



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196700
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: _____

1196700

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____						
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	BRINKMAN E 1
Doc ID	1196700

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	BRINKMAN E 1
Doc ID	1196700

Tops

Name	Top	Datum
HEEBNER	3948	
LANSING	4058	
KANSAS CITY	4485	
MARMATON	4573	
CHEROKEE	4717	
ATOKA	4861	
MORROW	4971	
ST GENEVIEVE	5031	
ST LOUIS	5094	

ALLIED OIL & GAS SERVICES, LLC 052363

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal ks

DATE <u>12-21-13</u>	SEC. <u>15</u>	TWP. <u>26S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00</u>	JOB FINISH <u>7:00 P.M.</u>
LEASE <u>Brinkman</u>	WELL # <u>E-1</u>	LOCATION <u>Hwy 83+Play Need W 3M, S</u>			COUNTY <u>Finney</u>	STATE <u>Co. Ks.</u>	
OLD OR <u>(NEW)</u> (Circle one)		<u>1.5M, E Into</u>					

CONTRACTOR Actec 507 OWNER Oxy Usa Inc

TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1675-ft
 CASING SIZE 8 5/8 24# DEPTH 1671.5
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1200 PSI MINIMUM
 MEAS. LINE SHOE JOINT 39.62ft
 CEMENT LEFT IN CSG. 39.62 ft
 PERFS.
 DISPLACEMENT 103.9 BBls

CEMENT
 AMOUNT ORDERED 350sk "C" 2% 6yp Seal,
2% NAMS, 3% CC, 1/4 E Seal, 2% SA-SI,
245sk "C" 2% CC, 1/16/sk Flosdc

COMMON "C" 245sk	@ 24.40	5978.00
POZMIX	@	
GEL	@	
CHLORIDE 18 sk	@ 64.00	1,152.00
ASC	@	
Flosdc 149 lb	@ 2.97	442.53
SA-SI 66 lb	@ 17.55	1,158.30
AMDC "C" 350sk	@ 31.00	10,850.00
HANDLING 648 Cuff	@ 2.48	1,607.04
MILEAGE 1472.70 to 7.1 Mi.	2.60	3,829.02
TOTAL		25,016.89

EQUIPMENT
 PUMP TRUCK CEMENTER Ruben Chavez
 # 531-541 HELPER Jaime Torres-Cesar Pavia
 BULK TRUCK
 # 774-744 DRIVER Cesar Pavia
 BULK TRUCK
 # 457-251 DRIVER Jaime Maldonado

REMARKS:

AP LOCATION/DEPT. Liberal D02 NON D02
 LEASEWELL/FAC Brinkman E-1
 MAXIMO / WSM #
 TASK 01-02 ELEMENT 3023
 PROJECT # 1171567 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME JARED LEWTON
 SIGNATURE: Jared Lewton
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB		1671.5ft
PUMP TRUCK CHARGE		2,213.75
EXTRA FOOTAGE	@	
MILEAGE heavy 50 Mi	@ 7.70	385.00
MANIFOLD 1 head	@ 2.75	2.75
Light Vehicle 50 Mi	@ 4.40	2,200.00
TOTAL		3,093.75

CHARGE TO: Oxy Usa Inc.
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Top rubber plug 1	@ 131.09	131.09
Guide Shoe 1	@ 460.98	460.98
Flapper Float Valve 1	@ 446.94	446.94
Centralizer 14	@ 74.85	1,048.32
step collar 1	@ 56.16	56.16
TOTAL		2,143.74

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 30,254.08
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME JARED LEWTON
 SIGNATURE Jared Lewton

NET = 20,875.92

ALLIED OIL & GAS SERVICES, LLC 052364

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal ks

DATE <u>12-26-13</u>	SEC. <u>15</u>	TWP. <u>26S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30</u>	JOB FINISH <u>2:00 a.m.</u>
LEASE <u>Brinkman</u>		WELL # <u>E-1</u>	LOCATION <u>B3+Planned rd, W 3M, S 1/2</u>		COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>M, E into</u>				

CONTRACTOR Aztec 507
 TYPE OF JOB Long string
 HOLE SIZE 7 7/8 T.D. 5329 +
 CASING SIZE 5 1/2 17 # DEPTH 5344 ft
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1500 PSI MINIMUM
 MEAS. LINE SHOE JOINT 40.85 ft
 CEMENT LEFT IN CSG. 40.85 ft
 PERFS.
 DISPLACEMENT 12.3 BBls

OWNER Oxy USA Inc.
 CEMENT
 AMOUNT ORDERED 300sk 50/50 Poz-H
2% Gel, 5% Gyp Seal, 10% Salt Brine, 5lb
6sk Gilsonite, 1/4 lb/sk FS, .5% FL-160, .2%
CO-31
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE CO-31 51 lb @ 10.20 525.30
ase Flosele 75 lb @ 2.97 222.75
Allied 50/50 Poz-H 300sk @ 16.85 5055.00
NaCl 100 lbsk 18.25sk @ 26.35 480.69
Gyp Seal 25sk @ 37.60 940.00
Gilsonite 1500 lb @ .98 1470.00
FL-160 12.6 lb @ 18.90 2381.40
Super Flush 12 BBls @ 58.70 704.40
 @ _____
 @ _____
 HANDLING 403.00 ft @ 2.48 999.44
 MILEAGE 764 Ton Mi @ 2.60 1986.40
 TOTAL 14,765.58

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez
 # 531-541 HELPER Cesar Pava - Jaime Torres
 BULK TRUCK
 # 562-528 DRIVER Jaime Torres
 BULK TRUCK
 # DRIVER

REMARKS:

AP LOCATION/DEPT. Liberal D02 NON D02
 LEASE/WELL/FAC Brinkman E1
 MAXIMO / WSM # _____
 TASK 01-02 ELEMENT 3023
 PROJECT # 1171561 CAPEX / OPEX - Circle one
 SPO / BPA _____ UNSUPPORTED
 PRINTED NAME JARED LEWTON
 SIGNATURE: Jared Lewton
I certify that these Services/Materials have been received

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.

PRINTED NAME JARED LEWTON
 SIGNATURE Jared Lewton

SERVICE

DEPTH OF JOB 5344 ft
 PUMP TRUCK CHARGE 3,099.25
 EXTRA FOOTAGE @ _____
 MILEAGE heavy 50M. @ 7.70 385.00
MANIFOLD + head 1 @ 275.00 275.00
Light Vehicle 50M. @ 4.40 220.00
 @ _____
 TOTAL 3,979.25

PLUG & FLOAT EQUIPMENT

Top rubber plug 1 @ 85.41 85.41
stop collar 1 @ 49.74 49.74
Guide Shoe 1 @ 280.50 280.50
AFU-Float Valve 1 @ 334.62 334.62
Centralizer 20 @ 57.33 1,146.60
 TOTAL 1,896.57

SALES TAX (If Any) _____
 TOTAL CHARGES 20,641.40

DISCOUNT _____ IF PAID IN 30 DAYS

NET = 14448.98