



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208142
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: _____

1208142

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
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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: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KISNER C 1
Doc ID	1208142

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KISNER C 1
Doc ID	1208142

Tops

Name	Top	Datum
HEEBNER	4006	
TORONTO	4019	
LANSING	4089	
KANSAS CITY	4476	
MARMATON	4630	
PAWNEE	4714	
CHEROKEE	4767	
ATOKA	5040	
MORROW	5097	
CHESTER	5199	

ALLIED OIL & GAS SERVICES, LLC 052540

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberals

DATE <u>4-4-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>1:00pm</u>	JOB START <u>5:17pm</u>	JOB FINISH <u>7:20pm</u>
LEASE <u>Kisner</u>	WELL # <u>C-1</u>	LOCATION <u>Vec Sublette 158</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Aztec # 507
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1672
 CASING SIZE 8 5/8 DEPTH 1677
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 2,000 MINIMUM
 MEAS. LINE SHOE JOINT 41.25
 CEMENT LEFT IN CSG. 2.6 bbl
 PERFS.
 DISPLACEMENT 104.1 bbl
 EQUIPMENT

OWNER
 CEMENT
 AMOUNT ORDERED 3505k Class C 2% gypsum 2% salt
30cc 1/4# Flo Seal 20% SA-S/
2450k Class C 30cc 1/4# Flo Seal
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE 22sk @ 67.00 1408.00
 ASC @
 Allied Multi Den (C) 3505k @ 31.00 10850.00
 Class C 2450k @ 24.40 59780.00
 SA-S/ 6bbl @ 1785 1158.30
 Flo Seal 150# @ 2.97 445.50
 @
 @
 @
 @
 HANDLING 66S.B7 @ 2.48 1651.36
 MILEAGE 1478.46 @ 2.60 3844.00
 TOTAL 25,335.16

PUMP TRUCK CEMENTER Lenny Baeza
 # 549-850 HELPER Jaime M. ✓
 BULK TRUCK
 # 4560554 DRIVER Alex A. ✓
 BULK TRUCK
 # 362-467 DRIVER Ricardo E. ✓

REMARKS:

AP LOCATION/DEPT Liberals NON D02 D02
 LEASE/WELL/FAC Kisner C-1
 MAXIMO / WSM #
 TASK 0102 ELEMENT 3023
 PROJECT # 1172313 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME James Carter
 SIGNATURE: Jan [Signature]

SERVICE

DEPTH OF JOB 1001-2000
 PUMP TRUCK CHARGE \$ 2213.75
 EXTRA FOOTAGE @
 MILEAGE 50 @ 7.70 385.00
 MANIFOLD @
 Light Vehicle 50 @ 4.40 220.00
 @

TOTAL 3093.75

PLUG & FLOAT EQUIPMENT

AFU Inert Float 1 @ 447.00
 Guide Shoe 1 @ 460.00
 Centralizer 14 @ 75.00 1050.00
 Stop Clamp 1 @ 56.00
 Plug @ 131.00
 TOTAL 2144.00

CHARGE TO: OXY USA
 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 JAMES CARTER
 SIGNATURE Jan [Signature]

SALES TAX (if Any)
 TOTAL CHARGES \$ 30572.91
 DISCOUNT IF PAID IN 30 DAYS
Net \$ 21,095.31

ALLIED OIL & GAS SERVICES, LLC 053113

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal ks

DATE <u>04-09-14</u>	SEC. <u>35</u>	TWP. <u>26S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>Kisner</u>	WELL# <u>L-1</u>	LOCATION <u>83+Cratt Rd, W 1/2 M. to Wb</u>			COUNTY <u>Finney</u>	STATE <u>ks</u>	
OLD OR NEW (Circle one)		Fork rd, 5 1/2 M. W into.					

CONTRACTOR Astec # 507
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 17 # DEPTH 5333 ft
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1500 PSI MINIMUM
 MEAS. LINE SHOE JOINT 40.72
 CEMENT LEFT IN CSG. .95 Bbls
 PERFS.
 DISPLACEMENT 123 Bbls

OWNER Oxy USA Inc
 CEMENT
 AMOUNT ORDERED 2.50 sk 50/50 H-Poz
2% Gel, 5% Exp Seal, 10% Salt Brack,
51 bbls Gilsonite, 1/4 F.S., .5% FL-160
.2% CO-31
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
~~CO-31~~ 42 lb @ 10.30 432.60
NACL 30 sk @ 26.35 790.50
GpSI 21 sk @ 37.60 789.60
Gilsonite 12.50 lb @ .98 1,225.00
Flosole 62.5 lb @ 2.97 185.63
FL-160 105 lb @ 18.90 1,984.50
Super Flush 12 Bbls @ 58.70 704.40
APBH 50/50 H-Poz 2.50 @ 16.85 4,212.50
 @
 HANDLING 335.60 @ 2.48 832.29
 MILEAGE 636.25 @ 2.60 1,654.25
 TOTAL 12,811.27

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez
 # 531-541 HELPER Jame Torres
 BULK TRUCK
 # 470-554 DRIVER Manuel Covarrubias
 BULK TRUCK
 # DRIVER

REMARKS:

AP LOCATION/DEPT Liberal DISTRICT/ZONE
 LEASE/WELL/FAC Kisner L-1
 MAXIMO / WBM #
 TASK 0102 ELEMENT 3023
 PROJECT # 1177313 CAPEX / OPEX - Circle one
 SPO / EPA
 PRINTED NAME James Carter UNSUPPORTED CI
 SIGNATURE: Jan Cart
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB 5333 ft
 PUMP TRUCK CHARGE 3099.25
 EXTRA FOOTAGE @
 MILEAGE heavy 50 M @ 7.70 385.00
 MANIFOLD head 1 @ 2.75 2.75.00
 light Vehicle 50 M @ 4.40 220.00
 @
 TOTAL 3,979.25

CHARGE TO: Oxy USA Inc
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Top rubber plug 1 @ 85.41 85.41
Stop collar 1 @ 49.14 49.14
Guide Shoe 1 @ 280.50 280.50
AFU Float Valve 1 @ 334.62 334.62
Centralizer 2.0 @ 57.33 1,146.60
 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 18,687.09

PRINTED NAME JAMES CARTER
 SIGNATURE Jan Cart

DISCOUNT IF PAID IN 30 DAYS
 NET = 13,080.96