

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
July 2014

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5547

Name: OXY USA Inc

Address 1: 5 E Greenway Plz

Address 2: _____

City: Houston State: TX Zip: 77227 + 7570

Contact Person: Laura Beth Hickert

Phone: (620) 629-4253

CONTRACTOR: License # 34602

Name: Key Energy Services, LLC

Wellsite Geologist: N/A

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: OXY USA Inc

Well Name: Winter C-1

Original Comp. Date: 6/6/1953 Original Total Depth: 3385

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled
- Dual Completion
- SWD
- ENHR
- GSW

Received
 KANSAS CORPORATION COMMISSION
 JUN 26 2015
 CONSERVATION DIVISION
 WICHITA, KS
 6-26-15

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
_____	_____	_____

API No. 15 - 129-10347-0001 Amended

Spot Description: _____

NE_NE_SW Sec. 30 Twp. 35 S. R. 42 East West

2,310 Feet from North / South Line of Section

2,310 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: Morton

Lease Name: Winter C Well #: 1

Field Name: Greenwood

Producing Formation: Wabaunsee, Topeka, and Toronto

Elevation: Ground: 3551 Kelly Bushing: 3562

Total Vertical Depth: 3385 Plug Back Total Depth: 3213

Amount of Surface Pipe Set and Cemented at: 600 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 #: _____

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.

Amended by Merit Energy
Signature: Katherine McClurkan

Title: Regulatory Analyst Date: 6/25/2015

Original filed by Beth

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: _____

Operator Name: OXY USA INC. Lease Name: Winter C Well #: 1
 Sec. 30 Twp. 35 S. R. 42 East West County: Morton

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 checked="" 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 checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run	<input type="checkbox"/> Yes <input checked="" 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
Surface	12.25	8.625	23	600	Common	300	See Original
Production	7.875	5.5	14	3319	Common	450	See Original

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
	3222-3230 Toronto (previous)	Received	3222-3230
	CIBP@3213	KANSAS CORPORATION COMMISSION	3213
	3204-3210 Toronto (previous)	JUN 26 2015	3204-3210
	2902-2910, 2917-2925, 2933-2938, 2942-2948, 2956-2960, 2994-3001, 3001-3008, 3014-3018, 3116-3120, 3144-3182.	CONSERVATION DIVISION WICHITA, KS	2902-3210
	3168-3173, 3184-3190 Topeka		

TUBING RECORD: Size: 2.375 Set At: 2798 Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. <u>6/6/2011</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. <u>0</u> Gas Mcf <u>36</u> Water Bbls. <u>42</u> Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <i>(Submit ACO-5)</i>	PRODUCTION INTERVAL: <u>Topeka</u> <u>Toronto, Wabaunsee</u>
<input type="checkbox"/> Other <i>(Specify)</i> _____	<input type="checkbox"/> Other <i>(Specify)</i> _____	

Mail to: KCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513

Shots per Foot	Perforation Record	Acid, Fracture, Shot, Cement Squeeze Record	Depth
4	2650-2678, 2682-2698 2682-2696 Wabaunsee	Frac 682 bbl 70%QN2, 50421# 12/20 and Flush 30 bbl Linear Gel	2650- 2696

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