



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1169028  
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: \_\_\_\_\_



1169028

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY T 4
Doc ID	1169028

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY T 4
Doc ID	1169028

Tops

Name	Top	Datum
HEEBNER	3760	
TORONTO	3777	
LANSING	3812	
KANSAS CITY	4182	
MARMATON	4304	
PAWNEE	4376	
CHEROKEE	4429	
ATOKA	4561	
MORROW	4649	
ST. GENEVIEVE	4797	
ST. LOUIS	4851	

# ALLIED OIL & GAS SERVICES, LLC 052261

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal ks

DATE <u>07-23-13</u>	SEC <u>29</u>	TWP. <u>235</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00</u>	JOB FINISH <u>4:00 a.m.</u>
Garden City LEASE		WELL # <u>T-4</u>		LOCATION <u>From Garden City, W. on Hwy. 50 to Paterson Rd, 1 MN, 1/2 MN, N into</u>		COUNTY <u>Finney</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>Artec - 507</u>	OWNER <u>Oxy USA Inc</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>1645 ft</u>
CASING SIZE <u>8 3/8 24 FT</u>	DEPTH <u>1650 ft</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1200</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>41.2 ft</u>
CEMENT LEFT IN CSG. <u>41.21</u>	
PERFS.	
DISPLACEMENT <u>162.5 BBLs</u>	

CEMENT	AMOUNT ORDERED <u>350 sk</u>	<u>27.60</u>	<u>9780.00</u>
NAMS <u>37. CC, 1/4 FS, 27. SA-51</u>			
<u>245 sk 11/4 CC, 1/4 1/2 K F. Seal</u>			
COMMON "C" <u>245 sk</u>	@ <u>24.40</u>		<u>5978.00</u>
POZMIX	@		
GEL	@		
CHLORIDE <u>18 sk</u>	@ <u>64.00</u>		<u>1152.00</u>
ASC	@		
AMDC <u>class 350</u>	@ <u>31.00</u>		<u>14850.00</u>
Floside <u>179 lb</u>	@ <u>2.97</u>		<u>522.51</u>
SA-51 <u>66 lb</u>	@ <u>17.55</u>		<u>1158.30</u>
	@		
	@		
	@		
	@		
HANDLING <u>648 cu ft</u>	@ <u>2.48</u>		<u>1607.04</u>
MILEAGE <u>1472.70</u>	@ <u>2.60</u>		<u>3829.02</u>
			TOTAL <u>25,016.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER <u>Ruben Chavez</u>	# <u>531-541</u>	HELPER <u>Cesar Pavia</u>
BULK TRUCK <u>587 F.B.</u>	# <u>774-</u>	DRIVER <u>Ernie Smith</u>
BULK TRUCK	#	DRIVER

REMARKS: 20 BBLs 160-Spacer  
Pressure test lines at 2,500 PSI, Mix + pump 595 sk of cement (208 BBLs slurry) and displace with 162.5 BBLs H2O and bump plug at 1,500 PSI more, didn't bump plug, Release pressure flow hold.  
Job finished  
Thank you.  
80 BBLs circulate to pit.

SERVICE

DEPTH OF JOB	<u>1650 ft</u>
PUMP TRUCK CHARGE	<u>2,113.75</u>
EXTRA FOOTAGE	@
MILEAGE <u>heavy use 50</u>	@ <u>7.70</u> <u>385.00</u>
MANIFOLD + cement 1	@ <u>275.00</u> <u>275.00</u>
Light Vehicle SOM	@ <u>4.40</u> <u>220.00</u>
	@
TOTAL <u>2,993.75</u>	

CHARGE TO: Oxy USA Inc

STREET \_\_\_\_\_

AP LOCATION/DEPT. Libcap D02 DNON D02 D

CITY Garden City STATE KS

LEASEWELL/FAC T-4

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

TASK 0102 ELEMENT 3023

PROJECT # 1171381 CAPEX / OPEX - Circle one

SPO / BPA \_\_\_\_\_ UNSUPPORTED

TO: Graham Flagg

SIGNATURE \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

Top rubber plug 1	@ <u>131.04</u>	<u>131.04</u>
stop collar 1	@ <u>56.16</u>	<u>56.16</u>
Guide Shoe 1	@ <u>460.95</u>	<u>460.95</u>
Flapper Float Valve 1	@ <u>446.94</u>	<u>446.94</u>
Centralizer 14	@ <u>74.85</u>	<u>1048.32</u>
Cement Basket 1	@ <u>559.26</u>	<u>559.26</u>
TOTAL <u>2,702.70</u>		

You are hereby requested to furnish the 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 30,712.54

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

PRINTED NAME Graham Flagg

SIGNATURE [Signature]

