



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1173555
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: _____



1173555

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
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STALEY A 2
Doc ID	1173555

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STALEY A 2
Doc ID	1173555

Tops

Name	Top	Datum
HEEBNER	3913	
TORONTO	3934	
LANSING	3982	
KANSAS CITY	4360	
MARMATON	4481	
PAWNEE	4578	
CHEROKEE	4626	
ATOKA	4763	
MORROW	4824	
CHESTER	4844	
ST GENEVIEVE	4879	
ST LOUIS	4953	

ALLIED OIL & GAS SERVICES, LLC 052324

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal 21

DATE <u>8-27-13</u>	SEC. <u>27</u>	TWP. <u>25S</u>	RANGE <u>32W</u>	CALLED OUT	ON LOCATION	JOB START <u>0500</u>	JOB FINISH <u>0630</u>
LEASE <u>Staley A</u>		WELL # <u>2</u>		LOCATION <u>Sublette KS - 28 North - 2.5 East</u>		COUNTY <u>Finney</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				on Pete Smith Rd - North into			

CONTRACTOR <u>Artco #507</u>	OWNER
TYPE OF JOB <u>5 1/2 Production</u>	
HOLE SIZE <u>7 7/8</u> T.D.	
CASING SIZE <u>5 1/2 17'</u> DEPTH <u>5201.52 ft</u>	
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>39.85 ft</u>
CEMENT LEFT IN CSG. <u>.85 BBL</u>	
PERFS.	
DISPLACEMENT <u>119.75 BBL</u>	

EQUIPMENT

PUMP TRUCK CEMENTER <u>Kirby #</u>	
# <u>531-541</u> HELPER <u>Heriberto V</u>	
BULK TRUCK	
# <u>774-744</u> DRIVER <u>Ricardo E</u>	
BULK TRUCK	
#	DRIVER

CEMENT

AMOUNT ORDERED <u>245 sk. 50/50 Pz. (H)</u>	
<u>29% Total Gel, 5% Gyp-Seal, 10% Salt, 5% Gilsontin, 1/4" Flo-Seal, 5% FL-10, 2% CD-31</u>	
COMMON 50/50 Pz (H) <u>245 sk @ 16.95</u>	<u>4128.25</u>
POZMIX Salt <u>14,895 lb @ 26.33</u>	<u>392.35</u>
GEL Gyp-Seal <u>20.58 sk @ 37.60</u>	<u>773.81</u>
CHLORIDE Gilsontin <u>1225 LB @ .98</u>	<u>1200.50</u>
ASE FLO-Seal <u>61.3 LB @ 2.97</u>	<u>182.07</u>
FL-10 <u>102.9 LB @ 18.90</u>	<u>1944.81</u>
CD-31 <u>41.2 LB @ 10.30</u>	<u>424.34</u>
Superflush <u>12 BBL @ 58.00</u>	<u>704.40</u>
HANDLING <u>481.52 ft @ 2.48</u>	<u>1119.78</u>
MILEAGE <u>623.53 TM @ 2.00</u>	<u>1247.06</u>
TOTAL	<u>12,491.51</u>

REMARKS:

AP LOCATION/DEPT. <u>Liberal D02</u>	<input type="checkbox"/> NON D02
LEASE/WELL/FAC. <u>STALEY A 2</u>	
MAXIMO / WSM #	
TASK <u>0102</u>	ELEMENT <u>3023</u>
PROJECT # <u>1172810</u>	CAPEX / OPEX - Circle one
SPO / BPA	<input type="checkbox"/> UNSUPPORTED
PRINTED NAME <u>Mark A Bonner</u>	
SIGNATURE: <u>Mark A Bonner</u>	<small>I certify that these services/materials have been received</small>

SERVICE

DEPTH OF JOB <u>5201</u>	
PUMP TRUCK CHARGE	<u>3099.25</u>
EXTRA FOOTAGE	@
MILEAGE Heavy <u>50MT @ 7.20</u>	<u>360.00</u>
MANIFOLD <u>1 Day @ 275.00</u>	<u>275.00</u>
Light Mileage <u>50MT @ 4.40</u>	<u>220.00</u>
TOTAL	<u>3,979.25</u>

PLUG & FLOAT EQUIPMENT

Guide Shoe <u>1EA @ 280.90</u>	<u>280.90</u>
AEU Insert <u>1EA @ 344.43</u>	<u>344.43</u>
Centralizers <u>20EA @ 57.33</u>	<u>1146.60</u>
Stop Collar <u>1EA @ 49.14</u>	<u>49.14</u>
Top Plug <u>1EA @ 85.41</u>	<u>85.41</u>
TOTAL	<u>2006.57</u>

