



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1166791
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: _____



1166791

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 2
Doc ID	1166791

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 2
Doc ID	1166791

Tops

Name	Top	Datum
HEEBNER	3907	
TORONTO	3920	
LANSING	3954	
KANSAS CITY	4352	
MARMATON	4487	
PAWNEE	4573	
CHEROKEE	4623	
ATOKA	4794	
MORROW	4845	
ST. GENEVIEVE	4948	
ST. LOUIS	5021	

ALLIED OIL & GAS SERVICES, LLC 052479

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
LIBERA KS

DATE <u>7/19/13</u>	SEC. <u>38</u>	TWP. <u>26</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30 AM</u>	JOB FINISH <u>12:45 PM</u>
LEASE <u>DRUSSEL</u>	WELL # <u>E2</u>	LOCATION <u>PARALLEL Rd</u>		COUNTY <u>Fing</u>	STATE <u>KS</u>		
OLD OR NEW <input checked="" type="radio"/> (Circle one)		<u>W 1/2 N INTA Loc</u>					

CONTRACTOR AZ TEC 567

TYPE OF JOB 8 3/4 SURFACE

HOLE SIZE 12 1/4 T.D. 1667'

CASING SIZE 8 3/8 DEPTH 1670'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 2000 PSI MINIMUM D

MEAS. LINE SHOE JOINT 9/1.37'

CEMENT LEFT IN CSG. 41.37'

PERFS.

DISPLACEMENT 103.58 BBL

OWNER SAME

CEMENT

AMOUNT ORDERED 350 AM 9 CLASS C LEAN

2 1/2 CYP 2 1/2 SIKS 3.0CC 14 FLOSEA 12 1/4 SASI

2455 C 2 1/2 CC 14 FLOSEA TAIL

COMMON <u>C 245.5KS</u>	@	<u>24.40</u>	<u>5978.00</u>
POZMIX	@		
GEL	@		
CHLORIDE <u>CC 1PSK</u>	@	<u>64.00</u>	<u>1152.00</u>
ASC	@		
<u>FLOSEA 149LB</u>	@	<u>2.97</u>	<u>442.53</u>
<u>SASI 66LB</u>	@	<u>17.55</u>	<u>1158.00</u>
<u>AMD 350 SK</u>	@	<u>31</u>	<u>10830.00</u>
	@		
	@		
HANDLING <u>648</u>	@	<u>2.98</u>	<u>1607.04</u>
MILEAGE <u>1472.70</u>	@	<u>2.60</u>	<u>3829.03</u>
TOTAL			<u>25016.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER R RYAN

547550 HELPER K BAEZA

BULK TRUCK

457251 DRIVER D GALIA

BULK TRUCK

486554 DRIVER K BAEZA

REMARKS:

THANK YOU

@IRC 150 BBL TO
CUT PIT

CHARGE TO: OXY USA Libcap

AP LOCATION/DEPT. 002 NON D02

LEASE/WELL/FAC Drussel E2

MAXIMO / WSM #

CITY/TASK 0102 STATE ELEMERIP 3023

PROJECT # 1171998 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

PRINTED NAME Gene Bilby

SIGNATURE: Gene Bilby

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 Gene Bilby

SIGNATURE Gene Bilby

SERVICE

DEPTH OF JOB	<u>1670'</u>		
PUMP TRUCK CHARGE			<u>2213.25</u>
EXTRA FOOTAGE	@		
MILEAGE <u>50</u>	@	<u>7.70</u>	<u>385.00</u>
MANIFOLD + HEAD	@	<u>275.00</u>	<u>275.00</u>
LT VEH IN <u>50</u>	@	<u>4.40</u>	<u>220.00</u>
TOTAL			<u>3093.25</u>

PLUG & FLOAT EQUIPMENT

<u>8 3/8 1 1/2 Guide Star</u>	<u>460.00</u>	<u>460.00</u>
<u>1-AFO</u>	@ <u>446.91</u>	<u>446.91</u>
<u>14 CEMENTAGREAS</u>	@ <u>74.88</u>	<u>1048.32</u>
<u>1 BASKET</u>	@ <u>559.26</u>	<u>559.26</u>
<u>STOP BOTTOM</u>	@ <u>56.16</u>	<u>56.16</u>
<u>T&P Plug</u>	@ <u>131.04</u>	
TOTAL		<u>2702.26</u>

