

KCC WICHITA

Amended

Confidentiality Requested **JUN 23 2014**

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Yes No

RECEIVED

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 04782
 Name: ENSIGN OPERATING CO.
 Address 1: PO BOX 2161
 Address 2: _____
 City: LIBERAL State: KS Zip: 67905 + _____
 Contact Person: WES WILLIMON
 Phone: (316) 626-8131
 CONTRACTOR: License # 5382
 Name: CHEYENNE DRLG., INC.
 Wellsite Geologist: N/A
 Purchaser: OXY USA, INC.

API No. 15 - 175-21783
 Spot Description: _____
C N2 NE Sec. 14 Twp. 33 S. R. 32 East West
660 Feet from North / South Line of Section
1,320 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: KISMET
 Lease Name: CITY OF LIBERAL Well #: 1-14

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Corr, Expl., etc.): _____

Field Name: CHASE UNNAMED
 Producing Formation: CHASE GROUP
 Elevation: Ground: 2783 Kelly Bushing: 2788
 Total Vertical Depth: 2825 Plug Back Total Depth: 2779
 Amount of Surface Pipe Set and Cemented at: 661 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.

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 #: _____

<u>11/19/1999</u>	<u>11/21/1999</u>	<u>01/19/2000</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

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 #: _____

INSTRUCTIONS: The original form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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.

Signature: Idania Medina
 Title: REGULATORY ANALYST Date: 06/20/2014

KCC Office Use ONLY

Confidentiality Requested
 Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NJ Date: 6-23-14

