



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1153866
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1153866

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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	OXY USA Inc.
Well Name	EDWARDS B 1
Doc ID	1153866

All Electric Logs Run

BOREHOLE COMPENSATED SONIC ARRAY
ANNULAR HOLE VOLUME PLOT
MICROLOG
ARRAY COMPENSATED TRUE RESISTIVITY
SPECTRAL DENSITY DUAL SPACED NEUTRON

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	EDWARDS B 1
Doc ID	1153866

Tops

Name	Top	Datum
HEEBNER	3797	
LANSING	3895	
KANSAS CITY	4086	
MARMATON	4478	
ATOKA	4845	
MORROW	5133	
CHESTER	5586	
ST. GENEVIEVE	5719	
ST. LOUIS	5769	

ALLIED OIL & GAS SERVICES, LLC K15 053019

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal Ks

DATE <u>04-09-13</u>	SEC. <u>33</u>	TWP. <u>29S</u>	RANGE <u>R-39W</u>	CALLED OUT	ON LOCATION <u>4:30 a.m.</u>	JOB START <u>1:30 pm</u>	JOB FINISH <u>2:30 pm</u>
Edwards LEASE	WELL # <u>B-1</u>	LOCATION <u>S.W. Ulysses Ks.</u>			COUNTY <u>Stanton Co.</u>	STATE <u>Ks.</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Astek.

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1798 feet

CASING SIZE 8 5/8 DEPTH 1802 feet

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 40.47'

CEMENT LEFT IN CSG. 40 feet

PERFS.

DISPLACEMENT 112.2 BBLs

OWNER Oxy USA, Inc.

CEMENT

AMOUNT ORDERED 350sk "A" AMD, 2% 6ip Seal, 2% NAMS, 3% C.C., 1/4 blk F. Seal, 2% SA-51, 245sk "C" 2% C.C. 1/4 blk F. Seal.

COMMON "C" 245sk @ 2.40	5,978.00
POZMIX @	
GEL @	
CHLORIDE 1Bsk @ 64.00	1,152.00
ASC @	
AMDA - class "A" 350sk @ 25.90	9,065.00
FLSI - F. Seal 149lb @ 2.97	442.53
SA-51 661b @ 17.55	1,158.90
Spacer - 420 gal. @ 6.20	2,604.00
Stop lose @	
HANDLING 648 Cu-ft @ 2.48	1,607.04
MILEAGE 147.7 @ 2.60	382.92
TOTAL	25,835.90

REMARKS:

EQUIPMENT

Kenny Baera

PUMP TRUCK CEMENTER Fuben Chavez

#5311541 HELPER Cesar Pavia

BULK TRUCK DRIVER Picardo Estrada

#4701528

BULK TRUCK DRIVER Jaime Torres

#4561251

SERVICE

DEPTH OF JOB	<u>1802 ft</u>
PUMP TRUCK CHARGE	<u>2,213.75</u>
EXTRA FOOTAGE @	
MILEAGE heavy Vehicle 50 @ 7.70	385.00
MANIFOLD + Corn head 1 @ 2.75	2.75
Light Vehicle 50 Mi. @ 4.40	220.00
TOTAL	3,093.75

CHARGE TO: Oxy USA, Inc.

STREET

CITY Liberal Ks DEPT. Edwards STATE Ks

LEASE/WELL/FAC # B-1

MAXIMO / WSM #

TASK 0105 ELEMENT 3023

PROJECT # 1167930 CAPEX / OPEX - Circle one

SFD / BPA UNSUPPORTED

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>		
Guide Shoe 1 @ 460.98	460.98	
Flapper Float Valve 1 @ 446.94	446.94	
Centralizers 15 @ 74.88	1,123.20	
Cem. Basket 1 @ 559.26	559.26	
Top rubber plug 1 @ 131.04	131.04	
stop collar 1 @ 48.00	48.00	
TOTAL	2,769.42	

To: Allied Oil & Gas Services, LLC

You are hereby requested to accept cement materials delivered 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 31,699.07

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME

SIGNATURE

NET = 19,336.43

ALLIED OIL & GAS SERVICES, LLC

KB
053021

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal Ks.

