



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154543
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: _____



1154543

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	DEVORE E 1
Doc ID	1154543

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DEVORE E 1
Doc ID	1154543

Tops

Name	Top	Datum
HEEBNER	3992	
TORONTO	4010	
LANSING	4082	
KANSAS CITY	4317	
MARMATON	4610	
PAWNEE	4712	
CHEROKEE	4768	
ATOKA	4991	
MORROW	5050	
CHESTER	5062	
ST. GENEVIEVE	5147	
ST. LOUIS	5209	

ALLIED OIL & GAS SERVICES, LLC

K15
052927

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>4-17-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>3:30</u>	JOB START <u>7:50</u>	JOB FINISH <u>10:30</u>
LEASE <u>Devore</u>	WELL # <u>E1</u>	LOCATION <u>1.5 miles North Sublett</u>	COUNTY <u>Finney</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Aztec Big 507
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 TD. 1812
 CASING SIZE 8 5/8 DEPTH 1817.59
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 2000 MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. Shoe Joint 91.46
 PERFS.
 DISPLACEMENT 112.6 BBL

OWNER Oxy USA
 CEMENT
 AMOUNT ORDERED Lead 350 sks Allied
multi-Dens cmt class A
Tail 245 sks class c
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
Allied multi-Dens 350 @ 25.90 9065.00
Class C Premium Plus 245 @ 24.40 5978.00
Calcium Chloride 18 @ 64.00 1152.00
Flo Seal 149 # @ 2.97 442.83
Suspension Agent 66 # @ 17.55 1158.30
 @
 @
 @
 HANDLING 648 @ 2.48 1607.04
 MILEAGE 1472.70 @ 260 3829.03
 TOTAL 23231.90

EQUIPMENT

PUMP TRUCK CEMENTER Kelly E Rubin
 #531-541 HELPER Cesar
 BULK TRUCK
 #470-528 DRIVER Jaime
 BULK TRUCK
 #472-467 DRIVER Rubin

REMARKS:

Got Back 67 BBLs cmt

Thank you!

SERVICE

DEPTH OF JOB 1817.59
 PUMP TRUCK CHARGE 2213.75
 EXTRA FOOTAGE @
 MILEAGE Light Vehicle 50 @ 4.40 220.00
 MANIFOLD @
Head Rental 1 @ 275.00 275.00
Heavy Vehicle 50 @ 7.70 385.00
 TOTAL 3093.75

CHARGE TO: Oxy USA
 AP LOCATION/DEPT. Libeap D02 NON D02
 STREET Devore E-1
 MAXIMO / WSM #
 CITY STATE ZIP 3002
 TASK 0102 ELEMENT
 PROJECT # 1168923 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME JARED LEWTON
 SIGNATURE: Jared Lewton

PLUG & FLOAT EQUIPMENT

8 5/8 Top Plug 1 @ 48.00 48.00
8 5/8 Stop Collar 1 @ 460.98 460.98
8 5/8 Guide shoe 1 @ 56.16 56.16
8 5/8 Flapper Float Valve 1 @ 446.94 446.94
8 5/8 Centralizers 14 @ 74.88 1048.32
8 5/8 Cement Basket 1 559.26 559.26
 TOTAL 2619.66

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 28,945.31

PRINTED NAME JARED LEWTON
 SIGNATURE Jared Lewton

DISCOUNT \$ 17,656.39 IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC

K15
053026

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>04-23-13</u>	SEC. <u>27</u>	TWP. <u>T26S</u>	RANGE <u>R33W</u>	CALLED OUT	ON LOCATION <u>10:00</u>	JOB START <u>2:00am</u>	JOB FINISH <u>3:20am</u>
DEWORE LEASE	WELL# <u>E-1</u>	LOCATION <u>S.W. Garden City KS</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)							

CONTRACTOR Astec #509
 TYPE OF JOB Long string
 HOLE SIZE 7 7/8 T.D. 5342.28
 CASING SIZE 5 1/2 17 DEPTH 5343.28
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1500 PSI MINIMUM
 MEAS. LINE SHOE JOINT 38.76
 CEMENT LEFT IN CSG. 38.76
 PERFS.
 DISPLACEMENT 127.79 BBls

OWNER
 CEMENT At Pol
 AMOUNT ORDERED 340sk 30/50 27.6sk
5% Exp Seal, 10% Salt brine, 5151sk
Gilsonite, 1/4 lb F Seal, 5% FL-160
- 2% CD-31
 COMMON @ _____
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC @ _____
 APBH 50/50 14 34sk @ 16.85 5729.00
 MACL-Salt 20.7sk @ 26.75 549.45
 Gosh - 28.6sk @ 37.60 1075.36
 Gylsonite 1700 Lb @ .78 1,666.00
 FL SK - 85.1b @ 2.97 252.45
 FL-160 142.81b @ 19.90 2849.92
 CD-31 57.101b @ 10.30 588.15
 SPFL - 12.801b @ 58.70 704.40
 HANDLING 436 Lb @ 2.48 1081.28
 MILEAGE 863.3 Ton/Mi @ 2.60 2249.78
 TOTAL 16,590.72

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez-Kelly
 # 4571541 HELPER Cesar Pavia
 BULK TRUCK
 # 4701528 DRIVER Picardo Estrada
 BULK TRUCK
 # DRIVER

REMARKS:

Test lines at 5000 PSI, then pump 3
 BBls H2O-Spacer, 12 BBls Sugar Flush,
 5 BBls H2O Spacer then mix cement
 340 sk of cement (49.6) BBls slurry
 and replace it with 127.7 BBls
 of H2O. Pump plug at 1500 PSI
 Pressure release, flow hold
 -thank you.

SERVICE

DEPTH OF JOB 5343.28 ft
 PUMP TRUCK CHARGE 3,098.25
 EXTRA FOOTAGE @ _____
 MILEAGE heavy Veh. 50 @ 7.70 385.00
 MANIFOLD + Com head 1 @ 275.00 275.00
 Light Vehicle 50 Mi. @ 4.40 220.00
 TOTAL 3979.25

CHARGE TO: Oxy Usa Inc

STREET LOCATION/DEPT. Libecop D02 NON D02
 LEASE/WELL/FAC Dewore E-1
 CITY MAXIMO / WSM# STATE ZIP
 TASK 01-02 ELEMENT 3023
 PROJECT # 1168723 CAPEX / OPEX - Circle one
 SPO / BPA _____ UNSUPPORTED
 Circle Doc Type
 PRINTED NAME JARED LEWTON
 SIGNATURE Jared Lewton

PLUG & FLOAT EQUIPMENT

5/2
 Guide Shoe 1 @ 608.40 608.40
 AFU-Float Valve 1 @ 725.40 725.40
 Centralizer 20 @ 57.23 1,146.60
 Rubber plug 1 @ 85.41 85.41
 stop collar 1 @ 42.00 42.00
 TOTAL 2,607.81

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 23,177.83

PRINTED NAME JARED LEWTON

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Jared Lewton

NET = 14,370.26

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 07, 2013

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

Re: ACO1
API 15-055-22211-00-00
DEVORE E 1
SE/4 Sec.27-26S-33W
Finney 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