

# KCC WICHITA

*Amended*

Confidentiality Requested: **JUN 23 2014** KANSAS CORPORATION COMMISSION  
 Yes  No OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

## RECEIVED WELL COMPLETION FORM

### WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32309  
Name: PRESCO WESTERN, LLC  
Address 1: 1775 SHERMAN STREET, SUITE 2950  
Address 2: \_\_\_\_\_  
City: DENVER State: CO Zip: 80203 + \_\_\_\_\_  
Contact Person: RICHARD J. GRAY  
Phone: ( 303 ) 864-1881 X 103  
CONTRACTOR: License # 30606  
Name: MURFIN DRILLING COMPANY  
Wellsite Geologist: JON CHRISTENSEN  
Purchaser: OXY USA, INC.

API No. 15 - 093-21756  
Spot Description: \_\_\_\_\_  
NW, NE, SW Sec. 28 Twp. 23 S. R. 37  East  West  
2,300 Feet from  North /  South Line of Section  
1,680 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. -xx.xxxxx)  
Datum:  NAD27  NAD83  WGS84

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.): \_\_\_\_\_

County: KEARNY  
Lease Name: MILES Well #: 1-1128  
Field Name: UNNAMED  
Producing Formation: ST. LOUIS, PAWNEE, CHESTER/COMMINGLED  
Elevation: Ground: 3293 Kelly Bushing: 3302  
Total Vertical Depth: 5060 Plug Back Total Depth: 4992  
Amount of Surface Pipe Set and Cemented at: 1701 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 cml.

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 #: \_\_\_\_\_  
02/17/2005 02/26/2005 03/22/2005  
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

Operator Name: PRESCO WESTERN, LLC Lease Name: MILES Well #: 1-1128  
 Sec. 28 Twp. 23 S. R. 37  East  West County: KEARNY

**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 checked="" 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 PLEASE SEE ORIGINAL	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>KCC WICHITA</b> <b>JUN 23 2014</b> <b>RECEIVED</b>	
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:	PLEASE SEE ORIGINAL		

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
4	4444-4452 PAWNEE	ACIDIZED	4444-4452
4	4916-4925 CHESTER	ACIDIZED	4916-4925
4	4963-4968 ST LOUIS	ACIDIZED (PLEASE SEE ORIGINAL)	4963-4968

TUBING RECORD: Size: 2 3/8 Set At: 4960' Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. <u>03/23/2005</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____						
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravimetry		
	47		7				

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-1B.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>PAWNEE, CHESTER &amp; ST LOUIS</u>
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