Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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 SWD 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? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: 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 #:	QuarterSec TwpS. R East West
ENHR Permit #:	County: Permit #:
GSW Permit #:	
Spud Date or Date Reached TD Completion Date or 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 III Approved by: Date:

CORRECTION #1

Operator Name:			Lease N	Name: _			Well #:		
Sec Twp	S. R	East West	County	:					
time tool open and clerecovery, and flow rate	osed, flowing and shut	d base of formations per in pressures, whether s t, along with final chart( well site report.	shut-in press	sure read	ched static level,	hydrostatic press	ures, bottom h	ole temp	erature, fluid
Drill Stem Tests Take		Yes No		Lo	og Formation	n (Top), Depth an	d Datum		Sample
Samples Sent to Geo	ological Survey	Yes No		Nam	е		Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop		Yes No Yes No Yes No							
List All E. Logs Run:									
		CASING	RECORD	Ne	w Used				
D 12.1	Size Hole	Report all strings set- Size Casing	conductor, su Weig		rmediate, production	on, etc.	# Sacks	Type	and Percent
Purpose of String	Drilled	Set (In O.D.)	Lbs. /		Depth	Cement	Used		dditives
		ADDITIONAL	CEMENTIN	NG / SQL	EEZE RECORD				
Purpose:  Perforate Protect Casing Plug Back TD	Depth Top Bottom	Type of Cement	# Sacks	Used		Type and F	ercent Additives		
Plug Off Zone									
Shots Per Foot	PERFORATIO Specify F	DN RECORD - Bridge Pluç ootage of Each Interval Per	gs Set/Type rforated			cture, Shot, Cement		d	Depth
TUBING RECORD:	Size:	Set At:	Packer At	t:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or ENF	HR. Producing Met	hod:	g 🗌	Gas Lift O	ther (Explain)			
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Wate	er Bl	ols. (	Sas-Oil Ratio		Gravity
DISPOSITI	ION OF GAS:		METHOD OF	COMPLE	TION:		PRODUCTION	ON INTER	VAI ·
Vented Sol		Open Hole	Perf.	Dually	Comp. Con	nmingled			
	ıbmit ACO-18.)	Other (Specify)		(Submit )	ACO-5) (Subr	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WILSON F-1
Doc ID	1077772

# All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WILSON F-1
Doc ID	1077772

# Tops

Name	Тор	Datum
HEEBNER	4098	
LANSING	4153	
MARMATON	4796	
CHEROKEE	4946	
MORROW	5242	
CHESTER	5390	
ST. GENEVIEVE	5482	
ST. LOUIS	5554	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WILSON F-1
Doc ID	1077772

### Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5554-5560 St. Louis	4 TON C02 7 BBL XYLENE 36 BBL 10% ACID	5554-5560
4	5388-5394, 5409- 5422 CHESTER	500 GAL XYLENE 800 GAL DS FE HCL	5388-5422
		FLUSH 32 BBL 7% KCL	
4	5622-5626 ST. LOUIS	300 GAL XYLENE 800 GAL 10% DS FE HCL	5622-5626
		FUSH 36 BBL 4% KCL	
		FRAC: 19121 GAL X FRAC20 960955 SCF N2	5622-5626
		103700# 16/30 BRADY SAND	

#### **Summary of Changes**

Lease Name and Number: WILSON F-1

API/Permit #: 15-081-21948-00-00

Doc ID: 1077772

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/12/2011	04/02/2012
Producing Formation	ST. LOUIS, CHESTER	ST. LOUIS & CHESTER (Corrected Perfs)
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 69875	//kcc/detail/operatorE ditDetail.cfm?docID=10 77772



# CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

1069875

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:	Sec Twp S. 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         ☐ SHOW           ☐ 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:	Amount of Surface Pipe Set and Cemented at: Fee  Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW  Plug Back: Plug Back Total Depth  Commingled Permit #:  Dual Completion Permit #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:  Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec. Twp. S. R. East Wes
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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 III Approved by: Date:

Side Two



Operator Name:			Lease Name	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [		Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc.  Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (	00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Casing k TD		# Sacks Used	d	Type and Percent Additives			
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					cture, Shot, Cement mount and Kind of Ma	•	d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:  METHOD OF COMPLETION:  PRODUCTION INTERVAL:  PRODUCTION INTERVAL:  Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)						ON INTERVAL:		
(If vented, Sub	mit ACO-18.)	Other (Specify)						

Form	ACO1 - Well Completion				
Operator	OXY USA Inc.				
Well Name	WILSON F-1				
Doc ID	1069875				

# All Electric Logs Run

CEMENT BOND LOG
MICROLOG
BOREHOLE COMPENSATED SONIC ARRAY
SPECTRAL DENSITY DUAL SPACED NEUTRON
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Operator	OXY USA Inc.				
Well Name	WILSON F-1				
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		FUSH 36 BBL 4% KCL	
		FRAC: 19121 GAL X FRAC20 960955 SCF N2	5622-5626
		103700# 16/30 BRADY SAND	



1700 S. Country Estates Rd. P.O. Box 129 Liberal, Kansas 67905

## **FIELD SERVICE TICKET** 1717 **01959** A

Phone 620-624-2277 TICKET NO

DATE OF S-	20-11 n	ISTRICT 17/7	ish samehaq s	J 21 290	NEW WELL	OLD   F	PROD INJ	□ WD\	N DCI	USTOMER RDER NO.:	Tarrens
CUSTOMER OXY U.SA				LEASE Wilson 'F" WELL NO.							
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							to testesous			required to the	itiel.

