



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1172455
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: _____



1172455

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STANSIFER A 1
Doc ID	1172455

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
MICROLOG
DUAL SPACED NEUTRON SPECTRAL DENSITY
REPEAT LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STANSIFER A 1
Doc ID	1172455

Tops

Name	Top	Datum
HEEBNER	3991	
LANSING	4081	
KANSAS CITY	4475	
MARMATON	4629	
PAWNEE	4717	
CHEROKEE	4667	
ATOKA	4975	
MORROW	5023	
ST. GENEVIEVE	5204	

ALLIED OIL & GAS SERVICES, LLC 052274

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal Ks.

DATE <u>08-20-13</u>	SEC. <u>4</u>	TWP. <u>27</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00</u>	JOB FINISH <u>9:00 a.m.</u>
LEASE <u>Stansifer</u>	WELL # <u>A-1</u>		LOCATION <u>A.W. Sublete Ks</u>			COUNTY <u>Haskell</u>	STATE <u>Ks.</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Astec 507
 TYPE OF JOB Long string
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 17# DEPTH 6142 ft
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 2000 MINIMUM
 MEAS. LINE SHOE JOINT 40.06 ft
 CEMENT LEFT IN CSG. 40.06 ft
 PERFS.
 DISPLACEMENT 141.5 BBIS

OWNER Oxy USA Inc

CEMENT
 AMOUNT ORDERED 400 sk 50/50 Pz "H"
2% Gel, 5% Gyp Seal, 10% Salt,
5lb/sk Gilsomite, 1/4 lb/sk F. Seal, .5%
FL-160, .2% CO-31.

COMMON	@	
POZMIX	@	
GEL Gilsomite	2000 lb @ .98	1,960.00
CHLORIDE	@	
ASC APBH	50/50 "H" 400 @ 16.85	6,740.00
MACL	24.30 sk @ 26.35	640.31
Gyp Seal	336 sk @ 37.60	1,263.36
Flo seal	100 lb @ 2.97	297.00
FL-160	168 lb @ 18.40	3,173.20
CO-31	67.20 lb @ 10.30	692.16
Super Flush	12 BBL @ 58.70	704.40
	@	
	@	
HANDLING	512.70 C-ft @ 2.45	1,271.50
MILEAGE	101.8 Ton Mi @ 2.60	2,646.50
TOTAL		19,390.71

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez
 # 531-541 HELPER Cesar Pavia
 BULK TRUCK
 # 457-467 DRIVER Diederick Brien
 BULK TRUCK
 # DRIVER

REMARKS:
Pressure test lines at 4000 PSI, Pump 5 BBL
H2O, 12 BB Super Flush - 5 BBL H2O Spacers,
then Mix pump 400 sk Cement C112.5 BBLs
slurry and displace with 140 BBLs H2O
Bump plug at 1900 PSI, Flow Hold.
Thank you.

SERVICE

DEPTH OF JOB	<u>6142 ft</u>	
PUMP TRUCK CHARGE	<u>3099.25</u>	
EXTRA FOOTAGE	@	
MILEAGE heavy 50 Mi	@ 7.70 <u>385.00</u>	
MANIFOLD + head 1	@ 275.00 <u>275.00</u>	
Light Vehicle 50 Mi	@ 4.40 <u>220.00</u>	
	@	
TOTAL		3979.25

CHARGE TO: Oxy Usa Inc

ADDRESS: Liberal NON D02
 LEASE/WELL NAME: Stansifer A-1
 CITY: STATE: ZIP:
 TASK: 0102 PROJECT: 1172338 OFFICE: 3023
 SPO/BPA: UNSUPPORTED
 PRINTED NAME: Mark A. Bonner
 SIGNATURE: Mark A. Bonner

PLUG & FLOAT EQUIPMENT

Top rubber plug 1	@ 85.41	85.41
AFV. Float Valve 1	@ 334.62	334.62
Guide Shoe 1	@ 280.80	280.80
	@	
	@	
TOTAL		700.83

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 _____
 SIGNATURE _____

SALES TAX (If Any) _____
 TOTAL CHARGES 24070.81
 DISCOUNT _____ IF PAID IN 30 DAYS

NET = 14923.90