

Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1125617

Form ACO-1
August 2013
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 East West				
Address 2:			F6	eet from North /	South Line of Section		
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:		
Phone: ()			□NE □NW □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:, Long:				
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name:	W	ell #:		
	e-Entry	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:			
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:		
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well I			If yes, show depth set:				
Operator:			If Alternate II completion, c	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:							
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
Plug Back	Conv. to G		(Data must be collected from to				
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls		
Dual Completion			Dewatering method used:_				
SWD			Location of fluid disposal if	hauled offsite:			
ENHR	Permit #:						
GSW	Permit #:		Operator Name:				
			Lease Name:				
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West		
Recompletion Date		Recompletion Date	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 Approved by: Date:						

Page Two



Operator Name:			L	ease Name: _			Well #:		
Sec Twp	S. R	East We	est C	County:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,	
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taker (Attach Additional		Yes	No	L	_	on (Top), Depth an		Sample	
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run		Yes Yes	No No						
List All E. Logs Run:									
		(	CASING REC	ORD Ne	ew Used				
		· ·		ıctor, surface, inte	ermediate, producti	1		I	
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cem	ent #	# Sacks Used Type and Percent Additives					
Perforate Protect Casing	100 20111111								
Plug Back TD Plug Off Zone									
1 lag on zono									
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)	
Does the volume of the to		•				_ ` ` '	p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot PERFORATION RECORD - Bridge Specify Footage of Each Interval									
	, ,				,		,	Depth	
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:				
						Yes No			
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity	
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PROPUSTIC	ON INTERVAL.	
Vented Solo	ON OF GAS:  Used on Lease	Open Ho		IOD OF COMPLE $\Box$		nmingled	PRODUCTION	ON INTERVAL:	
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)			



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

# FIELD SERVICE TICKET

1717 03334 A

	-HESSUI	RE PUIVIPI	ING & VVIHELINE				DATE	TICKET NO		- 12 20 A	
DATE OF JOB	79-1	7 0	STRICT [7]7		NEW O WELL W	LD F	PROD INJ	WDW	□ Cl OF	JSTOMER RDER NO.:	on or
CUSTOMER	USA	LEASE /	lacm	en A	カス	gent.	WELL NO.	All St			
ADDRESS		J			COUNTY	Mor	ton	STATE	2		Marian Maria
CITY	rigo ga	R(91)	STATE		SERVICE CRE	EW(.	Than	VV	nas	4 207	ed to
AUTHORIZED B	YT		Bennett T	0.	JOB TYPE:	741	Sai	0070	0		se for
EQUIPMENT		HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALL		DATE		ME
19902		X		La Calar Inc. Inc. Inc.	RSIP	Market Company	ARRIVED AT	JOB (1-0	1	0 4	60
27462	-	8 4			(Berlin Property	1 1 21 4:27	START OPER	RATION	5 00	A B # 1	00
14284	-	4	operation and the second		100 mm		FINISH OPER	RATION		0.00	(0)
17001			1 may por one No.	W.54 e. 6	A Flot of Cold Cold	1, 12	RELEASED	al Herselms	-	AM 6	00
			101	At Vinacle			MILES FROM	STATION TO	WELL	75 mi	a brie
products, and/or sup become a part of th	oplies inc	ludes all o	secute this contract as an a f and only those terms and the written consent of an of	conditions appeari	ng on the front and back	of this do	GUMENT. No additional		terms a	and/or condition	ns shall
ITEM/PRICE REF. NO.		4	ATERIAL, EQUIPMENT	AND SERVICES	S USED	UNIT	QUANTITY	UNIT PRICE \$ AMOU			
CUOD	Pre	mum	/ Common	- eh		SK	75	11	20	840	00
E101 CF 240 E113 CF 206 E100 S003	Me ISI	a uly	Egypher Litt Mirit Millage Le Sports	Delive 00 i- Soci	leage	sic Jan ela	150 75 264 1	1 2	90 98 12 98	735 73 295 1764 223 122	00 50 68 00 50 50
Alpro u a					. 9			20 01	7624	7 106 7 12 1980	III HEN
14487 . 14	5.4			_				SUB TO	TAT	4054.	18
CHE	EMICAL	ACID DAT	A:					Local District		harman han	
	SERVICE & EQUIPMENT %TAX ON \$  MATERIALS %TAX ON \$							IE ISW			
	TOTAL						TAL		2000		
			on the second	1 1 1 10							7 15

SERVICE THE ABOVE MATERIAL AND SERVICE REPRESENTATIVE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



	Liberal	, Kansas					Cement Report
Customer	Dry			Lease No.		Date	1-29-12
Lease	Yorman		A	Well #	?	Service Receipt	0334
Casing		Depth		County M	oton	State KS	
Job Type	41-5	MIRRZE	Formation		Legal Descrip	tion 13-33	.43
		Pipe D	ata		Perforati	ng Data	Cement Data
Casing size	5/211	19.04	Tubing Size 37	811	Shot	Lead 75 SK	
Depth			Depth 4501	11	From 4575	To	Prendan/ Common
Volume			Volume H	651	From	То	Next
Max Press			Max Press 157	00#	From	То	Tail in
Well Connec	tion		Annulus Vol.		From	То	
Plug Depth			Packer Depth 46	5041	From	То	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate		Service Lo	g
1:00				,	on 100- six	le assesme	wt
1:05				*	Sport truo	les-riqu	(D
1145					safety me	retre 15	SiA
2:00					pressure te		
215	500		1.5	.5	load annul	us 500t	
2:25		600	30		establish i	nj. rate -	-15pm C(000#
3:30		700	14	1.5	Mix & pum	8 75 S	c Premium/Coment
		To prove			nent elle	4 ppg-1.	06 ft 3/sk -4.35 gg
2:45					wash light	S	
2:50		100	0	<u> </u>	disp fubi		
3:00		1500	15	0	Squeezed	886	
3115	600	. Elleg	45	2	nev out	tubih c	lean
3:30	20.000				Shut in	W/ 500#	
4100					165 con	plete	
					0		
Service Unit	s 1990	2	27462	27808-1			
Driver Name	s A	Wis	C Dlava		Suca		
					U		

Customer Representative

Station Manager

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 Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

March 20, 2013

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

Re: ACO1

API 15-129-20464-00-02 WINTER MORROW UNIT 205W SW/4 Sec.13-33S-43W Morton 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