



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196588
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: _____

1196588

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SEQUOYAH MORROW UNIT 106
Doc ID	1196588

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SEQUOYAH MORROW UNIT 106
Doc ID	1196588

Tops

Name	Top	Datum
HEEBNER	3754	
TORONTO	3772	
LANSING	3833	
KANSAS CITY	4149	
MARMATON	4291	
PAWNEE	4374	
CHEROKEE	4418	
ATOKA	4539	
MORROW	4621	
ST GENEVIEVE	4745	
ST LOUIS	4842	

ALLIED OIL & GAS SERVICES, LLC KB 052127

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal 21

DATE <u>12-14-13</u>	SEC. <u>28</u>	TWP. <u>23S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>1230</u>	JOB FINISH <u>1430</u>
LEASE <u>SMU</u>	WELL # <u>106</u>	LOCATION			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>Aztec #507</u>	OWNER
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4"</u>	T.D.
CASING SIZE <u>8 5/8" #2 1/4"</u>	DEPTH <u>1725.12 ft</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>40.80ft</u>
CEMENT LEFT IN CSG. <u>2.3 BBL</u>	
PERFS.	
DISPLACEMENT <u>107 BBL</u>	
EQUIPMENT	

PUMP TRUCK CEMENTER <u>Billy H</u>	
# <u>549-550</u> HELPER <u>Aldo E</u>	
BULK TRUCK	
# <u>457-251</u> DRIVER <u>Alex A</u>	
BULK TRUCK	
# <u>562-528</u> DRIVER <u>Gregory R</u>	

CEMENT		
AMOUNT ORDERED	<u>350 sk AMD-39.00</u>	
<u>1/4" FloSeal, 2% SA-51</u>		
<u>245 sk Class C-29.00, 1/4" FloSeal</u>		
COMMON	<u>245 sk @ 24.40</u>	<u>5,978.00</u>
POZMIX	@	
GEL	@	
CHLORIDE	<u>18 sk @ 64.00</u>	<u>1,152.00</u>
ASC AMD	<u>350 sk @ 31.00</u>	<u>10,850.00</u>
FloSeal	<u>149 lb @ 2.97</u>	<u>442.53</u>
SA-51	<u>66 lb @ 17.55</u>	<u>1,158.30</u>
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<u>648 ft³ @ 2.48</u>	<u>1,607.04</u>
MILEAGE	<u>1473 tm @ 2.00</u>	<u>2,946.00</u>
TOTAL		<u>25,017.67</u>

REMARKS:

AP LOCATION/DEPT. <u>Libap</u>	D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>
LEASE/WELL/FAC <u>SMU 106</u>	
MAXIMO / WSN #	
TASK <u>0102</u>	ELEMENT <u>3023</u>
PROJECT # <u>1177191</u>	CAPEX / OPEX - Circle one
SPO / BPA	UNSUPPORTED <input type="checkbox"/>
Circle Doc. Type	
PRINTED NAME <u>Graban Flagg</u>	
SIGNATURE: <u>[Signature]</u>	I certify that these services/materials have been received

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/Head	<u>1 Day @ 275.00</u>	<u>275.00</u>
Light Mileage	<u>50MI @ 4.40</u>	<u>220.00</u>
	@	
TOTAL		<u>3,093.75</u>

CHARGE TO: Oxy U.S.A
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Top Plug	<u>1 EA</u>	<u>131.04</u>	<u>131.04</u>
Guide Shoe	<u>1 EA @ 460.98</u>		<u>460.98</u>
AEU Insert	<u>1 EA @ 446.44</u>		<u>446.44</u>
Centralizers	<u>14 EA @ 74.88</u>		<u>1048.32</u>
Stop Collar	<u>1 EA @ 56.16</u>		<u>56.16</u>
	@		
TOTAL		<u>2,143.44</u>	

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cement 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	<u>30,254.86</u>
DISCOUNT	<u>Net - 18,455.46</u>
	IF PAID IN 30 DAYS

PRINTED NAME _____
SIGNATURE _____

ALLIED OIL & GAS SERVICES, LLC 052362

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal (21)

DATE <u>12-18-13</u>	SEC. <u>28</u>	TWP. <u>23S</u>	RANGE <u>34 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00</u>	JOB FINISH <u>4:00 P.m</u>
LEASE <u>SMU</u>	WELL # <u>106</u>	LOCATION <u>Garden City Won SD to CR</u>			COUNTY <u>Finney</u>	STATE <u>Ks.</u>	
OLD OR <u>NEW</u> (Circle one)		Nab-Kansas - N 1 M, W 1 to.					

