



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1158397
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: _____



1158397

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: 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	TAIT B 5
Doc ID	1158397

All Electric Logs Run

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

ALLIED OIL & GAS SERVICES, LLC 053036

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>05-18-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>4:20 PM</u>	JOB START <u>7:00</u>	JOB FINISH <u>8:30 PM</u>
LEASE <u>TAIT</u>	WELL# <u>B-5</u>	LOCATION <u>S.W. Garden City</u>			COUNTY <u>Finney</u>	STATE <u>Ks.</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR Astec 507
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1829'
 CASING SIZE 8 5/8 24# DEPTH 1829'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE 1100 SHOE JOINT 41.70 FT
 CEMENT LEFT IN CSG. 41.70'
 PERFS.
 DISPLACEMENT 113.85 BBLS

OWNER Oxy USA INC
 CEMENT
 AMOUNT ORDERED 350 sk AMD 100' 'A' 2 1/2" Exp Seal, 2% NAMS, 5% CC 1/4 blk Floscl, 2% SA-SI, 245 sk 'C' 2 1/2 CC 1/4 blk F.
 COMMON 1" 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
 Floscl 149 lb @ 2.97 442.53
 SA-SI 66 lb @ 17.55 1,158.30
 @
 @
 @
 @
 HANDLING 648 Cwt @ 2.48 1,607.04
 MILEAGE 1-172.70 Ton M. 2.60 3,829.03
 TOTAL 23,231.9

EQUIPMENT
 PUMP TRUCK CEMENTER Bob Ryan
 # 531-541 HELPER Cesar Pavia
 BULK TRUCK
 # 549 DRIVER Cedrick
 BULK TRUCK
 # field Bin DRIVER

REMARKS:

Pressure test lines at 3000 PSI, Pump 500k H₂O - 10' BBLS polymer spacer - 5 BBLS H₂O then Mix + pump 595 sk at cement (208 BBLS slurry) and displace with 113.8 BBLS H₂O, Pump plug at 1000 PSI Release pressure flow hold - Put pressure back to 1500 PSI for 30 minute Hold. 177 BBLS slurry circulate to pit.

Super polymer Spacer 1000 250' 2,500.00
 SERVICE 25,731.90

CHARGE TO: Oxy USA Inc.

DEPTH OF JOB 1829 ft
 PUMP TRUCK CHARGE 2,213.75
 EXTRA FOOTAGE @
 MILEAGE heavy Trk 50 @ 7.70 385.00
 MANIFOLD + Cem. head 1 @ 275.00 275.00
 Light Vehicle 50 Mi. @ 4.40 220.00
 @

TOTAL 3,093.75

STREET
 AP LOCATION/DEPT. Libecap D025 FINON D023
 CITY Tait STATE 6-5
 LEASE/WELL/FAC
 MAXIMO / WSM #
 TASK 01-02 ELEMENT 3023
 PROJECT # 1167790 CAPEX / OPEX - Circle one
 SPO / EPA UNSUPPORTED
 To: Allied Oil & Gas Services, Mike Lewton
 You are hereby requested to receive 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.

PLUG & FLOAT EQUIPMENT

8 5/8
 Top rubber plug 1 @ 131.09 131.09
 Stop Collar 1 @ 56.16 56.16
 Guide Shoe 1 @ 446.98 446.98
 Flapper Float Valve 1 @ 446.99 446.99
 Centralizer 14 @ 74.58 1,044.32
 Cement Basket 1 559.26 559.26
 TOTAL 2,702.70

PRINTED NAME SAREO LEWTON

SALES TAX (If Any)
 TOTAL CHARGES 31,528.35
 DISCOUNT IF PAID IN 30 DAYS

SIGNATURE Mike Lewton

NET = 19,232.30

ALLIED OIL & GAS SERVICES, LLC 053040

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Liberal KS

DATE <u>05-25-13</u>	SEC <u>3</u>	TWP <u>25S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>12-00 PM</u>	JOB START <u>10-00</u>	JOB FINISH <u>11:00 PM</u>
LEASE <u>Tail</u>	WELL # <u>B-5</u>	LOCATION <u>S.W. Garden City KS.</u>		COUNTY <u>Finney</u>	STATE <u>KS</u>		
OLD OR <input checked="" type="checkbox"/> (Circle one)							

CONTRACTOR Ad # 507
TYPE OF JOB PTA.

OWNER Oxy Usa Inc.

HOLE SIZE 7 7/8 T.D.
CASING SIZE 8 5/8 24# DEPTH 1829.
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG.
PERFS.
DISPLACEMENT 18 Bbls + 9.1 + 4.9 Bbls.

CEMENT
AMOUNT ORDERED 530 sk "C", 21.00

COMMON 530 sk "C" @ 24.40 12,932.00
POZMIX @
GEL @
CHLORIDE 10.0 sk @ 64.00 640.00
ASC @

HANDLING 540 wft @ 2.48 1,296.00
MILEAGE 1264.3 Ten M. @ 2.60 3,287.18
TOTAL 17,515.18

DEPTH OF JOB _____ SERVICE _____
PUMP TRUCK CHARGE _____
EXTRA FOOTAGE _____
MILEAGE heavy Veh 50 @ 7.70 385.00
MANIFOLD @
Light Vehicle 50 Mi. @ 4.40 220.00
7 Hours Stand By Time @ 440.00 3080.00
TOTAL 4,935.00

EQUIPMENT

PUMP TRUCK CEMENTER Rubeo Chavez
531-541 HELPER Cesar Pavia
BULK TRUCK
530-528 DRIVER Taime Torres.
BULK TRUCK
_____ DRIVER _____

REMARKS:

Pressure test lines at 1000 PSI. Pump 10 Bbls
H2O - Sperry Max pump 4000sk cement at
1935 ft and displace with 10 Bbls H2O
Wait 6 hours press-test plus 1000 PSI for 15
minutes. Max pump 80sk at 964ft,
displ. 9.1 Bbls H2O, Mix 30sk at 468ft
and 20sk at 60 ft. Job finish.

CHARGE TO: Oxy Usa Inc.
STREET _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

AP LOCATION/DEPT. Libcap D02 NON D02
LEASEWELL/FAC @ Test B-5
MAXIMO / WSM # @
TASK D102 @ ELEMENT 3023
PROJECT # 1167740 CAPEX / OPEX - Circle one
SPO / BPA _____
PRINTED NAME Garban Flays @ UNSUPPORTED
SIGNATURE: Garban Flays
I certify that these Services have been received

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 23,090.18
DISCOUNT _____ IF PAID IN 30 DAYS _____

PRINTED NAME Garban Flays
SIGNATURE Garban Flays

NET = 14,315.92

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 13, 2013

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

Re: ACO1
API 15-055-22216-01-00
TAIT B 5
SW/4 Sec.03-25S-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