



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1159551
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: _____



1159551

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	GARDEN CITY H 12
Doc ID	1159551

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY H 12
Doc ID	1159551

Tops

Name	Top	Datum
HEEBNER	3825	
TORONTO	3842	
LANSING	3873	
KANSAS CITY	4227	
MARMATON	4372	
PAWNEE	4458	
CHEROKEE	4511	
ATOKA	4627	
MORROW	4708	
CHESTER	4739	
ST. GENEVIEVE	4790	
ST. LOUIS	4873	

ALLIED OIL & GAS SERVICES, LLC 053041

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal Ks

DATE <u>05-28-13</u>	SEC. <u>23</u>	TWP. <u>23</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>4:30</u>	JOB FINISH <u>5:00 PM</u>
LEASE <u>Garden City</u>	WELL# <u>H-12.</u>	LOCATION <u>Garden City H-12. Hwy 50 +</u>			COUNTY <u>Finney</u>	STATE <u>Ks.</u>	
OLD OR <u>(NEW)</u> (Circle one)				<u>Ritchell Rd. 2 M. N. W Int. it.</u>			

CONTRACTOR Ad- #507 OWNER Oxx Usa Inc

TYPE OF JOB Surface.

HOLE SIZE 12 1/4 T.D. 1807 ft CEMENT

CASING SIZE 8 7/8 24F DEPTH 1812.85 ft AMOUNT ORDERED 350sk "C" 2% Cap Seal, 2%

TUBING SIZE DEPTH NAMS, 3% CC, 1/4 F. Seal, 2% SA-51

DRILL PIPE DEPTH 245sk "C" 2% CC 1/4 lb/sk Flo-seal

TOOL DEPTH

PRES. MAX 1500 PSI MINIMUM

MEAS. LINE SHOE JOINT 412.37

CEMENT LEFT IN CSG. 40.37

PERFS.

DISPLACEMENT 112 Bais

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez

531-541 HELPER Cesar Pavia

BULK TRUCK

456 DRIVER Ernie Smith.

BULK TRUCK

Fld 67527 DRIVER

REMARKS:

Pressure test lines 2500 PSI, Pump 10 Bais
H2O-Spacer. Mix pump 375sk at cement
(200) Bais spacer and displace with 112 Bais
H2O Pump plug at 1200 PSI, Release pressure
Plug Hold. Put pressure back to
1500 PSI for 30 minutes Hold.
Circulate to surface

CHARGE TO: Oxx Usa Inc.

STREET

AP LOCATION/DEPT. Liberal D020 NON D020

CITY Liberal STATE Ks COUNTY Finney WELL# H12

LEASE/WELL/FAC

MAXIMO / WSM #

TASK 0102 ELEMENT 3023

PROJECT # 1168194 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

To: Allied Oil & Gas Services, LLC. Mark A. Bunker

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.

PRINTED NAME

SIGNATURE

CEMENT			
AMOUNT ORDERED	<u>350sk "C" 2% Cap Seal, 2%</u>		
	<u>NAMS, 3% CC, 1/4 F. Seal, 2% SA-51</u>		
	<u>245sk "C" 2% CC 1/4 lb/sk Flo-seal</u>		
COMMON class "C" 245sk @	<u>24.40</u>		<u>5978.00</u>
POZMIX	@		
GEL	@		
CHLORIDE	<u>180k</u>	@ <u>64.00</u>	<u>1152.00</u>
ASC	@		
ELSA	<u>1491b</u>	@ <u>2.97</u>	<u>442.53</u>
SA51	<u>661b</u>	@ <u>17.55</u>	<u>1158.30</u>
AMOC class C 350sk @		@ <u>31.00</u>	<u>10,850.00</u>
		@	
		@	
		@	
		@	
HANDLING	<u>648 C. ft</u>	@ <u>2.48</u>	<u>1607.04</u>
MILEAGE	<u>1472.70 Ton M.</u>	@ <u>2.60</u>	<u>3829.03</u>
			<u>TOTAL 25,016.90</u>

SERVICE

DEPTH OF JOB			<u>1812.85 ft</u>
PUMP TRUCK CHARGE			<u>2213.75</u>
EXTRA FOOTAGE	@		
MILEAGE heavy Veh. 50	@ <u>7.70</u>		<u>385.00</u>
MANIFOLD + Com. heat 1	@ <u>275.00</u>		<u>275.00</u>
Light Vehicle 50 M.	@ <u>4.40</u>		<u>220.00</u>
	@		
			<u>TOTAL 3,093.15</u>

PLUG & FLOAT EQUIPMENT

<u>8 7/8</u>			
Top rubber plug 1	@ <u>131.04</u>		<u>131.04</u>
Stop Collar 1	@ <u>48.00</u>		<u>48.00</u>
Guide Shoe 1	@ <u>460.98</u>		<u>460.98</u>
Flapper Float Valve 1	@ <u>448.94</u>		<u>448.94</u>
Centralizer 14	@ <u>74.82</u>		<u>1048.32</u>
Cement Basket 1	@ <u>559.26</u>		<u>559.26</u>
			<u>TOTAL 2,694.54</u>

