



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1162436
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: _____



1162436

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	KU B 4
Doc ID	1162436

All Electric Logs Run

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

ALLIED OIL & GAS SERVICES, LLC 053050

Federal Tax I.D.# 20-5975604

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

SERVICE POINT:
Liberal, KS

DATE <u>06-15-13</u>	SEC. <u>31</u>	TWP. <u>23S</u>	RANGE <u>34 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00</u>	JOB FINISH <u>1:20 P.M.</u>
LEASE <u>KU</u>	WELL# <u>B-4</u>	LOCATION <u>S.W. Johnson City, KS</u>			COUNTY <u>Stanton</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Astec # 307
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 TD. 1806 ft
 CASING SIZE 8 3/8 2.4 # DEPTH 1806 ft
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1200 PSI MINIMUM
 MEAS. LINE SHOE JOINT 42.18 ft
 CEMENT LEFT IN CSG. 42.18 ft
 PERFS.
 DISPLACEMENT 112.35 BAIS

OWNER Oxy USA Inc
 CEMENT
 AMOUNT ORDERED 350 sk 1" 2 1/2" 6" Seal
27. NAMS, 32. CC, 1/4 Flasele, 2% SA-51
245 sk 1" 2% CC 1/4 16 BK Flasele
 COMMON 1" 245 sk @ 24.40 5978.00
 POZMIX @
 GEL @
 CHLORIDE 18 sk @ 64.00 1152.00
 ASC @
 Flasele 149 lb @ 2.97 442.53
 SA-51 66 lb @ 17.55 1158.30
 AMDC 1" 350 sk @ 31.00 10850.00
 @
 @
 @
 @
 @
 HANDLING 648 C. ft @ 2.48 1607.04
 MILEAGE 1472.20 Ton M. @ 2.60 3829.02
 TOTAL 25,016.89

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez
 # 531-541 HELPER Cesar Pavia
 BULK TRUCK field Bin
 # 363-536 DRIVER Codericks
 BULK TRUCK
 # DRIVER

REMARKS:

Pressure test lines 2500 PSI, pump 20 BAIS
H2O - spacer, Mix + pump 595 sk cement
(208 BAIS - slurry) and displace it with
112 BAIS of H2O. Bump plug at 1200 PSI
Release pressure flow hold. 750 BAIS slurry
circulate to pits. Put pressure test on
casing 1500 PSI 30 minutes.

SERVICE

DEPTH OF JOB 1806 ft
 PUMP TRUCK CHARGE 2,213.75
 EXTRA FOOTAGE @
 MILEAGE heavy Veh. 50 @ 7.75 385.00
 MANIFOLD + Conn Hand 1 @ 275.00 275.00
 Light Vehicle 50 M. @ 4.40 220.00
 @

TOTAL 3,093.75

CHARGE TO: Oxy USA Inc
 STREET AP LOCATION/DEPT. Liberal D02 LINON D02 L3
 LEASE/WELL/FAC. KU B4
 CITY MAXIMO / WSM # STATE ZIP
 TASK 0102 ELEMENT 3023
 PROJECT # 1170817 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME Cape Bilby
 SIGNATURE: Cape Bilby

PLUG & FLOAT EQUIPMENT

8%
 Guide Shear 1 @ 460.95 460.95
 Insert Float 1 @ 446.94 446.94
 Centralizer 14 @ 74.85 1,048.32
 Current Basket 1 @ 559.26 559.26
 Top rubber plug 1 @ 131.04 131.04
 stop collar 1 @ 56.16 56.16
 TOTAL 2,702.70

To: Allied Oil & Gas Services, LLC. Services/Equipment 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.