NET = 18,734.69

# ALLIED OIL & GAS SERVICES, LLC 052265

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal KS

DATE <u>07-26-17</u>	SEC. <u>29</u>	TWP. <u>23S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30</u>	JOB FINISH <u>6:00 PM</u>
LEASE <u>Garden City</u>	WELL # <u>F 4</u>	LOCATION <u>Garden City, 1/2 on Hwy 50 to Pat</u>			COUNTY <u>Floyd</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>1/2 on rd, 1/4 N. 1/4 N. 1/4 W to</u>			

CONTRACTOR Act. 507 OWNER Oxy Usa Inc

TYPE OF JOB long string

HOLE SIZE <u>7 7/8</u>	T.D. <u>4770 ft</u>	CEMENT
CASING SIZE <u>5 1/2 17 ft</u>	DEPTH <u>4713 ft</u>	AMOUNT ORDERED <u>150 sk 50/50 P-14</u>
TUBING SIZE	DEPTH	<u>2 3/4 Gal, 5 1/2 Gyp Sand, 10 1/2 Sulf, 5 1/2 sk</u>
DRILL PIPE	DEPTH	<u>Gal sand, 1/4 1/2 lb Floxide, 5 1/2 P-14, 22.00</u>
TOOL	DEPTH	

PRES. MAX <u>1300</u>	MINIMUM	COMMON APPN <u>50/50 P-14</u> @ <u>14.85</u> <u>2,527.00</u>
MEAS. LINE	SHOE JOINT <u>40.84 ft</u>	POZMAX <u>Gyp Sand 12.6 sk</u> @ <u>37.60</u> <u>473.76</u>

CEMENT LEFT IN CSG. <u>40.94 ft</u>	GEL <u>Gibumite 750 lb</u> @ <u>.98</u> <u>735.00</u>
PERFS.	CHLORIDE @

DISPLACEMENT <u>109.5 BBLS</u>	ASC Floxide <u>37.5 lb</u> @ <u>2.97</u> <u>111.38</u>
EQUIPMENT	NACL <u>9.1 sk</u> @ <u>26.35</u> <u>239.79</u>

	FL-160 <u>63 lb</u> @ <u>18.70</u> <u>1190.70</u>
	CD-31 <u>232 lb</u> @ <u>10.30</u> <u>2390.60</u>

	Sp Flash <u>12.00</u> @ <u>58.70</u> <u>704.40</u>
	@

	@
	@

	HANDLING <u>2.01 40 C-14</u> @ <u>2.48</u> <u>499.47</u>
	MILEAGE <u>381.75 Ton M</u> @ <u>2.60</u> <u>992.55</u>

	TOTAL <u>7734.11</u>
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**REMARKS:**

Pressure test line at 3000 PSI. Pump 5  
BBLS H2O, 12 BBLS Super Flox, 5 BBLS H2O  
then mix & pump 150 sk of cement  
(492 BBLS slurry) and displace it with  
109.5 BBLS H2O, release pressure, flow  
Hold Bump plug at 1200 PSI.

**SERVICE**

DEPTH OF JOB	<u>4770 ft</u>
PUMP TRUCK CHARGE	<u>2765.75</u>
EXTRA FOOTAGE	@
MILEAGE <u>heavy Veh. 50</u>	@ <u>7.70</u> <u>385.00</u>
MANIFOLD <u>1</u>	@ <u>275.00</u> <u>275.00</u>
<u>light Vehicle 50 M.</u>	@ <u>4.40</u> <u>220.00</u>
	@

TOTAL 3,645.75

CHARGE TO: Oxy USA Inc.

STREET Liberal  
AP LOCATION/DEPT. Liberal DIST./NON DIST.  
CITY Liberal LEASE/WELL/FAC. STATE KS 176-14 T-4

MAX/SO / WSM # 0102 ELEMENT 3023  
TASK 1171381 CAPEX / OPEX - Circle one  
UNSUPPORTED

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.

**PLUG & FLOAT EQUIPMENT**

Guide Shoe <u>1</u>	@ <u>280.00</u> <u>280.00</u>
AFU-Float Valve <u>1</u>	@ <u>334.62</u> <u>334.62</u>
Contrabars <u>20</u>	@ <u>57.35</u> <u>1146.60</u>
top rubber plug <u>1</u>	@ <u>85.41</u> <u>85.41</u>
Steps Collar	@ <u>49.14</u> <u>49.14</u>

TOTAL 1,896.57

SALES TAX (If Any)

TOTAL CHARGES 13,276.43

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME

SIGNATURE

NET = 9,862.48

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 19, 2013

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

Re: ACO1  
API 15-055-22231-00-00  
GARDEN CITY T 4  
SE/4 Sec.29-23S-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