



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201658
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
-----------------------------------	-----------------	---

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: _____

1201658

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
--	---

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	COX MINERALS A 3
Doc ID	1201658

All Electric Logs Run

REPEAT LOG
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 3
Doc ID	1201658

Tops

Name	Top	Datum
HEEBNER	4136	
TORONTO	4162	
LANSING	4232	
KANSAS CITY	4647	
MARMATON	4776	
PAWNEE	4872	
CHEROKEE	4917	
ATOKA	5136	
MORROW	5186	
CHESTER	5301	
ST GENEVIEVE	5439	

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	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
2-26-14	11	28	33			6:00am	7:00am
LEASE	WELL #		LOCATION	COUNTY	STATE		
Cox Minerals	3		10 mile north of Sublette, KS	Haskell	KS		

CONTRACTOR	OWNER
Aztec Drilling #507	
TYPE OF JOB	
Surface	
HOLE SIZE	T.D.
12 1/4	
CASING SIZE	DEPTH
8 5/8	1646
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
	38.90
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	
102.3 BBL	

EQUIPMENT		COMMON	
PUMP TRUCK	CEMENTER		
# 700-686	Aldo Espinoza		
BULK TRUCK	HELPER		
# 869-841	Cesar Pavia		
BULK TRUCK	DRIVER		
# 472-554	Ruben Perez		
	DRIVER		
	Alejandro Ayala		

REMARKS:

AP LOCATION/DEPT. Liberal

LEASE/WELL/PAC Cox Minerals A3

TACK 0102 ELEMENT 3023

PROJECT # 1180143

PRINTED NAME Gene Bilby

SIGNATURE: [Signature]

AMOUNT ORDERED	UNIT	PRICE	TOTAL
350sks Class C, 3" cc, 2" gyp			
2" Acton, 1/4 flo seal, 245sks Class C, 2" cc, 1/4 flo seal			
COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	18 sks @	64.00	1,152.00
ASC	@		
Flo seal	149-16 @	2.97	442.53
CCPP Class C	245sks @	24.40	5,978.00
ANK Aully Perm. class 350s	@	31.00	10,850.00
SA-SI	66lb @	17.55	1,158.30
Salt	7 sks @	26.35	184.45
HANDLING	648 cu ft @	2.48	1,607.04
MILEAGE	1472-70 round trip @	2.60	3,829.00
TOTAL			25,201.34

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

CHARGE TO: Oxy USA, Hugoten Operations

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT	
Guide shoe	1 @ 460.98 = 460.98
Plunger Float Valve	1 @ 446.94 = 446.94
Centralizer	14 @ 74.88 = 1,048.32
Stop Collar	1 @ 56.16 = 56.16
TOTAL	2,012.40

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>885</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 bag, 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 Landa
 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 3,439.80
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