RATION	11-25	-AM	12:00
••	1		 */			 	RELEASED		11.25	AM 2	1:00
		·					MILES FRO	M STATION	TO WELL	75	
products, and/or supplies	thorized to of includes all	TRACT CONDITIONS: (This execute this contract as an a of and only those terms and t the written consent of an of	agent of the co conditions ap	ustomer. A pearing on	s such, the unde the front and ba	ersigned agr ck of this do	rees and acknow	ledges that th	is contract for	services,	materials, tions shall

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO. MATERIAL, EQUIPMENT AND SERVICES USED UNIT QUANTITY UNIT PRICE \$ AMOUNT 490 remium Plus 200 Elcium Chloride 16 2325 2 **%**© 5hoc 11 <u>380</u> nttalizer <u> 7</u> cd F105 2<u>25 00</u> CZ WIR. Miledge Mi 195 365 Mixing Service Chia. 690 966 TM 2110 3376 bo 4hr 1500 00 job 250 p E100 276 5003 Service Supervisor 175 00 15,000,00

	1-1-1-1-1
SUB TOTAL	22,771.17
%TAX ON \$	
%TAX ON \$	
TOTAL	
•	'
	%TAX ON \$ %TAX ON \$

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTR

FIELD SERVICE ORDER NO.

REPRESENTATIVE/

SERVICE



TREATMENT REPORT

	65		-,	. ,											
Customer	DXY 4	54			ease No.						Date	, ,			
Lease Ac	ding	er 'A	11	W	/eli#	<u> </u>						//	24	10	
Field Order	Station	Liber	11				Casing		Depth	1675	Count	Gro	1 met		State
Type Job	Z42	85/	501	v L	JCC			For	mation				Legal De	escription 3	2737
PIPE DATA PERFORATING DATA FLUID						USED				TREAT	MENT	RESUME			
Casing Size	Tubing Si	ze Shots/	Ft 498	75 K	1 A-	Ac	idn '8/2	nd.	3	700	RATE	285/	7/1K	ISIP 2	WCA-1
Depth	Depth	From	2,9	1	7/s-k	Pre	Pad/	1//5	-/r	100	2./	#	· / (· · · · · /)	5 Min.	
Volume	Volume	From	20	Tour	K	Pa	de in vin	u D	165	Min 10	00	7- /	14 H	10 Min	lake
Max Press	Max Pres	s From	1.5	top	45/3	Fi	6.	339	đ/	1 Kg /	a	2 /	4.8=	415 Min.	/
Well Connecti	on Annulus \	/ol. From		To			•			HHP Used	1			Annulus F	Pressure
Plug Depth	Packer De	epth From		То		Fiu	ısh			Gas Volur	ne			Total Load	d
Customer Re	presentative	Herb 1	Vutte.	1	Station	Mar	nager 7	Ben	100	#	Trea	ater	11, 6	ochr	<i>III</i>
Service Units	21753	27508	195	57	198	12	1988)	15	927	19566					
Driver Names	Cochesta	T. bil	son		EN	1el	1 do Tá	! J.	Ma	rtin	ء ج				
Time	Casing Pressure	Tubing Pressure	Bbls.	. Pum	ped		Rate					Servi	ce Log		
23:00			ļ					01	160	C.	Hz	-/0	1 5đ	fetu	Meeting
00:00			ļ <u>.</u>					B	91	Pullin	9 /	2. P.	/Pu	Hing	Tight/back
11:20			<u> </u>					Ri	9 11	rippin	90	ot o	f Ho	10/1	Pipp Back
18:00			<u> </u>					51	Ty	1 C's	<u> </u>				- Do Trong
20:25			<u> </u>					600	104	Botto	OH,	/Cir	r, W/	Rig	
20:43	3000		<u> </u>					70	5t 1	Panp	+1	inc	<u> </u>		
20:45	500		12	10	_		<u>5, 5</u>	Sto	7/1	Lede	10	mt	- 49	05K	9/2/#
21:23	500		1 9	18		5		5/2	<u> 174</u>	Tail	0	mt.	200	5 k C	14.8#
2/:3/			<u> </u>					2	wt	down	4 6	Dru,	<u> 1 P</u>	49	
21:32	20 -			2	-	_2		57	ari	+ Uis	0,	W	fre	5 h h	20
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21.54	0		/	04			<u> </u>	1/	c/1	150	<u> </u>	1021	HO	11	
22:00			-					10	nd	Job					
	MAL							1	7).			1	,	11	
	150		 						rc	55 Ur	<u> </u>	efo	me.	1/49	landed Pit
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			 					-						. .	(80)
1		i													1101

Attachment to Reddinger A-1 (API 15-067-21719)

Cement & Additives

String	Туре	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 490	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production			

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



phone: 316-337-6200 fax: 316-337-6211 http://kcc.ks.gov/

Thomas E. Wright, Chairman Ward Loyd, Commissioner Corporation Commission

Sam Brownback, Governor

March 21, 2011

LAURA BETH HICKERT OXY USA Inc. 5 E GREENWAY PLZ PO BOX 27570 HOUSTON, TX 77227-7570

Re: ACO1 API 15-067-21719-00-00

REDDINGER A 1 NE/4 Sec.33-27S-37W Grant County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, LAURA BETH HICKERT