



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201554
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: _____

1201554

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	KENNETH COX A 1
Doc ID	1201554

All Electric Logs Run

REPEAT LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KENNETH COX A 1
Doc ID	1201554

Tops

Name	Top	Datum
HEEBNER	4122	
TORONTO	4145	
LANSING	4210	
KANSAS CITY	4629	
MARMATON	4781	
PAWNEE	4875	
CHEROKEE	4919	
ATOKA	5140	
MORROW	5193	
CHESTER	5290	
ST GENEVIEVE	5459	
ST LOUIS	5555	

ALLIED OIL & GAS SERVICES, LLC K15 053080

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal (21)

DATE <u>2-26-14</u>	SEC. <u>11</u>	TWP. <u>28</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00am</u>	JOB FINISH <u>7:00am</u>
LEASE <u>Cox Minerals</u>	WELL # <u>3</u>	LOCATION <u>10 mile north of Sublette, KS</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)							

CONTRACTOR <u>Artec Drilling #507</u>	OWNER
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D.
CASING SIZE <u>8 5/8</u>	DEPTH <u>1646</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>38.90</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>102.3 BBL</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Aldo Espinoza</u>	
# <u>700-686</u> HELPER <u>Cesar Pavia</u>	
BULK TRUCK	
# <u>869-841</u> DRIVER <u>Ruben Perez</u>	
BULK TRUCK	
# <u>472-554</u> DRIVER <u>Alejandro Ayala</u>	

CEMENT		
AMOUNT ORDERED <u>350sls Class C, 31cc, 245sls</u>		
<u>2 1/2 Acton, 1/4 floscal, 245sls Class C, 2 1/2 cc, 1/4 floscal</u>		
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE <u>18 sls</u>	@ <u>64.00</u>	<u>1,152.00</u>
ASC	@	
<u>Floscal 149-16</u>	@ <u>2.97</u>	<u>442.53</u>
<u>CCPP Class C 245sls</u>	@ <u>24.40</u>	<u>5,978.00</u>
<u>ARK Aulby Perm. class 350sls</u>	@ <u>31.00</u>	<u>10,850.00</u>
<u>SA-SI 66lb</u>	@ <u>17.55</u>	<u>1,158.30</u>
<u>Salt 7 sls</u>	@ <u>26.35</u>	<u>184.45</u>
	@	
	@	
	@	
HANDLING <u>648 cu ft</u>	@ <u>2.48</u>	<u>1,607.04</u>
MILEAGE <u>1472-70 roundtrip</u>	@ <u>2.60</u>	<u>3,827.20</u>
TOTAL		<u>25,201.34</u>

REMARKS:

AP LOCATION/DEPT. Liberal DOZ/LIN/DU/LI
LEASE/WELL/PAC Cox Minerals A3
MAXIMO / WELL #
TACK 0102 ELEMENT 3023
PROJECT # 1180143 CAPEX / OPEX - Circle one
SFO / SDA UNSUPPORTED
Circ. / Core Type
PRINTED NAME Gene Bilby
SIGNATURE: Gene Bilby
*Certify that these Services/Infracts have been received

SERVICE

DEPTH OF JOB		<u>1646</u>
PUMP TRUCK CHARGE		<u>2,213.75</u>
EXTRA FOOTAGE	@	
MILEAGE <u>Light 50mi</u>	@ <u>4.40</u>	<u>220.00</u>
MANIFOLD <u>and head 1</u>	@ <u>275.00</u>	<u>275.00</u>
<u>Heavy Vehicle 50</u>	@ <u>7.70</u>	<u>385.00</u>
	@	
TOTAL		<u>3,093.75</u>

CHARGE TO: Oxy USA, Hugoten Operations
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>Guide shoe 1</u>	@ <u>460.98</u>	<u>460.98</u>
<u>Plunger Float Valve 1</u>	@ <u>446.94</u>	<u>446.94</u>
<u>Centralizer 14</u>	@ <u>74.88</u>	<u>1,048.32</u>
	@	
<u>Stop Collar 1</u>	@ <u>56.16</u>	<u>56.16</u>
TOTAL		<u>2012.40</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 30,307.49
DISCOUNT _____ IF PAID IN 30 DAYS
NET = 20,912.17

PRINTED NAME _____
SIGNATURE _____

ALLIED OIL & GAS SERVICES, LLC 053082

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Liberal (21)

DATE <u>3-3-14</u>	SEC. <u>11</u>	TWP. <u>28S</u>	RANGE <u>33 W</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00 pm</u>	JOB FINISH <u>1:00 pm</u>
LEASE <u>Cox Minerals</u>	WELL # <u>3</u>	LOCATION <u>12 miles North of Sublette 1-5</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		at ca 90, west, CR-KK vert, East into					

CONTRACTOR Aztec #507
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 DEPTH 5596'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 40
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 128.8 BBL

OWNER

CEMENT

AMOUNT ORDERED 290sk Class H, 50/150, 2 gyp seal, 2x CD-31, 5x R-160, 5x gyp seal, 10x salt, 25x Floscal, 5x Kol seal.

EQUIPMENT

PUMP TRUCK CEMENTER Aldo Espinoza
 # 700-686 HELPER Heriberto Valenzuela
 BULK TRUCK
 # 705-1848 DRIVER Ricardo Ianda
 BULK TRUCK
 # DRIVER

COMMON @
 POZMIX @
 GEL Gilsonite 1450lb @ .98 1,421.00
 CHLORIDE @
 ASC @
50/150 Class H 290sk @ 16.85 4,886.50
Super Flush 12 BBL @ 58.70 704.40
Gyp seal 25 sk @ 37.60 940.00
Salt 18 sk @ 26.35 474.30
Floscal 73 lb @ 2.97 216.81
FL-160 182 lb @ 18.90 2,305.80
CD-31 49 lb @ 10.30 504.70
 @
 HANDLING 390.74 cu FT @ 2.48 969.04
 MILEAGE 736.53 Ton mile 2-60 1,914.98
 TOTAL 14,337.53

REMARKS:
 AP LOCATION/DEPT. Libcap D02 NON D02
 LEASE/WELL/FAC Cox Minerals A3
 MAXIMO / WSM #
 TASK 0102 ELEMENT 3023
 PROJECT # 1180142 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME Gene Bilby
 SIGNATURE: Gene Bilby
Noting that these services/materials have been received

SERVICE

DEPTH OF JOB 5596'
 PUMP TRUCK CHARGE 3,099.25
 EXTRA FOOTAGE @
 MILEAGE Light 50 @ 4.40 220.00
 MANIFOLD 1 @ 275.00 275.00
Heavy Vehicle 50 @ 7.70 385.00
 @

CHARGE TO: OXY USA Hugoton Operations.

TOTAL 3,979.25

STREET _____
 CITY _____ STATE _____ ZIP _____

30%

PLUG & FLOAT EQUIPMENT

Guide Star 1 @ 282.80 282.80
AFV Float Valve 1 @ 334.62 334.62
Centralizers 20 @ 57.33 1,146.60
Stop Collar 1 @ 49.14 49.14
Top Rubber Plug 1 @ 85.41 85.41

TOTAL 1,896.57

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 = 14,149.34

PRINTED NAME _____

SIGNATURE _____