



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1156451
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: _____



1156451

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 1
Doc ID	1156451

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	DRUSSEL E 1
Doc ID	1156451

Tops

Name	Top	Datum
HEEBNER	3905	
TORONTO	3920	
LANSING	3990	
KANSAS CITY	4355	
MARMATON	4486	
PAWNEE	4571	
CHEROKEE	4627	
ATOKA	4800	
MORROW	4853	
ST. GENEVIEVE	4967	
ST. LOUIS	5031	

ALLIED OIL & GAS SERVICES, LLC 053030

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>09-02-13</u>	SEC. <u>36</u>	TWP. <u>25S</u>	RANGE <u>33W.</u>	CALLED OUT	ON LOCATION <u>8:00</u>	JOB START <u>4:30</u>	JOB FINISH <u>5:30</u>
LEASE <u>DRUSSEL</u>	WELL # <u>E-1</u>		LOCATION <u>From Garden City, Sun Hwy 83</u>		COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			to Parallel Rd, 2 MW, N into it				

CONTRACTOR Astec # 509
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1944 ft
 CASING SIZE 8 7/8 24 # DEPTH 1948.43 ft
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1200 PSI MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 40.82 ft
 CEMENT LEFT IN CSG. 40.82 ft
 PERFS. _____
 DISPLACEMENT 121.5 BBS

OWNER Oxy USA Inc.
 CEMENT AMD
 AMOUNT ORDERED 350 sk 'A' 2% Gyp Seal
2% NAMS, 3% C.C., 1/4 F. Seal, 2% SA-51
249 sk 'C' 2% C.C. 1/4 blk F. Seal
 COMMON class C 249 sk @ 2.40 5,978.00
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE 10 sk @ 64.00 640.00
 ASC _____ @ _____
 AMDA- 350 sk @ 2.590 9,065.00
FLSL 149 lb @ 2.97 442.53
SA-51 66 lb @ 17.55 1,158.30
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 648 Csf @ 2.48 1,607.04
 MILEAGE 1472.70 To, M. @ 2.60 3,829.02
TOTAL 23,231.90

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez
 # 031-541 HELPER Cesar Pavia
 BULK TRUCK _____
 # 457-251 DRIVER Ricardo Estrada
 BULK TRUCK _____
 # 600 DRIVER Darrin Hoeb

REMARKS:

Pressure test lines 2500 PSI, Pump 20
BBS H2O spacer then Mix + pump 385 sk
+ cement 200 BBS slurry and displace it with
123 BBS H2O - Did not bump plug - Flow Hold:
OK. By Company 70 BBS slurry circulate
to pit.
Stand by time = 4 Hours.

SERVICE

DEPTH OF JOB 1948.43 ft
 PUMP TRUCK CHARGE 2,213.75
 EXTRA FOOTAGE @ _____
 MILEAGE heavy Truck 50 @ 7.70 385.00
 MANIFOLD + Cem. head 1 @ 275.00 275.00
 Light truck 50 Mi. @ 4.40 220.00
 Stand by hours 4 @ 440.00 1,760.00
TOTAL 4,853.75

CHARGE TO: Oxy USA Inc. / Decap
 AP LOCATION / DEPT. _____
 STREET / LEASE / WELL / FAC. DRUSSEL E 1
 MAXIMO / WSM # _____
 CITY / TASK 0102 STATE _____ ELEM / ZIP 3033
 PROJECT # 1169056 CAPEX / OPEX - Circle one
 SPO / BPA _____ UNSUPPORTED
 PRINTED NAME Mark A. Bowler
 SIGNATURE: Mark A. Bowler

PLUG & FLOAT EQUIPMENT

8 7/8
Top rubber plug 1 @ 131.04 131.04
Stop Collar 1 @ 48.00 48.00
Guide Shoe 1 @ 460.98 460.98
Flapper Float Valve 1 @ 446.94 446.94
Centralizer 17 @ 74.55 1,267.35
Cem. Basket 1 @ 559.26 559.26
TOTAL 2,694.54

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 30,780.19
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____
 SIGNATURE _____

