



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1172485
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 |
|-----------------------------------|-----------------|---|

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: _____



1172485

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 |
|--|---|

| 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> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | OXY USA Inc. |
| Well Name | DEWELL B 1 |
| Doc ID | 1172485 |

All Electric Logs Run

| |
|--|
| |
| ARRAY COMPENSATED TRUE RESISTIVITY LOG |
| ANNULAR HOLE VOLUME PLOT |
| BOREHOLE COMPENSATED SONIC ARRAY LOG |
| HIGH FREQUENCY DELECTRIC LOG |
| MICROLOG |
| SPECTRAL DENSITY DUAL SPACED NEUTRON LOG |

| | |
|-----------|------------------------|
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Tops

| Name | Top | Datum |
|--------------|------|-------|
| HEEBNER | 4121 | |
| LANSING | 4176 | |
| KANSAS CITY | 4643 | |
| MARMATON | 4813 | |
| PAWNEE | 4925 | |
| CHEROKEE | 4975 | |
| ATOKA | 5113 | |
| MORROW | 5271 | |
| ST GENEVIEVE | 5574 | |

ALLIED OIL & GAS SERVICES, LLC 052237

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberals KS

| | | | | | | | |
|--|------------------|---|------------------|-----------------------|----------------------------|-------------------------|--------------------------|
| DATE <u>8-29-13</u> | SEC. <u>17</u> | TWP. <u>29S</u> | RANGE <u>33W</u> | CALLED OUT | ON LOCATION <u>11:00am</u> | JOB START <u>1:00pm</u> | JOB FINISH <u>2:00pm</u> |
| LEASE <u>Dewell</u> | WELL # <u>#1</u> | LOCATION <u>Vec Sublette KS 4 miles North</u> | | COUNTY <u>Haskell</u> | STATE <u>KS</u> | | |
| OLD OR <input checked="" type="radio"/> NEW (Circle one) | | to CR ISO West to II 3/4 south West into | | | | | |

CONTRACTOR
TYPE OF JOB Surface

| | | |
|--------------------------|------------|-------------------|
| HOLE SIZE <u>12 1/4</u> | T.D. | <u>1100.3</u> |
| CASING SIZE <u>8 5/8</u> | DEPTH | <u>1607.89</u> |
| TUBING SIZE | DEPTH | |
| DRILL PIPE | DEPTH | |
| TOOL | DEPTH | |
| PRES. MAX | MINIMUM | |
| MEAS. LINE | SHOE JOINT | <u>40.49</u> |
| CEMENT LEFT IN CSG. | | <u>2.5 7 bbls</u> |
| PERFS. | | |
| DISPLACEMENT | | <u>99.82 bbls</u> |

EQUIPMENT

OWNER

CEMENT

AMOUNT ORDERED 350sk Class C 2% gyp sec
2% mtso, 3% cc, 2% SF S1 1/4 # flo seal
245 Class C, 2% cc 4 # flo seal

| | | | |
|------------------------|---|--------------|-----------------|
| COMMON <u>245</u> | @ | <u>24.40</u> | <u>\$978.00</u> |
| POZMIX | @ | | |
| GEL | @ | | |
| CHLORIDE <u>18sk</u> | @ | <u>64.00</u> | <u>1152.00</u> |
| ASC | @ | | |
| <u>Flo seal 149#</u> | @ | <u>2.97</u> | <u>442.53</u> |
| <u>SA-S1 60#</u> | @ | <u>17.55</u> | <u>1158.30</u> |
| | @ | | |
| | @ | | |
| | @ | | |
| | @ | | |
| HANDLING <u>648.00</u> | @ | <u>2.48</u> | <u>1607.05</u> |
| MILEAGE <u>1472.70</u> | @ | <u>2.60</u> | <u>3829.0</u> |
| TOTAL | | | <u>25016.9</u> |

PUMP TRUCK CEMENTER Lenny Beece
S31-S41 HELPER Cesar P.

BULK TRUCK
450-251 DRIVER Deceadrick G.

BULK TRUCK
502-528 DRIVER Pedro G.

Allied Multi-Density
Class C 350sk

| | | | |
|--|---|--------------|-----------------|
| | @ | <u>31.00</u> | <u>10850.00</u> |
| | @ | | |
| | @ | | |
| | @ | | |
| | @ | | |

P LOCATION/DEPT. REMARKS: D02 FINON D01
LEASE/WELL/FAC. Dewell B1

0102 ELEMENT 3023
1173886 CAPEX / OPEX - Circle one

PA UNSUPPORTED

PRINTED NAME Mark A. Bower

SIGNATURE: Mark A. Bower
I certify that these Services/Materials have been received

SERVICE

| | | | |
|--------------------------------|---|----------------|----------------|
| DEPTH OF JOB <u>1091'-200'</u> | | | |
| PUMP TRUCK CHARGE | @ | <u>2213.75</u> | |
| EXTRA FOOTAGE | @ | | |
| MILEAGE <u>50</u> | @ | <u>7.70</u> | <u>385.00</u> |
| MANIFOLD <u>275</u> | @ | <u>1</u> | <u>295.00</u> |
| Light vehicle <u>50</u> | @ | <u>4.40</u> | <u>220.00</u> |
| | @ | | |
| TOTAL | | | <u>3093.75</u> |

CHARGE TO: OXY USA

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

| | | | |
|------------------------------|---|---------------|----------------|
| Guide Shoe <u>1</u> | @ | <u>460.98</u> | <u>460.98</u> |
| Flapper Float Valve <u>1</u> | @ | <u>446.94</u> | <u>446.94</u> |
| Centralizer <u>14</u> | @ | <u>74.88</u> | <u>1048.32</u> |
| Cement basket <u>1</u> | @ | <u>559.26</u> | <u>559.26</u> |
| Stop Coller <u>1</u> | @ | <u>56.16</u> | <u>56.16</u> |
| Top Rubber Plug <u>1</u> | @ | <u>131.04</u> | <u>131.04</u> |
| TOTAL | | | <u>2702.70</u> |

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 30813.35

DISCOUNT _____ IF PAID IN 30 DAYS
Net = 18796.15

PRINTED NAME Mark A. Bower

SIGNATURE Mark A. Bower

