



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1189232  
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: \_\_\_\_\_

1189232

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

<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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KELLS F 1
Doc ID	1189232

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KELLS F 1
Doc ID	1189232

Tops

Name	Top	Datum
HEEBNER	4081	
LANSING	4164	
KANSAS CITY	4583	
MARMATON	4732	
ATOKA	5119	
MORROW	5195	
CHESTER	5308	
STE GENEVIEVE	5436	



# ALLIED OIL & GAS SERVICES, LLC 052383

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal ks

DATE <u>01-28-14</u>	SEC. <u>30</u>	TWP. <u>27S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:30</u>	JOB FINISH <u>5:30 PM</u>
LEASE <u>Kells</u>	WELL # <u>1</u>	LOCATION <u>Sublete N to CR 50, W 6M,</u>			COUNTY <u>Haskell</u>	STATE <u>ks</u>	
OLD OR NEW (Circle one)		<u>S 1 M, E 1/4, N 1 to.</u>					

CONTRACTOR Aztec # 507  
 TYPE OF JOB PTA-  
 HOLE SIZE 7 7/8 T.D. 1841 ft  
 CASING SIZE 8 5/8 24 # DEPTH  
 TUBING SIZE DEPTH  
 DRILL PIPE 4 1/2 16.6 # DEPTH 1841 ft  
 TOOL DEPTH  
 PRES. MAX 1000 PSI MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 34 BBIs  
 PERFS.  
 DISPLACEMENT 22 BBIs + 10 BBIs.  
 EQUIPMENT  
 PUMP TRUCK CEMENTER Ruben Chavez  
 # 531-541 HELPER Jaime Torres  
 BULK TRUCK  
 # 868-842 DRIVER Alex Ayala  
 BULK TRUCK  
 # DRIVER

OWNER Oxy Usa Inc  
 CEMENT  
 AMOUNT ORDERED 75 sk "C", 2% CC  
130 sk "C" Neat.  
 COMMON 205 sk "C" @ 24.40 5,002.00  
 POZMIX @  
 GEL @  
 CHLORIDE 3 sk @ 64.00 192.00  
 ASC @  
 HANDLING 208 cu ft @ 2.78 515.84  
 MILEAGE 485.5 Ton Mi @ 2.60 1,262.30  
 TOTAL 6,972.14

REMARKS:

~~AP LOCATION/DEPT. Libcap D02E1MON D02E1~~  
~~LEASE/WELL/FAC Kells ~~DAFI~~~~  
~~MAXIMO / WSM #~~  
 TASK 0102 ELEMENT 3023  
 PROJECT # 117.3629 CAPEX / OPEX - Circle one  
 SPO / BPA Gene Bilby UNSUPPORTED E1  
 PRINTED NAME Gene Bilby  
 SIGNATURE Gene Bilby  
 I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB 1841 ft  
 PUMP TRUCK CHARGE 1,250.00  
 EXTRA FOOTAGE @  
 MILEAGE heavy 50 Mi @ 7.70 385.00  
 MANIFOLD @  
Light Vehicle 50 Mi @ 4.40 220.00  
Stand by hours @ 7.70.00 3520.00  
 TOTAL 5,375.00

PLUG & FLOAT EQUIPMENT

@  
 @  
 @  
 @  
 @  
 TOTAL \_\_\_\_\_

CHARGE TO: Oxy USA Inc  
 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.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 12,347.14  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

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

**NET = 8,643.00**

# ALLIED OIL & GAS SERVICES, LLC 052374

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal Ks.

DATE <u>01-13-14</u>	SEC. <u>30</u>	TWP. <u>27S.</u>	RANGE <u>33W.</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30</u>	JOB FINISH <u>11:00 PM</u>
LEASE <u>Kells</u>	WELL # <u>1</u>	LOCATION <u>Sublet to CR 50, W 6M;</u>			COUNTY <u>Haskell</u>	STATE <u>Ks.</u>	
OLD OR (NEW) (Circle one)		S 1M, E 1/4M, N 1/2.					

CONTRACTOR Oxy-Aztec #507 OWNER Oxy Usa Inc.

TYPE OF JOB Surface  
 HOLE SIZE 12 1/4 T.D. 1717 ft  
 CASING SIZE 8 3/8 24# DEPTH 1721 ft  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 1200 PSI MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 40.83 ft  
 CEMENT LEFT IN CSG. 40.83 ft  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 107 BBLs  
 EQUIPMENT \_\_\_\_\_

CEMENT  
 AMOUNT ORDERED 350 sk AMD "C" 2% Gyp Seal,  
2% NANS, 3% CC, 1/4 F.S., 2% SA-SI.  
245 sk "C" 2% CC, 1/4 lb/sk Flosele.

COMMON <u>Class "C" 245 sk @ 24.70</u>	<u>5,978.00</u>
POZMIX _____ @ _____	
GEL _____ @ _____	
CHLORIDE <u>18 sk @ 64.00</u>	<u>1,152.00</u>
ASC _____ @ _____	
<u>Flosele 149 lb @ 2.97</u>	<u>442.53</u>
<u>SA-SI 66 lb @ 17.55</u>	<u>1,158.30</u>
<u>AMDC "C" 350 sk @ 31.00</u>	<u>10,850.00</u>
<u>Loss stop fluid 20 BBLs @ 250.00</u>	<u>5,000.00</u>
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
HANDLING <u>648 Cu ft @ 2.48</u>	<u>1,607.04</u>
MILEAGE <u>1472.70 Ten M @ 2.60</u>	<u>3,829.02</u>
TOTAL	<u>30,016.89</u>

PUMP TRUCK CEMENTER Ruben Chavez  
 # 530-484 HELPER Jaime Torres  
 BULK TRUCK  
 # 869-841 DRIVER Deedrick Grier  
 BULK TRUCK  
 # 868-842 DRIVER Ricardo Estrada

REMARKS:  
AP LOCATION/DEPT L:bcap D02  NON D02   
LEASE/WELL/FAC Kells F-1  
MAXIMO / WSM # \_\_\_\_\_  
TASK P102 ELEMENT 3023  
PROJECT # 1173629 CAPEX / OPEX - Circle one  
SPO / BPA \_\_\_\_\_ UNSUPPORTED   
PRINTED NAME JAMES GARDEN  
SIGNATURE: [Signature]  
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB _____	<u>1721 ft</u>
PUMP TRUCK CHARGE _____	<u>2,213.75</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>heavy 50 M. @ 7.70</u>	<u>385.00</u>
MANIFOLD + head <u>1 @ 275.00</u>	<u>275.00</u>
<u>Light Vehicle 50 M. @ 4.40</u>	<u>220.00</u>
<u>Stand by hours 4 @ 440.00</u>	<u>1,760.00</u>
TOTAL	<u>4,853.75</u>

CHARGE TO: Oxy Usa Inc.  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<u>Guide Shoe 1 @ 460.98</u>	<u>460.98</u>
<u>Flapper Float Valve 1 @ 446.94</u>	<u>446.94</u>
<u>Centralizer 14 @ 74.88</u>	<u>1,048.32</u>
<u>Stop Collar 1 @ 56.16</u>	<u>56.16</u>
<u>Top rubber plug 1 @ 131.04</u>	<u>131.04</u>
_____ @ _____	
TOTAL	<u>2,143.44</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 37,014.08

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

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
**NET = 25,539.71**