SALES TAX (If Any)

TOTAL CHARGES \$30,813.35

DISCOUNT IF PAID IN 30 DAYS

Net \$18,796.14

ALLIED OIL & GAS SERVICES, LLC 052480

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
FINNEY KS

DATE <u>7/13/13</u>	SECS <u>38</u>	TWP. <u>20</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00</u>	JOB FINISH <u>9:00</u>
LEASE <u>DRUSSEL</u>	WELL # <u>E2</u>	LOCATION <u>PARCEL Rd W + N To Loc</u>			COUNTY <u>FINNEY</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR AD TEE 507

TYPE OF JOB 5 1/2 Long String

HOLE SIZE 7 1/8 T.D. 5155'

CASING SIZE 5 1/2 DEPTH 5155'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 2200 PS MINIMUM 0

MEAS. LINE SHOE JOINT 40.14

CEMENT LEFT IN CSG. 40.62'

PERFS.

DISPLACEMENT 117.63 BBC

EQUIPMENT

PUMP TRUCK	CEMENTER	<u>R. Hagan</u>
# <u>549-550</u>	HELPER	<u>A Espinoza</u>
BULK TRUCK		
# <u>470-524</u>	DRIVER	<u>E Smith</u>
BULK TRUCK		
#	DRIVER	

REMARKS:

THANK YOU!

RIG CREW WAS BIG HELP AS ALWAYS

CHARGE TO: OXY USA

STREET AP LOCATION/DEPT. Libcap D02 NON D02

LEASE/WELL/FAC Drussel E2

CITY MAXIMO / WSM # STATE ZIP

TASK 0102 ELEMENT 3023

PROJECT # 1171798 CAPEX / OPEX - Circle one

SPO / BPA Circle One Type UNSUPPORTED

PRINTED NAME Gene Bilby

SIGNATURE: Gene Bilby

To: Allied Oil & Gas Services, LLC (All 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 _____

OWNER OXY

CEMENT

AMOUNT ORDERED 220 SK

50/50 162 CLASS H 2% BRK 5% GYP

SEAL 10% SALT 5/8" SC GILSONITE 1/4 FLOSEAL

5% FCB 160 2% C/D 31

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE SALT 13.4	@	<u>26.25</u>	<u>353.09</u>
ASE APBH 220	@	<u>1685</u>	<u>3707.00</u>
	@		
GYP SEAL 18.5	@	<u>37.40</u>	<u>695.60</u>
GILSONITE 1100LB	@	<u>1.99</u>	<u>1078.00</u>
FLO SEAL 55LB	@	<u>7.99</u>	<u>163.35</u>
FL 160 9290	@	<u>18.00</u>	<u>1776.36</u>
C/D 31 32LB	@	<u>10.30</u>	<u>381.00</u>
SUPER RUSH 12 PBL	@	<u>58.25</u>	<u>704.40</u>
	@		
HANDLING 295.40	@	<u>2.48</u>	<u>732.59</u>
MILEAGE 559.80	@	<u>2.00</u>	<u>1455.44</u>
		TOTAL	<u>11017.21</u>

SERVICE

DEPTH OF JOB		<u>5155'</u>	
PUMP TRUCK CHARGE			<u>3099.25</u>
EXTRA FOOTAGE	@		
MILEAGE 50 mi	@	<u>7.20</u>	<u>385.00</u>
MANIFOLD + HEAD	@	<u>275</u>	<u>275.00</u>
LT W/SH 2mi	@	<u>440</u>	<u>220.00</u>
	@		
		TOTAL	<u>3979.25</u>

PLUG & FLOAT EQUIPMENT

<u>5 1/2</u>			
1 Guide Shoe	@	<u>280.50</u>	<u>280.00</u>
20 CENTRAC 12145	@	<u>57.33</u>	<u>1146.60</u>
APG Float Valve	@	<u>334.62</u>	<u>334.62</u>
- TOP Plug	@		<u>85.41</u>
	@		
		TOTAL	<u>1847.43</u>

SALES TAX (If Any) _____

TOTAL CHARGES 15,131.03

DISCOUNT _____ IF PAID IN 30 DAYS

10,591.23

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

November 04, 2013

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

Re: ACO1
API 15-055-22227-00-00
DRUSSEL E 2
SW/4 Sec.36-25S-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