



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1201506  
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: \_\_\_\_\_

1201506

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	COX MINERALS A 2
Doc ID	1201506

All Electric Logs Run

REPEAT LOG
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	COX MINERALS A 2
Doc ID	1201506

Tops

Name	Top	Datum
HEEBNER	4134	
TORONTO	4157	
LANSING	4231	
KANSAS CITY	4640	
MARMATON	4768	
PAWNEE	4865	
CHEROKEE	4911	
ATOKA	5130	
MORROW	5180	
CHESTER	5282	
ST GENEVIEVE	5428	



# ALLIED OIL & GAS SERVICES, LLC 052528

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberall KS

DATE <u>3-6-14</u>	SEC. <u>11</u>	TWP. <u>28</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>10:30am</u>	JOB START <u>2:30pm</u>	JOB FINISH <u>4:00pm</u>
COX Minerals LEASE	WELL # <u>A-2</u>	LOCATION <u>Vec Sublette KS</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)							

CONTRACTOR Aztec #507

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 11657

CASING SIZE 8 5/8 DEPTH 11662

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 2,000 MINIMUM

MEAS. LINE SHOE JOINT 40.72'

CEMENT LEFT IN CSG. 2.59661

PERFS.

DISPLACEMENT 103.27661

EQUIPMENT

OWNER

CEMENT

AMOUNT ORDERED 350sk Class C 2% Gysal  
2% Metasilicate 3% cc 1/4" Flo Seal 2% SA-SI  
245sk Class A 3% cc 1/4" Flo Seal

COMMON 245sk @ 17.90 4385.50

POZMIX @

GEL @

CHLORIDE 24sk @ 64.00 1408.00

ASC @

Allied Multi-Den(C) 350sk @ 31.00 10850.00

Supersian Agent SA-SI 66# @ 17.55 1158.30

Flo Seal ISO# @ 2.97 448.50

Stop Loss Sealer 1066 @ 250.00 2500.00

HANDLING 665.87 @ 2.48 1651.36

MILEAGE 1478.46 @ 2.60 3844.00

TOTAL 26242.66

PUMP TRUCK CEMENTER Lenny Baeza

#549-550 HELPER Jaime Maldonado

BULK TRUCK DRIVER Ricardo Landa

#669-841

BULK TRUCK DRIVER Alex Ayala

#172-551

REMARKS:

AP LOCATION/DEPT. Liberall 0920 NON 0920

LEASE/WELL/LEAS. Cox Minerals A-2

MAXIMO / WSM #

TASK 0102 ELEMENT 3023

PROJECT # 1180142 GAMEX / CMEX (Circle one)

SPO / BPA UNSUPPORTED CI

PRINTED NAME Graham Flagg

SIGNATURE Graham Flagg

SERVICE

DEPTH OF JOB 1001-2000

PUMP TRUCK CHARGE 2158.75

EXTRA FOOTAGE @

MILEAGE 50 @ 7.70 385.00

MANIFOLD @

Light Vehicle 50 @ 4.40 220.00

CHARGE TO: OXY USA

STREET

CITY STATE ZIP

31% TOTAL 3038.75

PLUG & FLOAT EQUIPMENT

Top Rubber plug @ 131.00

AFU Insert Valve @ 447.00

Guide shoe @ 460.00

Centralizer 14 @ 75.00 1050.00

Stop Clamp @ 56.00

TOTAL 2144.00

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 \$ 31,425.41

DISCOUNT IF PAID IN 30 DAYS

Net \$ 21,683.53

PRINTED NAME Graham Flagg

SIGNATURE Graham Flagg

# ALLIED OIL & GAS SERVICES, LLC 052530

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Liberia KS

DATE <u>3-12-14</u>	SEC. <u>11</u>	TWP. <u>28</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION <u>S.09m.</u>	JOB START <u>8:00am</u>	JOB FINISH <u>4:00pm</u>
LEASE <u>Cox Minerals</u>	WELL # <u>A-2</u>	LOCATION <u>Vec Sublette KS</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Aztec #507 OWNER \_\_\_\_\_

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5652

CASING SIZE 5 7/8 DEPTH 5641

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT 41.40

CEMENT LEFT IN CSG. 196 bbl

PERFS. \_\_\_\_\_

DISPLACEMENT 130 bbl

EQUIPMENT \_\_\_\_\_

PUMP TRUCK CEMENTER Lenny Baez

# 549-860 HELPER Jaime Maldonado

BULK TRUCK \_\_\_\_\_

# 869-841 DRIVER Gregory R.

BULK TRUCK \_\_\_\_\_

# \_\_\_\_\_ DRIVER \_\_\_\_\_

CEMENT

AMOUNT ORDERED 290sk SO/SO (H) 2% gel  
5% Gyp Seal 10% salt S# Gilsonite 1/4# Klean  
5% FI-160 12% (D-31)

COMMON	@	_____	_____
POZMIX	@	_____	_____
GEL	@	_____	_____
CHLORIDE	@	_____	_____
ASC	@	_____	_____
SO/SO (H)	@	<u>1665</u>	<u>4886.50</u>
Gyp Seal	@	<u>37.60</u>	<u>940.00</u>
Salt	@	<u>26.35</u>	<u>474.30</u>
Gilsonite	@	<u>198</u>	<u>1921.00</u>
Flo Seal	@	<u>2.97</u>	<u>2116.61</u>
FI-160	@	<u>10.90</u>	<u>2305.80</u>
D-31	@	<u>10.30</u>	<u>504.70</u>
Super Flush	@	<u>58.70</u>	<u>704.40</u>
HANDLING	@	<u>2.48</u>	<u>909.04</u>
MILEAGE	@	<u>2.60</u>	<u>1914.98</u>
TOTAL			<u>14,537.53</u>

REMARKS: Libap

AP LOCATION/DEPT. Libap D02  NON D02

LEASE/WELL/FAC Cox Minerals A-2

MAXIMO / WSM # \_\_\_\_\_

TASK 0102 ELEMENT 3023

PROJECT # 115042 CAPEX/OPEX - Circle one

SPO / BPA \_\_\_\_\_ UNSUPPORTED

PRINTED NAME Graham Flagg

SIGNATURE: [Signature]  
I certify that Allied Services/ Materials have been received

SERVICE

DEPTH OF JOB	<u>5601-6000</u>		
PUMP TRUCK CHARGE	<u>3099.25</u>		
EXTRA FOOTAGE	@	_____	_____
MILEAGE	@	<u>7.70</u>	<u>385.00</u>
MANIFOLD	@	_____	<u>275.00</u>
Light Vehicle	@	<u>4.40</u>	<u>220.00</u>
TOTAL			<u>3979.25</u>

CHARGE TO: Oxy USA

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

Guide Shoe	1	@	_____	<u>280.80</u>
AFU Float Valve	1	@	_____	<u>334.62</u>
Centralizer	20	@	<u>57.33</u>	<u>1146.60</u>
Stop collar	1	@	<u>4</u>	<u>49.14</u>
Plug		@	_____	<u>65.41</u>
TOTAL				<u>1896.57</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 \$20,213.35

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

Net \$ 14149.39

PRINTED NAME Graham Flagg

SIGNATURE [Signature]