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

REPRESENTATIVE

Wiky lock

**SERVICE** 



### **Cement Report**

Customer	Der	11.5A		Lease No.			Date 8	-20-11	
Lease U	1:150	ou .	/= 'r Well # /		•		1717 01959		
Casing 8	5/4	Depth		County /1	J5ke	-//	State K		
Job Type	:42	Suface	Formation			Legal Description	73 3	0 33	
		Pipe [		Perforating				Cement Data	
Casing size			Tubing Size			Shots/I	=t	Lead	
Depth	AND THE PROPERTY OF THE PROPER		Depth		From		То	See Call	
Volume			Volume		From		То	See Call Sheet	
Max Press			Max Press		From		То	Tail in	
Well Connec	tion		Annulus Vol.		From		То		
Plug Depth			Packer Depth		From		То		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate			Service Log		
17:45					one	Loc. /h	eld Sar	foty Meeting	
					-	Runnin	a C59.	•	
15:15						on B	ottom C.	ir. u/Rig	
16:18	2500				Test		rlines		
16:20	400		167	5.5	Start Lead Cont 3905k@12.1#				
16:48	300		36	3	Start Tail Cont 150sk@ 14.8#				
16:59				Shutdown + Drop Plus					
17:01	250		0	5		1	/	esh Hoo	
17:20	350		102	2.5	5/0	w Rate	,		
17:24	1350		112	2.5	Bum	of Pluc	9	,	
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17:35					Eno	1 506			
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					7.	0 180	5		
Service Unit	s 21%	75-5	2780819553	198281	9881	19827 198	66		
Driver Names Lochran		Mendoza	Ortro	2	Siroky				

Customer Representative

M. Cochosu



1700 S. Country Estates Rd. P.O. Box 129 Liberal, Kansas 67905 Phone 620-624-2277

## FIELD SERVICE TICKET 1717 02438 A

DATE TICKET NO.\_

DATE OF 8-76-11 DISTRICT 1717					NEW Y	OLD F	PROD INJ	□ wdw □ C	SUSTOMER PRDER NO.:
CUSTOMER OXY					LEASE Wilson F / WELL NO.				
ADDRESS		AND THE STATE OF T			COUNTY Haskell STATE 165				
CITY		STATE		THE WALL	SERVICE CF	REWI	Charez,	Adam, He	ctor
AUTHORIZED B	Y Jam	Bentt	IRB	}	JOB TYPE:	742	Long	string 5/2	The second reserved for
EQUIPMENT	-	EQUIPMENT#	HRS	EQI	JIPMENT#	HRS	TRUCK CALLI	ED 8-26	PM - GOO
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		11755	-	1700.			FINISH OPER	ATION 8-74-1	
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		make militar mitari		M	ATERIALS	ra fen	%TAX	( ON \$	4.00
		Kg. gri 10a						TOTAL	-

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

REPRESENTATIVE

SERVICE



1700 S. Country Estates Rd. P.O. Box 129 Liberal, Kansas 67905

TICKET NO. <u>**02438**</u>

ITEM/PRICE REF. NO. MATERIAL, EQUIPMENT AND SERVICES USED QUANTITY **UNIT PRICE** UNIT \$ AMOUNT E100 Pickun Milrage 5003 Service Supervisor T105 Cement Data Acquisitor Monitor 85 mi



#### **Cement Report**

Liberal, Karisas							
Customer Oxy USA	Lease No. Date 8				-ZCe-11		
Lease Wilson F	Well # Service			Service Receipt	vice Receipt 02438		
Casing 51/2 Depth 50	e94	County Ho	25/1011	State KS			
Job Type Z42 Long String	Formation			Legal Descriptio	73-30-	33	
Pipe I		1	Perforating		Cement Data		
Casing size 5½ 17#	Tubing Size			Shots/	Ft	Lead 505/L Rost+ Mase 60/40 -1,83F+3-54 10,136d-51c POZ	
Depth 5698	Depth		From		То	Plant Masse 60140	
Volume /32 b/5	Volume		From		То	10,136d-stc POD	
Max Press 2500 P51	Max Press		From		То	Tail in 20164	
Well Connection 5 1/2	Annulus Vol.		From		То	1.62 Ft3 SE POZ	
Plug Depth 5655	Packer Depth	_	From		То	7.36Bd-5K 13.5#	
Casing Tubing Time Pressure Pressure	Bbls. Pumbed	Rate			Service Lo	g Yord 90PM	
2300				Arn	ve On Lo	cation	
2315				Safet		-PisUp	
2300				R	's Running	in Casing	
115				Cir	culate w	Rig	
150					K Up To	BES	
200 2500	10	1.0	1 /				
205 450	5	4.6	4				
210 425	12	4.0		Puma	Suger Pr	Tush	
215 400	5	4.0		Pump	Water 5	pacer	
220 375	84	4,5		0	mt@ 13.	5#5	
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350 2500	1.0	1.0		7	est Casi	15 - 250 PSI -OLL	
400					9/us Rat	Mouse Hole	
530			Test Casing - 2500 PSI - Oll Plus Nat + Monse Hole 306 Complete				
			The	MIS FOR	r Using I	Rusic Energy Services	
			1				
Service Units 19920	27808-19553	19828-1	19883				
Driver Names T. Chave Z	Adam	Hector					

Customer Representative

Station Manager

Samel Chros

Taylor Printing, Inc.

#### Attachment to Wilson F-1 (API # 15-081-21948)

#### **Cement & Additives**

		# of Sacks	
String	Type	Used	Type and Percent Additives
Surface	A-Con	Lead: 390	3% CC, 1/4# Cellflake, 0.2% WCA1
	Prem +	Tail: 150	2% CC, 1/4# Cellflake
Production	50-50 Poz	290	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite 1/4# Polyflake

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/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

December 09, 2011

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

Re: ACO1 API 15-081-21948-00-00 WILSON F-1 SE/4 Sec.23-30S-33W Haskell 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