SALES TAX (If Any)

TOTAL CHARGES 30,805.19

DISCOUNT IF PAID IN 30 DAYS

NET = 19,099.22

ALLIED OIL & GAS SERVICES, LLC 052206

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal, KS

DATE <u>6-2-13</u>	SEC. <u>23</u>	TWP. <u>23S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00</u>	JOB FINISH <u>9:00</u>
LEASE <u>Garden City</u>	WELL # <u>H-12</u>	LOCATION <u>Vec Garden City</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Astec 507 OWNER _____

TYPE OF JOB Long String

HOLE SIZE 7 7/8 T.D. 50604

CASING SIZE 5 1/2 DEPTH 5055

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 40.95

CEMENT LEFT IN CSG. 95 bbls

PERFS. _____

DISPLACEMENT 116.3

EQUIPMENT class 50/50 Poz Blend 260

PUMP TRUCK CEMENTER Lenny Baeza Max Bull

#472 541 HELPER Jamie Torres

BULK TRUCK _____

#531-528 DRIVER Ricardo Estrada

BULK TRUCK _____

_____ DRIVER _____

CEMENT	AMOUNT ORDERED <u>2603k 50/50 Poz Blend</u>	CLASSIF
	<u>2% gel 5% gypsum seal 10% salt 5% Gilsonite</u>	
	<u>5% FL-160 2% CD-31</u>	<u>Gilsonite</u>
COMMON	@ _____	_____
POZMIX	@ _____	_____
GEL	@ _____	_____
CHLORIDE	@ _____	_____
ASC	@ _____	_____
Salt	<u>16</u>	@ <u>26.35</u> <u>421.00</u>
Gyp Seal	<u>22</u>	@ <u>37.60</u> <u>827.20</u>
Gilsonite	<u>1300#</u>	@ <u>.98</u> <u>1274.00</u>
FL-160	<u>109#</u>	@ <u>18.90</u> <u>2060.10</u>
Flo Seal	<u>65#</u>	@ <u>2.97</u> <u>193.05</u>
CD-31	<u>44#</u>	@ <u>10.30</u> <u>453.20</u>
Super Flush	<u>12 bbl</u>	@ <u>58.70</u> <u>704.40</u>
HANDLING	<u>331.23</u>	@ <u>2.40</u> <u>821.45</u>
MILEAGE	<u>663.20</u>	@ <u>2.60</u> <u>1724.32</u>
Drayage		TOTAL <u>12860.32</u>

REMARKS:

AP LOCATION/DEPT. Libecap D02 NON D02

LEASE/WELL/FAC. Garden City H-12

MAXIMO / WSM # _____

TASK 01-02 ELEMENT 3023

PROJECT # 116 8194 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

PRINTED NAME JARED LEWTON

SIGNATURE: Jared Lewton
I certify that these Services/Materials have been received

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	<u>3979.25</u>

CHARGE TO: Oxy USA

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

TOP Rubber Plug	<u>1</u>	@ <u>85.41</u> <u>85.41</u>
Stop Collar	<u>1</u>	@ <u>42</u> <u>42.00</u>
Guide shoe	<u>1</u>	@ <u>608.40</u> <u>608.40</u>
AFU Valve	<u>1</u>	@ <u>725.40</u> <u>725.40</u>
Centralizers	<u>20</u>	@ <u>57.33</u> <u>1,146.60</u>
TOTAL		<u>2607.81</u>

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 \$19447.38

PRINTED NAME JARED LEWTON

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Jared Lewton

Net = 13613.16

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 24, 2013

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

Re: ACO1
API 15-055-22218-01-00
GARDEN CITY H 12
SW/4 Sec.23-23S-34W
Finney County, Kansas

Dear Production Department:

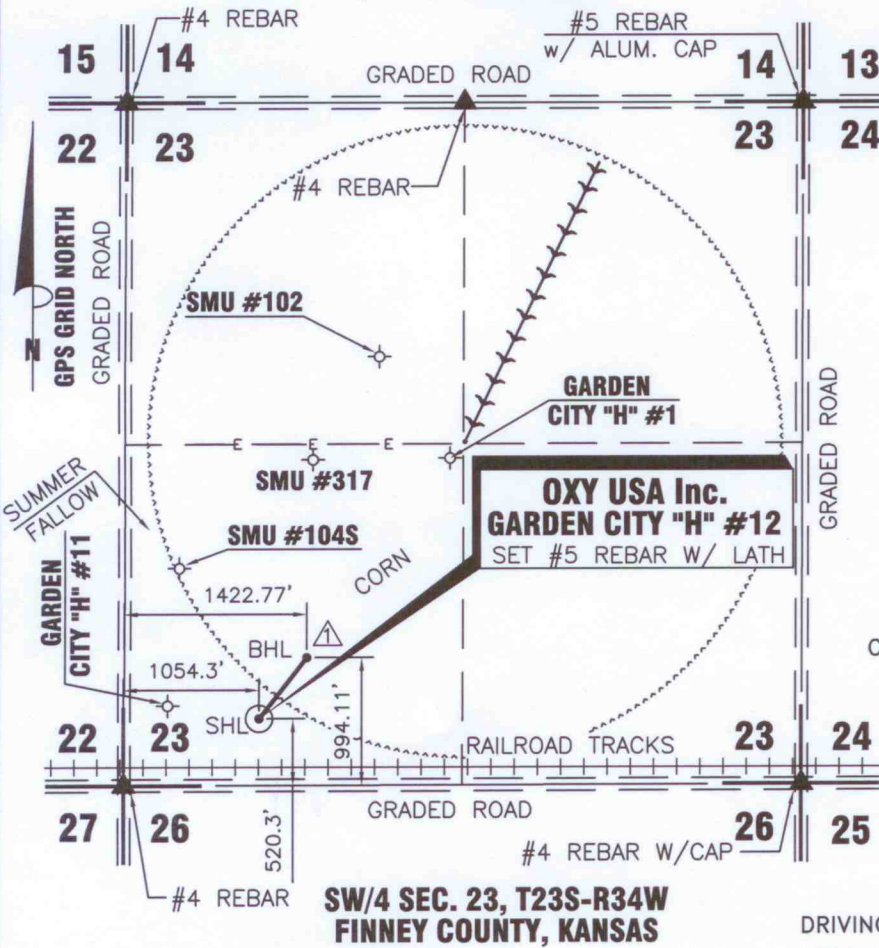
We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
LAURA BETH HICKERT

T23S-R34W

"ASBUILT"



DATE 5/2/2013

OPERATOR OXY U.S.A.

WELL NAME GARDEN CITY "H" #12

LOCATION SW/4 SEC.23, T23S-R34W

SURFACE HOLE LOCATION

FOOTAGES & 520.3' F S L

RELATIONS 1054.3' F W L

ELEVATION 2941.26'

BOTTOM HOLE LOCATION

FOOTAGES & \triangle 994.11' F S L

RELATIONS \triangle 1422.11' F W L

CALC. ELEVATION \triangle -2052.79'

DISTANCE TO EXISTING WELL
719.35' GARDEN CITY "H" #11

AUTHORIZED BY BETH HICKERT

CROP SUMMER FALLOW

SURFACE HOLE LOCATION

LATITUDE 38°02'02.11314" N = 38.033920° N

LONGITUDE 101°01'31.45329" W = 101.025404° W

STATE PLANE COORD. X = 1272721.60

KANSAS SOUTH ZONE
NAD 27 Y = 507688.36

BOTTOM HOLE LOCATION

LATITUDE 38°02'06.80484" N = 38.035224° N \triangle

LONGITUDE 101°01'26.82419" W = 101.024118° W \triangle

STATE PLANE COORD. X = 1273104.67 \triangle

KANSAS SOUTH ZONE
NAD 27 Y = 508152.71 \triangle

NOTE: CONTRACTOR TO CONTACT ONE CALL @ 1-800-DIG SAFE
PRIOR TO ANY EXCAVATION OR CONSTRUCTION.

DRIVING DIRECTIONS USED TO STAKE
WELL FROM KNOWN LANDMARK OR CITY
FROM:

**FROM THE INTERSECTION OF HWY #50 & FAS
#1657, 2.0 MILES WEST OF HOLCOMB, KS;
THENCE NORTH 2.1 MILES ON FAS #1657;
THENCE EAST 1054.3 FT. INTO.**



Theodore V. Harder
Theodore V. Harder, L.S. No. 1097



OXY USA Inc.

1117 N. HIGHWAY 27
P.O. DRAWER 330
ELKHART, KANSAS 67950
(620)697-2500

WELL LOCATION OF THE GARDEN CITY "H" #12
LOCATED IN THE SW/4 SEC. 23, T23S - R34W
FINNEY COUNTY, KANSAS

NO.	DWN.	REVISIONS	DATE
1	DRF	ASBUILT BOTTOM HOLE LOCATION	10/2/2013

SCALE: 1" = 1500' DATE: 5/2/2013

WORK ORDER NO.:

HARDER

AND ASSOCIATES "locating our world"
LAND SURVEYING - GPS SPECIALISTS
P.O. BOX 518 514 MORTON
Elkhart, Kansas 67950
Phone: (620) 697-2696
Fax: (620) 697-4175
E-MAIL: tharder@elkhart.com

DRAWN BY: DRF CHECKED BY: TVH APPROVED BY: AUTHORIZED BY: B. HICKERT

DRAWING NO. OX0313A08