DATE <u>04-14-13</u>	SEC. <u>33</u>	TWP. <u>29S</u>	RANGE <u>R39W</u>	CALLED OUT	ON LOCATION <u>11:00</u>	JOB START <u>1:30</u>	JOB FINISH <u>2:30 P.m.</u>
Edwards LEASE	WELL# <u>B-1</u>	LOCATION <u>S.W. Ulysses Ks</u>			COUNTY <u>Stanton</u>	STATE <u>Ks.</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Astec 20-507 OWNER Oxy Usa Inc

TYPE OF JOB L Production

HOLE SIZE 7 7/8 T.D. 6000ft CEMENT

CASING SIZE 5 1/2 17 # DEPTH 5989ft AMOUNT ORDERED 370sk 50/50 Poz-H¹¹

TUBING SIZE DEPTH 2% Gel, 5% Gyp Seal, 10% Salt, 3lb/sk

DRILL PIPE DEPTH Gilsonite, 1/4 lb/sk F. Seal, .5% FL-160, .2%

TOOL DEPTH CO-31

PRES. MAX MINIMUM COMMON @

MEAS. LINE SHOE JOINT 41.03ft POZMIX @

CEMENT LEFT IN CSG. GEL @

PERFS. CHLORIDE @

DISPLACEMENT 138 BBls ASC @

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez Kenny Boerzi APBH-50/50poz-H-371sk @ 16.85 6,234.50

531/541 HELPER Cesar Pavia NAAL-Salt 22.5K @ 26.35 592.85

BULK TRUCK GpSL 31sk @ 37.60 1,165.60

470/528 DRIVER Jaime Torres Gils - 1850 lb @ .98 1,813.00

BULK TRUCK FLSL- 92.60 @ 2.97 275.02

DRIVER FL-160 155.41b @ 18.90 2,937.06

CD-31 62.21b @ 10.30 640.66

SaFL 12BBls @ 58.70 704.40

HANDLING 470L-ft @ 2.48 1,165.60

MILEAGE 941.65 Ton Mi. @ 2.60 2,448.29

TOTAL 17,977.01

REMARKS:

Pressure test at 3000 PSI, then pump 5 BBLs Fresh water, 12 BBLs Flush spacer, 5 BB-Fresh water then Mix & pump 370sk of Cement (10% Gyp slurry) displace it with 138 BB of H₂O. Bump plug at 1500 PSI, release pressure, flow hold. Big down. Thank you.

SERVICE

DEPTH OF JOB 6000 ft

PUMP TRUCK CHARGE 3,099.25

EXTRA FOOTAGE @

MILEAGE heavy 50Mi @ 7.70 385.00

MANIFOLD + Cam head 1 @ 275.00 275.00

Light Vehicle 50Mi @ 4.40 220.00

TOTAL 3,979.25

CHARGE TO: Oxy Usa Inc

AP LOCATION/DEPT. Edwards B1

STREET/LEASE/WELL/FAC. Edwards B1

CITY/TASK 0102 STATE 3023

PROJECT # 1167930 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

PRINTED NAME Mark A. Bonner

SIGNATURE: Mark A. Bonner

PLUG & FLOAT EQUIPMENT

5 1/2 Top rubber plug 1 @ 85.41 85.41

APG Float Valve 1 @ 286.00 286.00

Guide Shoe 1 @ 240.00 240.00

Centralizers 20 @ 57.33 1,146.60

TOTAL 1,758.01

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 2,374.27

PRINTED NAME

DISCOUNT IF PAID IN 30 DAYS

SIGNATURE

NET = 14,702.85

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/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

August 01, 2013

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

Re: ACO1
API 15-187-21222-00-00
EDWARDS B 1
NE/4 Sec.33-29S-39W
Stanton 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