NET = 18,775.92

ALLIED OIL & GAS SERVICES, LLC 053350

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Liberals

DATE <u>5-6-13</u>	SEC. <u>36</u>	TWP. <u>25S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>5:00p.m</u>	JOB START <u>9:30</u>	JOB FINISH <u>10:30</u>
LEASE <u>Drussle</u>	WELL # <u>E-1</u>	LOCATION <u>Vec Garden City KS</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Ad 507 OWNER _____

TYPE OF JOB Production

HOLE SIZE <u>7 1/8</u>	T.D. <u>5361</u>	CEMENT
CASING SIZE <u>5 1/2 17#</u>	DEPTH <u>5347.42</u>	AMOUNT ORDERED <u>50/50 2% gel 5% gypsum seal</u>
TUBING SIZE	DEPTH	<u>10% salt 5% Gilsomite 1/4# flo seal</u>
DRILL PIPE	DEPTH	<u>5% FI-160 .2% CD-31</u>
TOOL	DEPTH	
PRES. MAX	MINIMUM	COMMON _____ @ _____
MEAS. LINE	SHOE JOINT	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>1.23 bbls</u>		GEL _____ @ _____
PERFS.		CHLORIDE _____ @ _____
DISPLACEMENT <u>122.8</u>		ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER <u>Lenny Baeza</u>	CHIEF	<u>Gilsomite 1380#</u>	@ <u>.98</u>	<u>1352.40</u>
# <u>531-541</u>	HELPER <u>Jamie Torres</u>	<u>Flo seal 69#</u>	@ <u>2.97</u>	<u>204.93</u>
BULK TRUCK		<u>FI-160 116#</u>	@ <u>18.90</u>	<u>2192.40</u>
# <u>562-554</u>	DRIVER <u>Ricardo Estrada</u>	<u>CD-31 46.40#</u>	@ <u>10.30</u>	<u>477.92</u>
BULK TRUCK		<u>Super Flush 12 bbls</u>	@ <u>58.70</u>	<u>704.40</u>
#	DRIVER	<u>APBH 50/50 275sk</u>	@ <u>16.85</u>	<u>4633.75</u>

HANDLING <u>354</u>	@ <u>2.48</u>	<u>877.92</u>
MILEAGE <u>702.40</u>	@ <u>2.60</u>	<u>1826.24</u>
Drayage		
TOTAL		<u>\$13620.31</u>

AP LOCATION/DEPT. Drussle REMARKS like

LEASE/WELL/FAC. Drussle E-1

MAXIMO / WSM # _____

TASK 0102 ELEMENT 3023

PROJECT # 11690516 CAPEX / OPEX - Circle one

\$PO / BPA _____ UNSUPPORTED

PRINTED NAME Graham Flynn

SIGNATURE: _____

SERVICE

DEPTH OF JOB <u>5001-6000</u>	
PUMP TRUCK CHARGE <u>3,099.25</u>	
EXTRA FOOTAGE @ _____	
MILEAGE <u>50</u> @ <u>7.70</u>	<u>385.00</u>
MANIFOLD <u>1</u> @ <u>275.00</u>	<u>275.00</u>
Light Vehicle <u>50</u> @ <u>4.40</u>	<u>220.00</u>
	@ _____

TOTAL 3979.25

PLUG & FLOAT EQUIPMENT

<u>Top Rubber Plug 1</u>	@ <u>85.41</u>	<u>85.41</u>
<u>Stop Collar 1</u>	@ <u>49.14</u>	<u>49.14</u>
<u>Guide Shoe 1</u>	@ <u>608.40</u>	<u>608.40</u>
<u>AFU Float Valve 1</u>	@ <u>725.40</u>	<u>725.40</u>
<u>Centralizer 20</u>	@ <u>57.33</u>	<u>1146.60</u>
	@ _____	

TOTAL 2614.95

CHARGE TO: OKY USA

STREET _____

CITY _____ STATE _____ ZIP _____

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 \$20214.51

PRINTED NAME _____

SIGNATURE _____

DISCOUNT _____ IF PAID IN 30 DAYS

Net = 12,532.99

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 27, 2013

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

Re: ACO1
API 15-055-22213-00-00
DRUSSEL E 1
SW/4 Sec.36-25S-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