CONTRACTOR Aztec 507

TYPE OF JOB Long stream

HOLE SIZE 7 7/8 T.D. 5117'

CASING SIZE 5 1/2 DEPTH 5107.19

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 1500 psi MINIMUM

MEAS. LINE SHOE JOINT 41.66

CEMENT LEFT IN CSG. 41.66

PERFS.

DISPLACEMENT 117.8 bbls

OWNER Oxy Usa Inc

CEMENT

AMOUNT ORDERED 255 50/50 Class H

2 1/2 gal 0.2% CD-31 0.5% FI-160

5 1/2 gal seal 10% salt 1/4 flo-seal

#5 hole-seal

COMMON <u>255 50/50</u>	@	<u>16.85</u>	<u>4,296.75</u>
POZMIX	@		
GEL	@		
CHLORIDE	@		
<u>100 Salt 25.8 gal</u>	@	<u>26.35</u>	<u>679.83</u>
<u>Gyp Seal 21.4 gal</u>	@	<u>37.60</u>	<u>804.64</u>
<u>Gilsonite 1275 lb</u>	@	<u>0.98</u>	<u>1,249.50</u>
<u>Flo Seal 63.8 lb</u>	@	<u>2.97</u>	<u>189.49</u>
<u>FI-160 107.1 lb</u>	@	<u>18.90</u>	<u>2,024.19</u>
<u>CD-31 42.8 lb</u>	@	<u>10.30</u>	<u>440.84</u>
<u>Super flush 12 bbl</u>	@	<u>58.70</u>	<u>704.40</u>
	@		
	@		
HANDLING <u>332.8 gal</u>	@	<u>2.48</u>	<u>825.34</u>
MILEAGE <u>642.57 mi</u>	@	<u>2.60</u>	<u>1,670.50</u>
TOTAL			<u>12,885.48</u>

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chaves

531-541 HELPER Aldo E.

BULK TRUCK

472-554 DRIVER Desedrick Grier

BULK TRUCK

DRIVER

SERVICE

DEPTH OF JOB 5117'

PUMP TRUCK CHARGE 3,099.25

EXTRA FOOTAGE @

MILEAGE Heavy 50mi @ 7.70 385.00

MANIFOLD and Head 1 @ 275.00 275.00

Light Vehicle 50mi @ 4.40 220.00

Stand by Hours 1 @ 440.00 440.00

TOTAL 4419.25

REMARKS: 1 sup D02 NON D02

LEASE/WELL/FAC SMU 106

MAXIMO / WSM #

TASK 0102 ELEMENT 3023

PROJECT # 1177191 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

PRINTED NAME Graham Flegg

SIGNATURE: [Signature]

CHARGE TO: OXY USA

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

<u>Top Rubber Plug 1</u>	@	<u>85.41</u>	<u>85.41</u>
<u>Stop Collar 1</u>	@	<u>49.14</u>	<u>49.14</u>
<u>Guide shoe 1</u>	@	<u>280.80</u>	<u>280.80</u>
<u>AFU Float Valve 1</u>	@	<u>334.62</u>	<u>334.62</u>
<u>Centralizers 20</u>	@	<u>57.33</u>	<u>1146.60</u>
TOTAL			<u>1,896.57</u>

To: Allied Oil & Gas Services, LLC.

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SALES TAX (If Any)

TOTAL CHARGES 19,201.30

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME

SIGNATURE

NET = 13440.91