



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1160868  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_



1160868

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
--	---

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
----------------	--	---

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> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY B 5
Doc ID	1160868

Tops

Name	Top	Datum
HEEBNER	3756	
TORONTO	3772	
LANSING	3810	
KANSAS CITY	4206	
MARMATON	4324	
PAWNEE	4405	
CHEROKEE	4451	
ATOKA	4586	
MORROW	4699	
ST. GENEVIEVE	4803	
ST. LOUIS	4846	

# ALLIED OIL & GAS SERVICES, LLC 053045

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal KS

DATE <u>06-05-13</u>	SEC. <u>31</u>	TWP. <u>235</u>	RANGE <u>34 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>2:30</u>	JOB FINISH <u>3:30 PM</u>
LEASE <u>Garden City</u>	WELL# <u>B-5</u>	LOCATION <u>Hwy 50 - Kerner Cold - 1 M. North</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>East into it</u>					

CONTRACTOR Aster 507 OWNER Oxy Usa Inc.

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1810-ft CEMENT AMD

CASING SIZE 8 7/8 24 # DEPTH 1814.15-ft AMOUNT ORDERED 350 sk C 2 1/2" Exp Snd, 27'

TUBING SIZE DEPTH NAMS, 3 1/2" CC 1/4" blk F. Snd, 27' SA-51

DRILL PIPE DEPTH 2 1/2" CC 2 1/2" CC 1/4" blk Flosde

TOOL DEPTH

PRES. MAX 1200 MINIMUM COMMON class (245 sk @ 24.40 5,978.00

MEAS. LINE SHOE JOINT 38.34-ft POZMIX @

CEMENT LEFT IN CSG. 38.34-ft GEL @

PERFS. CHLORIDE 18 sk @ 64.00 1,152.00

DISPLACEMENT 113.1218015 ASC @

**EQUIPMENT**

Flosde 149 lb @ 2.97 442.93

SA-51 66 lb @ 17.25 1,158.30

AMDC -class C. 350 sk @ 31.00 10,850.00

PUMP TRUCK CEMENTER Buben Obawer

# 531-541 HELPER Cesar Pavia

BULK TRUCK

# 549-528 DRIVER Coderick

BULK TRUCK

# 530-774 DRIVER Ernie Smith

**REMARKS:**

Pressure test at 2.100 PSI lines, then pump 20 BBLs H<sub>2</sub>O - Spacer, Mix pump 595 sk cement (208 BBLs slurry) and displace it with 113 BBLs of H<sub>2</sub>O - Bung plug at 1200 PSI. Flow didn't hold. (115 BBLs slurry) circulate to pit. Put pressure back on casing up to 1500 PSI after 30 minutes release pressure. Flow held.

Thank you.

HANDLING <u>6486-ft</u>	@ <u>2.48</u>	<u>1,607.04</u>
MILEAGE <u>1472.70 Ton Mi.</u>	<u>2.60</u>	<u>3,829.03</u>
		TOTAL <u>25,016.40</u>

**SERVICE**

DEPTH OF JOB 1814.15-ft

PUMP TRUCK CHARGE 2,217.75

EXTRA FOOTAGE @

MILEAGE heavy Veh. 50 @ 7.70 385.00

MANIFOLD + horn head 1 @ 2.75 275.00

light vehicle 50 M. @ 4.40 220.00

TOTAL 3,093.75

CHARGE TO: Oxy Usa Inc

STREET AP LOCATION/DEPT. Liberal DISTRICT/ZONE 0231

LEASE/WELL/FAC. Garden City B-5

CITY MAXIMO / WSM # STATE ZIP

TASK 0102 ELEMENT 3023

PROJECT # 1120877 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

PRINTED NAME Mark R. Bunker

SIGNATURE Mark R. Bunker

To: Allied Oil & Gas Services, LLC (All services/materials have been received)

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 \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

<u>8 7/8</u> Thread lock 2	<u>83.07</u>	<u>166.14</u>
Guide Shoe 1	@ <u>460.98</u>	<u>460.98</u>
Flapper Float Valve 1	@ <u>446.94</u>	<u>446.94</u>
Control valves 14	@ <u>74.88</u>	<u>1,048.32</u>
Cement Basket 1	@ <u>559.26</u>	<u>559.26</u>
Top rubber plug 1	@ <u>131.09</u>	<u>131.09</u>
stop collar 1	<u>56.16</u>	<u>56.16</u>
		TOTAL <u>2,868.04</u>

