



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1157477
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: _____



1157477

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
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STALEY A 1
Doc ID	1157477

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STALEY A 1
Doc ID	1157477

Tops

Name	Top	Datum
HEEBNER	3910	
TORONTO	3933	
LANSING	3986	
KANSAS CITY	4352	
MARMATON	4481	
PAWNEE	4575	
CHEROKEE	4621	
ATOKA	4760	
MORROW	4819	
ST. GENEVIEVE	4881	
ST. LOUIS	4954	

ALLIED OIL & GAS SERVICES, LLC 053032

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>05-10-13</u>	SEC <u>27</u>	TWP. <u>25S</u>	RANGE <u>32W.</u>	CALLED OUT	ON LOCATION <u>7:45 a.m.</u>	JOB START <u>10:00</u>	JOB FINISH <u>11:50 a.m.</u>
STATE <u>KS</u>	WELL# <u>A-1</u>		LOCATION <u>2 E. Barden City Tr.</u>	COUNTY <u>Finnney</u>	STATE <u>KS</u>		

CONTRACTOR Asta FF 507.
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1820'
 CASING SIZE 8 5/8 2 1/2 DEPTH 1817.35 ft
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 CROWL DEPTH
 RES. MAX 1500 MINIMUM
 CASING LINE SHOE JOINT 40.46
 CEMENT LEFT IN CSG. 40.46
 PERFS.
 DISPLACEMENT 113.189 BBLS

OWNER Oxy Usa Inc
 CEMENT
 AMOUNT ORDERED 350 sk "A" 2% C.C. Seal, 2% NAMS, 3% C.C. 1/4" F. Seal, 2% SA-51, 245 sk "C" 2% C.C. 1/4" blk F. Seal
 COMMON "C" 245 sk @ 24.40 5,978.00
 POZMIX @
 GEL @
 CHLORIDE 18 sk @ 64.00 1,152.00
 ASC @
 AMDA "A" 350 sk @ 25.90 9,065.00
 ELSI 149 lb @ 2.97 442.53
 SA-51 66 lb @ 17.55 1,158.30
 @
 @
 @
 @
 @
 HANDLING 648 C. Ft @ 2.48 1,607.04
 MILEAGE 1472.7 Ton M. @ 2.60 3,829.03
 TOTAL 23,231.90

EQUIPMENT
 UMP TRUCK CEMENTER Ruben Chavez
531-541 HELPER Cesar Pavia
 ULK TRUCK F45TTRUCK
Field Bin 52 DRIVER RICARDO ESTRADA
 ULK TRUCK
 DRIVER Dawerek

REMARKS:
Pressure test lines at 2,500 PSI. then pump 20 BBLs H2O - Spacer. Then mix & pump 395 sk of cement (208 BBLs slurry) and displace it with 214 BBLs H2O to 630 ST. didn't bump plug. Release pressure didn't hold flow. Leave head and manifold with valves closed. Thank you.

SERVICE
 DEPTH OF JOB 1817.35 ft
 PUMP TRUCK CHARGE 2,213.75
 EXTRA FOOTAGE @
 MILEAGE heavy vehicle 50 @ 7.70 585.00
 MANIFOLD & Corn. head 1 @ 2.75 2.75
Light Vehicle 50 M. @ 4.40 2,200.00
 @

CHARGE TO: Oxy Usa Inc
 AP LOCATION/DEPT. Liberal D02 INON D02 LI
 TREAT WELLS/FAC Staley A1
 MAXIMO / WSM #
 CITY OL 02 STATE KS ELEMENT ZIP 3023
 PROJECT # 1169763 CAPEX / OPEX - Circle one
 SPO / BPA JARED LEWTON UNSUPPORTED
 PRINTED NAME
 SIGNATURE: Jared Lewton
I certify that these Services/Materials have been received

TOTAL 3,093.25

PLUG & FLOAT EQUIPMENT
8 5/8
Top rubber plug 1 @ 131.04 131.04
2 top collar 1 @ 56.16 56.16
Guide Shoe 1 @ 466.98 466.98
Floater Float Valve 1 @ 446.94 446.94
Centralizer 15 @ 74.88 1,123.20
Corn. Basket 1 559.26 559.26
 TOTAL 2,777.58

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 one 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 29,103.23
 DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME JARED LEWTON
 SIGNATURE Jared Lewton

