



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190258
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: _____

1190258

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	COONS D 1
Doc ID	1190258

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	COONS D 1
Doc ID	1190258

Tops

Name	Top	Datum
HEEBNER	3740	
LANSING	3846	
KANSAS CITY	4127	
MARMATON	4312	
ATOKA	4590	
MORROW	4707	
ST GENEVIEVE	4856	
ST LOUIS	4922	

ALLIED OIL & GAS SERVICES, LLC KB 052111

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal 21

DATE <u>11-9-13</u>	SEC. <u>19</u>	TWP. <u>24 S</u>	RANGE <u>36 W</u>	CALLED OUT	ON LOCATION <u>1</u>	JOB START <u>1500</u>	JOB FINISH <u>1700</u>
LEASE <u>Coons</u>	WELL# <u>D-1</u>	LOCATION <u>Lakin KS - 4W - 1N - E into</u>			COUNTY <u>Hearney</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>Artec 507</u>	OWNER
TYPE OF JOB <u>PTA</u>	
HOLE SIZE <u>7 7/8</u> T.D.	CEMENT
CASING SIZE <u>8 5/8</u> DEPTH	AMOUNT ORDERED <u>140 sk Class C - 290cc</u>
TUBING SIZE DEPTH	<u>70 sk Class C - Neat</u>
DRILL PIPE <u>4 1/2</u> DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	<u>Prem Plus</u>
MEAS. LINE SHOE JOINT	COMMON <u>210 sk @ 24.40</u> <u>5124.00</u>
CEMENT LEFT IN CSG.	POZMIX @
PERFS.	GEL @
DISPLACEMENT	CHLORIDE <u>5 sk @ 64.00</u> <u>320.00</u>
	ASC @

EQUIPMENT

PUMP TRUCK CEMENTER <u>Bilby H</u>
<u>530-484</u> HELPER <u>Ricardo E</u>
BULK TRUCK
<u>472-554</u> DRIVER <u>Alex Corona</u>
BULK TRUCK
DRIVER

HANDLING <u>215 ft</u> @ <u>2.49</u> <u>533.20</u>
MILEAGE <u>300 Tr</u> @ <u>2.20</u> <u>1300.00</u>
TOTAL <u>7277.20</u>

REMARKS:
AP LOCATION/DEPT. Libcap D02 NON D02
LEASE/WELL/FAC Coons D-1
MAXIMO / WSM #
TASK 0102 ELEMENT 3023
PROJECT # 1176087 CAPEX / OPEX - Circle one
SPO / RPA Gene Bilby UNSUPPORTED
Circle the type
PRINTED NAME Gene Bilby
SIGNATURE: Gene Bilby
Verify that these services/materials have been received

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>2213.75</u>
EXTRA FOOTAGE @	
MILEAGE <u>Heavy</u> <u>50MI</u> @ <u>7.70</u> <u>385.00</u>	
MANIFOLD @	
<u>Light Mileage</u> <u>50MI</u> @ <u>4.40</u> <u>220.00</u>	
<u>Additional hrs</u> <u>3 HR</u> @ <u>440.00</u> <u>1320.00</u>	
TOTAL <u>4,138.75</u>	

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

PLUG & FLOAT EQUIPMENT

_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____
TOTAL <u>0</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.

PRINTED NAME Gene Bilby
SIGNATURE Gene Bilby

SALES TAX (If Any) _____
TOTAL CHARGES 11,415.92
DISCOUNT Net IF PAID IN 30 DAYS 17,077.88

ALLIED OIL & GAS SERVICES, LLC 052111

Federal Tax I.D.# 20-5975804

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RUSSELL, KANSAS 67665

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Liberal 21

DATE <u>11-9-13</u>	SEC. <u>19</u>	TWP. <u>24S</u>	RANGE <u>36W</u>	CALLED OUT	ON LOCATION	JOB START <u>1500</u>	JOB FINISH <u>1700</u>
LEASE <u>Coons</u>	WELL # <u>D-1</u>	LOCATION <u>Lakin KS - 4W - 1N - E into</u>			COUNTY <u>Bearney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Artic 507
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 8 3/8 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Billy H
 # 530-484 HELPER Ricardo E
 BULK TRUCK
 # 472-554 DRIVER Alex Corona
 BULK TRUCK
 # DRIVER

OWNER
 CEMENT
 AMOUNT ORDERED 140 sk Class C - 27000
70 sk Class C - Neat

Prem Plus COMMON	<u>210 sk @ 24.40</u>	<u>5124.00</u>
POZMIX	@	
GEL	@	
CHLORIDE	<u>5 sk @ 64.00</u>	<u>320.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<u>215 ft @ 2.44</u>	<u>533.20</u>
MILEAGE	<u>500 Tm @ 2.00</u>	<u>1000.00</u>
TOTAL		<u>7277.20</u>

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>2213.75</u>
EXTRA FOOTAGE	@	
MILEAGE Heavy	<u>50MI @ 7.70</u>	<u>385.00</u>
MANIFOLD	@	
Light Mileage	<u>50MI @ 4.40</u>	<u>220.00</u>
Additional hrs	<u>3 HR @ 440.00</u>	<u>1320.00</u>
TOTAL		<u>4,138.75</u>

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		<u>0</u>

REMARKS:
 AP LOCATION/DEPT. Libcap D02 NON D02
 LEASE/WELL/FAC Coons D-1
 MAXIMO / WSM #
 TASK 0102 ELEMENT 3023
 PROJECT # 1176087 APEX / OPEX - Circle one
 SPO / RPA UNSUPPORTED
 PRINTED NAME Gene Bilby
 SIGNATURE: Gene Bilby

CHARGE TO: Oxy 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 Gene Bilby
 SIGNATURE Gene Bilby

SALES TAX (If Any) _____
 TOTAL CHARGES 11,415.92
 DISCOUNT Net - IF PAID IN 30 DAYS 17,077.92