



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196579
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: _____

1196579

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
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY T 5
Doc ID	1196579

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
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	GARDEN CITY T 5
Doc ID	1196579

Tops

Name	Top	Datum
HEEBNER	3766	
TORONTO	3779	
LANSING	3811	
KANSAS CITY	4194	
MARMATON	4308	
PAWNEE	4390	
CHEROKEE	4446	
ATOKA	4575	
MORROW	4662	
ST GENEVIEVE	4769	
ST LOUIS	4869	

ALLIED OIL & GAS SERVICES, LLC

K15
053051

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal (2-1)

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
12-11-13	28	23.5	34 W	12:00	1:30		
LEASE <u>Garden City</u>		WELL #	LOCATION	COUNTY	STATE		
OLD OR <u>NEW</u> (Circle one)		J-5	Vea. Deerfield -K3	Finney	KS		

CONTRACTOR	<u>Aztec. 507</u>
TYPE OF JOB	<u>Production</u>
HOLE SIZE	<u>7 7/8</u> T.D.
CASING SIZE	<u>5 1/2 17#</u> DEPTH <u>5120'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>41.9</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	<u>117.8 bbl</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Kirby Harper, Aldo E. (Training)</u>
# <u>549-550</u>	HELPER <u>Erni S.</u>
BULK TRUCK	
# <u>868-841</u>	DRIVER <u>Gregory Randall</u>
BULK TRUCK	
#	DRIVER

REMARKS:

AP LOCATION/DEPT Liberal D02 NON D02

LEASE/WELL/FAC Garden City T-1

MAXIMO / WSM # _____

TASK 0102 ELEMENT 3023

PROJECT # 1176399 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

Circle Doc Type

PRINTED NAME James Carter

SIGNATURE: James Carter
I certify that these Services/Materials have been received

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 _____

SIGNATURE _____

OWNER	
CEMENT	
AMOUNT ORDERED	<u>250sk 50/50 2-gel</u>
	<u>2# CD-31, .5% FL-160, 5% Gyp Seal,</u>
	<u>10% salt, 1/4 P/B Seal 5# Vol Seal</u>
COMMON	<u>APBH 50/50 @ 16.85 4,212.50</u>
POZMIX	@
GEL	@
CHLORIDE	@
100 Salt	<u>30.4sk @ 26.35 800.04</u>
Gyp Seal	<u>21sk @ 37.60 789.60</u>
Gilsonite	<u>1250# @ .98 1,225.00</u>
P/B Seal	<u>62.5 @ 2.97 185.63</u>
FL-160	<u>105# @ 18.90 1,984.50</u>
CD-31	<u>42# @ 10.30 432.60</u>
Super Flush	<u>12 bbl @ 58.70 704.40</u>
	@
HANDLING	<u>336 @ 2.48 833.28</u>
MILEAGE	<u>636 mi @ 2.60 1,653.60</u>
	@
TOTAL	<u>12,822.15</u>

SERVICE

DEPTH OF JOB	<u>5001 - 6000</u>
PUMP TRUCK CHARGE	<u>3,299.25</u>
EXTRA FOOTAGE	@
MILEAGE Heavy	<u>50 @ 7.70 385.00</u>
MANIFOLD	<u>1 @ 275.00</u>
Light Vehicle	<u>50 @ 4.40 220.00</u>
	@
TOTAL	<u>3,979.25</u>

PLUG & FLOAT EQUIPMENT

Top Rubber Plug	<u>1 @ 85.41 85.41</u>
Stop Collar	<u>1 @ 49.14 49.14</u>
Guide shoe	<u>1 @ 280.80 280.80</u>
APU Float Valve	<u>1 @ 334.62 334.62</u>
Centralizers	<u>20 @ 57.33 1,146.60</u>
	@
TOTAL	<u>1,896.57</u>

SALES TAX (If Any) _____

TOTAL CHARGES 18,697.97

DISCOUNT _____ IF PAID IN 30 DAYS

NET 11592.74

ALLIED OIL & GAS SERVICES, LLC KB 052125

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberg 21

DATE <u>12-6-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Garden City</u>	WELL # <u>T-5</u>		LOCATION			COUNTY	STATE
OLD OR (NEW) (Circle one)						<u>Finney</u>	<u>KS</u>

CONTRACTOR Adco #507
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4" T.D.
 CASING SIZE 8 5/8" 24" DEPTH 1724.60ft
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 41.14ft
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 107 BBL

OWNER
 CEMENT
 AMOUNT ORDERED 350 sk AMD - 39% CC, 1/4" FloSeal
245 sk Class C - 39% CC, 1/4" FloSeal
 Prem Plns
 COMMON 245 sk @ 24.40 5,978.00
 POZMIX @
 GEL @
 CHLORIDE 18.5k @ 4.00 1,152.00
 ASE AMD 350 sk @ 31.00 10,850.00
 FloSeal 149 LB @ 2.97 442.33
 SABS 66 LB @ 19.50 1,158.00
 HANDLING 648ft³ @ 2.48 1,607.04
 MILEAGE 1473 TM @ 2.00 3,829.00
 TOTAL 25,017.07

EQUIPMENT
 PUMP TRUCK CEMENTER Kirby H
 #530-494 HELPER Harberto V
 BULK TRUCK
 #886-841 DRIVER Ricardo E
 BULK TRUCK
 #774-744 DRIVER DeCadrick G

AP LOCATION/DEPT. REMARKS: D02 NON D02
 LEASE/WELL/FAC Garden City T-5
 MAXIMO / WSM #
 TASK 6102 ELEMENT 3023
 PROJECT # 1176399 CAPEX / OPEX - Circle one
 SPO / EPA James Carter UNSUPPORTED
 PRINTED NAME
 SIGNATURE: James Carter
certify that these Services/Materials have been received

SERVICE
 DEPTH OF JOB
 PUMP TRUCK CHARGE 2213.75
 EXTRA FOOTAGE @
 MILEAGE heavy 50MT @ 7.70 285.00
 MANIFOLD head 1 Day @ 275.00 275.00
light mileage 50MT @ 4.40 220.00
 TOTAL 3,093.75

CHARGE TO: Oxy USA
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT
Top Rubber Plug 1EA 131.04 131.04
Guide Shoe 1EA @ 460.98 460.98
AFU Insert 1EA @ 446.94 446.94
Centralizer 14EA @ 74.88 1048.32
Stop Collar 1EA @ 56.12 56.12
 TOTAL 2,143.44

To: Allied Oil & Gas Services, LLC.
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SALES TAX (If Any)
 TOTAL CHARGES 30,254.86
 DISCOUNT IF PAID IN 30 DAYS
Net - 18,455.46

PRINTED NAME
 SIGNATURE