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 30,979.49

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

**NET = 18,897.49**

# ALLIED OIL & GAS SERVICES, LLC 052190

Federal Tax I.D.# 20-5975804

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

SERVICE POINT  
Liberal KS

DATE <u>6/11/13</u>	SEC. <u>17</u>	TWP. <u>29</u>	RANGE <u>41</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 AM</u>	JOB FINISH <u>10:00 AM</u>
LEASE <u>GARDEN CITY</u>	WELL # <u>B5</u>	LOCATION <u>GARDEN CITY W TO OTCOR</u>	COUNTY <u>STANBOL</u>	STATE <u>KS</u>			
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>N to Loc</u>					

CONTRACTOR <u>ALTEC 507</u>	OWNER <u>SAINE</u>
TYPE OF JOB <u>PTA</u>	
HOLE SIZE <u>7 1/2"</u>	T.D. <u>5076'</u>
CASING SIZE <u>8 1/2" 24"</u>	DEPTH <u>1910'</u>
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2" x 4</u>	DEPTH <u>1924'</u>
TOOL	DEPTH
PRES. MAX <u>7000 PSI</u>	MINIMUM <u>6</u>
MEAS. LINE	SHOE JOINT <u>NA</u>
CEMENT LEFT IN CSG.	
PERFS. <u>N/A</u>	
DISPLACEMENT <u>15.5 BBL</u>	

**EQUIPMENT**

PUMP TRUCK	CEMENTER <u>R. RYAN</u>
# <u>519/550</u>	HELPER <u>A ESPINOZA I. BAERZ</u>
BULK TRUCK	
# <u>456/554</u>	DRIVER <u>F. SMITH</u>
BULK TRUCK	
#	DRIVER <u>STEVE RILEY</u>

**REMARKS:**

THANK YOU!

CEMENT		
AMOUNT ORDERED	<u>200 C 2% CC</u>	
	<u>70 SK C NEAT</u>	
COMMON	<u>270 C</u>	@ <u>24.40</u> <u>6588.80</u>
POZMIX		@
GEL		@
CHLORIDE	<u>3 SK</u>	@ <u>64.00</u> <u>192.00</u>
ASC		@
		@
		@
		@
		@
		@
		@
		@
HANDLING	<u>275</u>	@ <u>2.48</u> <u>682.00</u>
MILEAGE	<u>656.25</u>	@ <u>2.10</u> <u>1378.13</u>
		TOTAL <u>9296.93</u>

**SERVICE**

DEPTH OF JOB	<u>1924'</u>	
PUMP TRUCK CHARGE		<u>1250.00</u>
EXTRA FOOTAGE		@
MILEAGE	<u>50 mi</u>	@ <u>7.25</u> <u>362.50</u>
MANIFOLD		@
<u>STAND BY 6 Hrs</u>		@ <u>440.00</u> <u>2640.00</u>
<u>LT VEH 50 mi</u>		@ <u>4.40</u> <u>220.00</u>
		TOTAL <u>4495.00</u>

CHARGE TO: ONY USA

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

AP LOCATION/DEPT Libcap D02E/NOB D02D

LEASE/WELL/FAC Garden City B5 **PLUG & FLOAT EQUIPMENT**

MAXIMO / WSM # \_\_\_\_\_

TASK 0102 ELEMENT 3023

PROJECT # 1120877 GAPEX / OPEX - Circle one @ \_\_\_\_\_

SPO / BFA \_\_\_\_\_ UNSUPPORTED @ \_\_\_\_\_

PRINTED NAME Gene Riley @ \_\_\_\_\_

SIGNATURE Gene Riley @ \_\_\_\_\_

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.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 13791.23

DISCOUNT 8550.52 IF PAID IN 30 DAYS

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

October 01, 2013

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

Re: ACO1  
API 15-055-22220-00-00  
GARDEN CITY B 5  
NW/4 Sec.31-23S-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