NET = 17,752.97

ALLIED OIL & GAS SERVICES, LLC 053034

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>05-16-13</u>	SEC. <u>27</u>	TWP. <u>25S</u>	RANGE <u>32W.</u>	CALLED OUT	ON LOCATION <u>12:00a.m</u>	JOB START <u>4:00</u>	JOB FINISH <u>5:00a.m</u>
STALEY LEASE		WELL# <u>A-1</u>	LOCATION <u>83 + Pate Smith Rd. 2 ME, Note</u>	COUNTY <u>Finney</u>	STATE <u>KS</u>		

CONTRACTOR Astec F507

TYPE OF JOB Long string

HOLE SIZE <u>7 7/8</u>	ID. <u>51.90 feet</u>
CASING SIZE <u>5 1/2 17#</u>	DEPTH <u>5147 ft</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1400 PSI</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>41.22 ft</u>
CEMENT LEFT IN CSG. <u>41.22 ft</u>	
PERFS.	
DISPLACEMENT <u>118.45 BBls</u>	

EQUIPMENT

PUMP TRUCK CEMENTER <u>Ruben Chavez</u>
<u>531-541</u> HELPER <u>Cesar Povic</u>
BULK TRUCK
<u>472-467</u> DRIVER <u>Cederick</u>
BULK TRUCK
DRIVER

OWNER Oxy USA Inc.

CEMENT

AMOUNT ORDERED 255 sk 50# 02-507.14

2% Body 5% Gyp Seal 10% Sulf 51blsk

Gibsonite 44blsk F-Seal 0.5% FL-160

.2% CO-31.

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC <u>50/50 clus H-255</u>	@ <u>16.85</u>	<u>4,296.75</u>
<u>WACK 100blsk 16sk</u>	@ <u>26.35</u>	<u>421.60</u>
<u>GasI - 2.2sk</u>	@ <u>37.60</u>	<u>827.20</u>
<u>Gibsonite 1.275lb</u>	@ <u>.98</u>	<u>1,249.50</u>
<u>Flu Seal. 64lb</u>	@ <u>2.97</u>	<u>190.58</u>
<u>FL-160 1.0710lb</u>	@ <u>18.70</u>	<u>2,024.19</u>
<u>CO-31 43lb</u>	@ <u>10.30</u>	<u>442.90</u>
<u>SP Flash 12.80lb</u>	@ <u>58.70</u>	<u>704.40</u>
	@	
HANDLING <u>342.30 CWT</u>	@ <u>2.48</u>	<u>848.90</u>
MILEAGE <u>648.98 Ton M.</u>	@ <u>2.60</u>	<u>1,687.35</u>
		TOTAL <u>12,692.87</u>

REMARKS:

Pressure test lines at 3000 PSI, then pump spacers 5-12-5. Then mix + pump 255 sk of cement 17.17 Bbls slurry and displace it with 118.4 BBls H₂O. Release pressure Flow Hold. Plug bumped at 1200 PSI thank you!

SERVICE

DEPTH OF JOB	<u>5147 ft</u>
PUMP TRUCK CHARGE	<u>3,099.25</u>
EXTRA FOOTAGE	@
MILEAGE <u>heavy Veh. 50</u>	@ <u>7.70</u> <u>385.00</u>
MANIFOLD + Cem head 1	@ <u>275.00</u> <u>275.00</u>
Light Vehicle 50M.	@ <u>4.40</u> <u>220.00</u>
	@
TOTAL <u>3,979.25</u>	

CHARGE TO: Oxy USA Inc

AP LOCATION/DEPT. Liberal D02 NON D02

STREET/SEWELL/FAC. Staley Rd

CITY Liberal STATE KS ZIP 67643

PROJECT # 1169763 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

PRINTED NAME JARED LEWTON

SIGNATURE: Jared Lewton

PLUG & FLOAT EQUIPMENT

<u>5/2</u>		
<u>Top rubber plug 1</u>	@ <u>85.41</u>	<u>85.41</u>
<u>Stop collar 1</u>	@ <u>42.00</u>	<u>42.00</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>1,146.60</u>
		TOTAL <u>2,607.81</u>

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cement 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 19,279.43

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME JARED LEWTON

SIGNATURE Jared Lewton

NET = 13,495.45

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

September 05, 2013

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

Re: ACO1
API 15-055-22217-00-00
STALEY A 1
SW/4 Sec.27-25S-32W
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