



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1169181  
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: \_\_\_\_\_



1169181

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	NOE A 1
Doc ID	1169181

All Electric Logs Run

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

# ALLIED OIL & GAS SERVICES, LLC 052266

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal Ks

DATE <u>07-29-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE/ <u>OE</u>	WELL # <u>A-1</u>	LOCATION <u>Lakin, 6.5 MW, 8 MN, 1/4</u>		COUNTY <u>Kearny</u>	STATE <u>Ks</u>	<u>2:00</u>	<u>3:00 P.m.</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)		M.W. <u>1 lot</u>					

CONTRACTOR Arta - 507 OWNER Oxy Usa Inc

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1779 ft CEMENT

CASING SIZE 8 5/8 24# DEPTH 1783.42 ft AMOUNT ORDERED 350sk AMD "C" 27.6yp Seal

TUBING SIZE DEPTH 2 7/8 NAMS, 37.0cc, 1/4 Flasele, 2x SA-SI

DRILL PIPE DEPTH 245sk "C" 27.0cc, 1/4 blk Flasele

TOOL DEPTH

PRES. MAX 1200 PSI MINIMUM COMMON CCPP "C" 245sk @ 24.40 5,978.00

MEAS. LINE SHOE JOINT 42.42 ft POZMIX @

CEMENT LEFT IN CSG. 42.42 ft GEL @

PERFS. CHLORIDE 18sk @ 64.00 1,152.00

DISPLACEMENT 110.9kl BAs ASC AMD "C" 350sk @ 31.00 10,850.00

EQUIPMENT Flasele 149 lb @ 2.97 442.53

SA-SI 66 lb @ 17.55 1,158.30

PUMP TRUCK CEMENTER Ruben Chavez

# 531-541 HELPER Cesar Pavia

BULK TRUCK

# 774-467 DRIVER Lenny Bacra

BULK TRUCK

# 470-528 DRIVER Alex Corona

HANDLING 648 cu ft @ 2.48 1,607.04

MILEAGE 1472.70 T22 Mi @ 2.66 3,829.03

TOTAL 25,016.90

**REMARKS:**

Pressure test lines at 2500 PSI, Pump 20 BBLs H2O spacer then Pump 595sk Cement and displace it with 110 BBLs H2O and bump plug at 1200 PSI. Flow Hold, 50 BBLs slurry circulate to pit. Pressure test casing at 1500 PSI for 30 minute Pressure Hold. 3 Hours Stand By Time.

**SERVICE**

DEPTH OF JOB 1783.42 ft

PUMP TRUCK CHARGE 2,213.75

EXTRA FOOTAGE @

MILEAGE heavy 50 Mi @ 7.70 385.00

MANIFOLD 1 @ 2.75 275.00

light vehicle 50 Mi @ 4.40 220.00

Stand By Hours 3 @ 440.00 1,320.00

TOTAL 4,413.75

CHARGE TO: Oxy Usa Inc

AP LOCATION/DEPT. Lib E Camp  NON  D02

STREET None A-1

CITY 0102 STATE 71623

TASK 0102 ELEMENT 71623

PROJECT # 1172926 CAPEX / OPEX - Circle one

SPO / BPA  UNSUPPORTED

PRINTED NAME Mark R. Bunker

SIGNATURE: Mark R. Bunker

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**

Top rubber plug 1 131.09 131.09

stop collar 1 @ 56.16 56.16

Guide Shoe 1 @ 460.98 460.98

Flapper Float Valve 1 @ 446.94 446.94

Centralizer 14 @ 74.85 1,048.32

Cement Basket 1 @ 559.26 559.26

TOTAL 2,702.70

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

TOTAL CHARGES 32,133.35

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

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

SIGNATURE \_\_\_\_\_

NET = 19,601.35

# ALLIED OIL & GAS SERVICES, LLC 052315

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Liberal 21

DATE <u>8-2-13</u>	SEC. <u>9</u>	TWP. <u>23S</u>	RANGE <u>37W</u>	CALLED OUT	ON LOCATION	JOB START <u>1200</u>	JOB FINISH <u>1300</u>
LEASE <u>Nor A</u>		WELL # <u>1</u>		LOCATION <u>Lakin KS - 8 MI. West,</u>		COUNTY <u>McArahey</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)				<u>6 North, West into</u>			

CONTRACTOR Astec 507  
 TYPE OF JOB 5 1/2 Production  
 HOLE SIZE 7 7/8 T.D. 516.3 Ft  
 CASING SIZE 5 1/2 17# DEPTH 5151.92 ft  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 40.95  
 CEMENT LEFT IN CSG. .9 BBL  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 118.5 BBL

OWNER \_\_\_\_\_  
 CEMENT AMOUNT ORDERED 245 sk 50/50 -  
5% Gypseal, 10% Salt, 5% Gilsomite, 1/4" Floss,  
.5% FI-160, .2% CD-31

**EQUIPMENT**

PUMP TRUCK CEMENTER Kieby H  
 # 774-541 HELPER Cesar P  
 BULK TRUCK \_\_\_\_\_  
 # 456-554 DRIVER Ricardo F  
 BULK TRUCK \_\_\_\_\_  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON 50/50 Pz	245 sk @ 16.85	4,120.90
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
NACD Salt	14.89 sk @ 26.55	392.36
Gypseal	20.58 sk @ 37.60	773.81
Gilsomite	1225 LB @ 98	1200.50
EO-Seal	60.30 LB @ 2.95	180.87
FI-160	102.90 LB @ 18.90	1944.81
CD-31	41.20 LB @ 10.35	424.35
Superflush	12 BBL @ 58.70	704.40
HANDLING	451.53 @ 2.45	1119.72
MILEAGE	623.53 Tm @ 2.00	1247.06
<b>TOTAL</b>		<b>12,482.93</b>

**REMARKS:**

AP LOCATION/DEPT. Libecap DOZ/INON DOZ/1  
 LEASE/WELL/FAC Nor A-1  
 MAXIMO / WSM # \_\_\_\_\_  
 TASK 0102 ELEMENT 3033  
 PROJECT # 1172926 CAPEX/OPEX - Circle one  
 SPO/SPA \_\_\_\_\_ UNSUPPORTED LI  
 PRINTED NAME Mark A. Bunker  
 SIGNATURE: Mark A. Bunker  
I certify that these Services/Materials have been received

**SERVICE**

DEPTH OF JOB		
PUMP TRUCK CHARGE		3099.25
EXTRA FOOTAGE	@	
MILEAGE Heavy	50 MI @ 7.70	385.00
MANIFOLD	1 Day @ 275.00	275.00
Light Mileage	50 MI @ 4.40	220.00
<b>TOTAL</b>		<b>3,979.25</b>

CHARGE TO: Oxy USA  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

<u>Weatherford</u>		
Guide Shoe	1EA @ 280.80	280.80
RFU Insert Float	1EA @ 334.62	334.62
Centralizers	20EA @ 57.30	1,146.00
Stop Collar	1EA @ 49.17	49.17
Top Plug	1EA @ 85.41	85.41
<b>TOTAL</b>		<b>1,896.57</b>

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 18,358.76  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
Net - 12,851.18

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

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 20, 2013

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

Re: ACO1  
API 15-093-21891-00-00  
NOE A 1  
SE/4 Sec.09-23S-37W  
Kearny 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