CHARGE TO: OK USA
STREET _____
CITY _____ STATE _____ ZIP _____

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 18,477.33
DISCOUNT _____ IF PAID IN 30 DAYS
Net - 12,934.12

ALLIED OIL & GAS SERVICES, LLC 052276

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal ks

DATE <u>08-22-13</u>	SEC. <u>27</u>	TWP. <u>25</u>	RANGE <u>32 W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00</u>	JOB FINISH <u>11:00 PM</u>
Staley LEASE	WELL # <u>A-2</u>		LOCATION <u>Sublete ks. N to Pete Smith Rd,</u>			COUNTY <u>Finney</u>	STATE <u>ks.</u>
OLD OR <u>(NEW)</u> (Circle one)			<u>2.6 Miles, E on Pete Smith Rd 2.6 M. N into</u>				

CONTRACTOR Aztec 507 OWNER Oxy Usa Inc
TYPE OF JOB Surface

HOLE SIZE <u>12 1/4</u>	T.D. <u>1633 ft</u>
CASING SIZE <u>8 5/8 24 #</u>	DEPTH <u>1637.93 ft</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1200 PSI</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>41.30 ft</u>
CEMENT LEFT IN CSG. <u>41.30 ft</u>	
PERFS.	
DISPLACEMENT <u>101.7 BBLs</u>	

CEMENT

AMOUNT ORDERED 350 sk AMD 3% CC, 2% Gyp Seal, 27 SA-51, 2% NAMS, 1/4 lb/sk Floselec, 2.45 sk "C" 2% CC, 1/4 lb/sk Floselec

COMMON "C" <u>245 sk</u>	@ <u>24.40</u>	<u>5,978.00</u>
POZMIX	@	
GEL	@	
CHLORIDE <u>18 sk</u>	@ <u>64.00</u>	<u>1,152.00</u>
ASC	@	
Floselec <u>149 lb</u>	@ <u>2.97</u>	<u>442.53</u>
SA-51 <u>66 lb</u>	@ <u>17.55</u>	<u>1,158.30</u>
AMDC "C" <u>350 sk</u>	@ <u>31.00</u>	<u>10,850.00</u>
	@	
	@	
	@	
	@	
HANDLING <u>648 Cuft</u>	@ <u>2.48</u>	<u>1,607.04</u>
MILEAGE <u>1472.70 Ton M.</u>	@ <u>2.60</u>	<u>3,829.03</u>
		TOTAL <u>25,016.90</u>

EQUIPMENT

PUMP TRUCK CEMENTER <u>Ruben Chavez</u>
<u>531-541</u> HELPER <u>Cesar Pavia</u>
BULK TRUCK
<u>562-528</u> DRIVER <u>Cederick Grier</u>
BULK TRUCK
<u>456-251</u> DRIVER <u>Pedro Garcia</u>

REMARKS:
Pressure test lines at 2500 PSI, Pump BBLs H2O - spacer, Mix + pump 595 sk Cement (208 BBLs slurry) and displace with 101 BBLs H2O, Bump plug at 1200 PSI, Put 1500 PSI for casing pressure test 30 minutes.
60 BBLs slurry circulate to pit.
3 Hours stand by Time

SERVICE

DEPTH OF JOB	<u>1,637.93 ft</u>
PUMP TRUCK CHARGE	<u>2,213.75</u>
EXTRA FOOTAGE	@
MILEAGE heavy <u>50 M.</u>	@ <u>7.70</u> <u>385.00</u>
MANIFOLD + head <u>1</u>	@ <u>275.00</u> <u>275.00</u>
Light Vehicle <u>50 M.</u>	@ <u>4.40</u> <u>220.00</u>
Stand by Hours <u>3</u>	@ <u>440.00</u> <u>1,320.00</u>
TOTAL <u>4,413.75</u>	

CHARGE TO: Oxy Usa Inc
AP LOCATION/DEPT. Liberal D02 NON D02
STRIKES/WELL/FAC Staley A-2
MAXIMO / WSM # _____
CITY 0102 STATE KS ELEMENT 3023
PROJECT # 1172310 CAPEX / OPEX - Circle one
SPO / BPA _____ UNSUPPORTED
Circle Doc Type
PRINTED NAME Gerhan Elegg
SIGNATURE: _____
I certify that these Services/Materials have been received

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>1,048.32</u>
Cement Basket <u>1</u>	@ <u>559.26</u>	<u>559.26</u>
Stop Collar <u>1</u>	@ <u>56.16</u>	<u>56.16</u>
		TOTAL <u>2,571.66</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 32,002.31
DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Gerhan Elegg
SIGNATURE _____

NET = 19,521.41