



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1171647
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: _____



1171647

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ENTERPRISES A 4
Doc ID	1171647

All Electric Logs Run

SPECTRAL DENSITY DUAL SPACED NEUTRON
MICROLOG
ARRAY COMPENSATED TRUE RESISTIVITY
ANNULAR HOLE VOLUME PLOT
BOREHOLE COMPENSATED SONIC ARRAY

ALLIED OIL & GAS SERVICES, LLC 052334

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal 21

DATE <u>9-13-13</u>	SEC. <u>21</u>	TWP. <u>30S</u>	RANGE <u>32W</u>	CALLED OUT	ON LOCATION <u>16:30</u>	JOB START	JOB FINISH <u>20:30</u>
LEASE <u>Enterprises</u>	WELL # <u>A-4</u>	LOCATION <u>Sublette KS - 3S, 3E, 5 into</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Artco #507
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1522ft
 CASING SIZE 8 5/8 24" DEPTH 1527.92ft
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 CROWFOOT DEPTH
 RES. MAX MINIMUM
 LEAS. LINE SHOE JOINT 42-17
 CEMENT LEFT IN CSG. 2.6
 PERFS.
 DISPLACEMENT 94.5 BBL

OWNER
 CEMENT
 AMOUNT ORDERED 350sk AMD-2%CC,
1/4" FloSeal
245sk Class C-2%CC, 1/4" FloSeal
 Class C COMMON 245sk @ 24.40 5978.00
 POZMIX @
 GEL @
 CHLORIDE 18sk @ 24.00 432.00
 BASE AMD 350sk @ 31.00 10,850.00
SASI 66 LB @ 17.55 1,158.30
Flo-Seal 149 LB @ 2.97 442.53
 HANDLING 648 ft³ @ 2.48 1,607.04
 MILEAGE 1472.70 Tm @ 2.00 2,945.40
 TOTAL 25,016.89

EQUIPMENT

PUMP TRUCK CEMENTER Kimby Harper
549-550 HELPER Heriberto V
 BULK TRUCK
470-467 DRIVER Alex C (Victor)
 BULK TRUCK
456-251 DRIVER Jaime T

REMARKS:

AP LOCATION/DEPT. Liberal D02LNON D02L
 LEASE/WELL/FAC. Enterprises A-4
 MAXIMO / WSM #
 TASK 0102 ELEMENT 3023
 PROJECT # 1174557 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME Ernie Flores
 SIGNATURE: [Signature]
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE 2213.75
 EXTRA FOOTAGE @
 MILEAGE Light 50MT @ 7.70 385.00
MANIFOLD 1 Day @ 275.00 275.00
Heavy M.ilage 50MT @ 4.40 220.00
 TOTAL 3,093.75

CHARGE TO: Oxy USA
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

3970
 Top Rubber Plug 1EA 131.04 131.04
 Guide Shoe 1EA @ 460.98 460.98
 AFU Insert 1EA @ 446.94 446.94
 Centralizers 14EA @ 74.88 1048.32
 Basket 1EA @ 559.26 559.26
 Stop collar 1EA @ 56.16 56.16
 TOTAL 2,702.70

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 30,813.34
 DISCOUNT Net - 19,104.28 IF PAID IN 30 DAYS

PRINTED NAME
 SIGNATURE

ALLIED OIL & GAS SERVICES, LLC 052003

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>9-17-13</u>	SEC. <u>21</u>	TWP. <u>30S</u>	RANGE <u>32W</u>	CALLED OUT	ON LOCATION <u>11:00am</u>	JOB START <u>3:30p.m.</u>	JOB FINISH <u>4:30p.m.</u>
Enterprises LEASE		WELL # <u>A-4</u>	LOCATION <u>Vec Sublette KS CR 220 East</u>		COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>South Into</u>				

CONTRACTOR
TYPE OF JOB Production

HOLE SIZE 7 1/8 T.D. 5189

CASING SIZE 5 1/2 DEPTH 5176

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 90.4

CEMENT LEFT IN CSG. .93 bbls

PERFS.

DISPLACEMENT 119.39

OWNER

CEMENT
AMOUNT ORDERED 210sk 50/50 2% gel
5% gyp seal 10% salt 5# Gilsomite 1/4# #10 seal
1.5% FL-100 1.2% CO-31

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		

<u>Allied 50/50 class H 210sk</u>	@	<u>16.85</u>	<u>3538.80</u>
<u>Sulf</u>	@	<u>12.75sk</u>	<u>335.96</u>
<u>Gyp Seal</u>	@	<u>17.60</u>	<u>661.76</u>
<u>FL-100</u>	@	<u>88.20#</u>	<u>1660.98</u>
<u>CO-31</u>	@	<u>38.30#</u>	<u>363.59</u>
<u>Gilsomite 1050#</u>	@	<u>.98</u>	<u>1029.00</u>
<u>Flo Seal</u>	@	<u>52.50#</u>	<u>155.93</u>
<u>Super Flush</u>	@	<u>12 bbls</u>	<u>704.40</u>
HANDLING	@	<u>268.65</u>	<u>658.81</u>
MILEAGE	@	<u>534.45</u>	<u>1389.57</u>
TOTAL			<u>10,504.80</u>

EQUIPMENT

PUMP TRUCK CEMENTER Lenny B.

549-SSO HELPER Aldo E.

BULK TRUCK

472-SS4 DRIVER Victor C.

BULK TRUCK

DRIVER

REMARKS:

AP LOCATION/DEPT. Liberal D021NON D021

LEASE/WELL/FAC Enterprises A-4

MAXIMO / WSM #

TASK 0102 ELEMENT 3023

PROJECT # 1174557 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

PRINTED NAME Graham Flagg

SIGNATURE: [Signature]
I certify that these services materials have been received

SERVICE

DEPTH OF JOB	<u>5001-6000</u>		
PUMP TRUCK CHARGE	<u>3099.25</u>		
EXTRA FOOTAGE	@		
MILEAGE	<u>50</u>	@	<u>7.70</u> <u>385.00</u>
MANIFOLD	<u>1</u>	@	<u>278.00</u>
Light Vehicle	<u>50</u>	@	<u>4.40</u> <u>220.00</u>
TOTAL			<u>3979.25</u>

CHARGE TO: OXY USA

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Top Rubber Plug	1	@	<u>85.41</u>
Centralizers	<u>20</u>	@	<u>57.33</u> <u>1146.60</u>
AFU Float Valve	<u>1</u>	@	<u>337.62</u>
Guide shoe	<u>1</u>	@	<u>280.80</u>
Stop Collar	<u>1</u>	@	<u>49.14</u>
TOTAL			<u>1896.57</u>

To: Allied Oil & Gas Services, LLC.
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SALES TAX (If Any) _____

TOTAL CHARGES \$16,380.32

DISCOUNT _____ IF PAID IN 30 DAYS

Net = \$11,466.22

PRINTED NAME Graham Flagg

SIGNATURE [Signature]