SALES TAX (If Any) _____
 TOTAL CHARGES 30,813.34
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____
 SIGNATURE _____

NET = 18,796.14

ALLIED OIL & GAS SERVICES, LLC 052212

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>6-20-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>8:30pm</u>	JOB FINISH <u>9:30pm</u>
EASE <u>KU</u>	WELL # <u>B-4</u>	LOCATION <u>Vec Johnson KS</u>			COUNTY <u>Stanton</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR ad Rig 507

TYPE OF JOB Production

BOLE SIZE 7 1/2 T.D. 5645

DRILLING SIZE 5 1/2 17# DEPTH 5635

DRILLING SIZE DEPTH

DRILL PIPE DEPTH

ROD DEPTH

RES. MAX 3,500psi MINIMUM

WEAS. LINE SHOE JOINT 39.55

CEMENT LEFT IN CSG. .9175

ERFS.

DISPLACEMENT

EQUIPMENT

JMP TRUCK CEMENTER Lenny B Kirby

S31-541 HELPER Jamie T

ULK TRUCK

472-407 DRIVER Ricardo E.

JLK TRUCK

S62- DRIVER Alex C.

OWNER

CEMENT

AMOUNT ORDERED 500sk 80/50 2% gel

.2% CP-31 .8% FL-100 5% Gyp Seal 10% salt

1/2# #10 Seal 5# Mol Seal

COMMON <u>250</u>	@	<u>21.20</u>	<u>5300.00</u>
POZMIX <u>250</u>	@	<u>9.35</u>	<u>2337.50</u>
GEL	@		
CHLORIDE	@		
ASC	@		
Gyp Seal <u>42sk</u>	@	<u>37.60</u>	<u>1579.20</u>
Gilsonite <u>2500</u>	@	<u>.98</u>	<u>2450.00</u>
Fl Seal <u>125#</u>	@	<u>2.97</u>	<u>371.25</u>
Salt <u>30.4sk</u>	@	<u>26.35</u>	<u>801.04</u>
	@		
FL-100 <u>210#</u>	@	<u>18.90</u>	<u>3969.00</u>
CD-31 <u>04#</u>	@	<u>10.30</u>	<u>412.20</u>
Step loss <u>1066s</u>	@	<u>250.00</u>	<u>2500.00</u>
HANDLING <u>671.20</u>	@	<u>2.48</u>	<u>1644.88</u>
MILEAGE <u>1272.48</u>	@	<u>2.60</u>	<u>3308.45</u>
TOTAL			<u>25,146.22</u>

REMARKS:

AP LOCATION/DEPT. L. Scap D02 NON D02

LEASE/WELL/FAC KU B4

MAXIMO / WSM # _____

TASK 0102 ELEMENT 3023

PROJECT # 117081 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

PRINTED NAME Graham Flagg

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

ORDER TO: OKY USA

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Allied Oil & Gas Services, LLC.
I am hereby requested to rent cementing equipment 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 Graham Flagg

SIGNATURE [Signature]

SERVICE

DEPTH OF JOB 5001-6000

PUMP TRUCK CHARGE 3,099.25

EXTRA FOOTAGE @ _____

MILEAGE 50 @ 7.70 385.00

MANIFOLD 275 @ 1 275.00

Light Vehicle 50 @ 4.40 220.00

TOTAL 3979.25

PLUG & FLOAT EQUIPMENT

AFU Float 1	@	<u>286</u>	<u>286.00</u>
Guide shoe 1	@	<u>240</u>	<u>240.00</u>
Centralizer 20	@	<u>57.33</u>	<u>1146.60</u>
Stop Collar 1	@	<u>49.14</u>	<u>49.14</u>
Top Plug 1	@	<u>85.41</u>	<u>85.41</u>
TOTAL			<u>1807.15</u>

SALES TAX (If Any) _____

TOTAL CHARGES \$ 30932.62

DISCOUNT _____ IF PAID IN 30 DAYS

Net = \$ 19178.22

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 10, 2013

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

Re: ACO1
API 15-187-21234-00-00
KU B 4
SE/4 Sec.17-29S-41W
Stanton 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