

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL G 1
Doc ID	1175993

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
ANNULAR HOLE VOLUME PLOT
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
REPEAT SECTION

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL G 1
Doc ID	1175993

Tops

Name	Top	Datum
HEEBNER	3916	
LANSING	4009	
KANSAS CITY	4418	
MARMATON	4516	
CHEROKEE	4662	
ATOKA	4795	
MORROW	4903	
ST GENEVIEVE	5027	
ST LOUIS	5079	

Summary of Changes

Lease Name and Number: DRUSSEL G 1

API/Permit #: 15-055-22237-00-00

Doc ID: 1175993

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Producing Formation	ST. LOUIS	DRY
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1175907	../kcc/detail/operatorEditDetail.cfm?docID=1175993



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1175907
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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

CONFIDENTIAL 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: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input 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	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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL G 1
Doc ID	1175907

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
ANNULAR HOLE VOLUME PLOT
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
REPEAT SECTION

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL G 1
Doc ID	1175907

Tops

Name	Top	Datum
HEEBNER	3916	
LANSING	4009	
KANSAS CITY	4418	
MARMATON	4516	
CHEROKEE	4662	
ATOKA	4795	
MORROW	4903	
ST GENEVIEVE	5027	
ST LOUIS	5079	

ALLIED OIL & GAS SERVICES, LLC 052338

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberia 21

DATE <u>9-25-13</u>	SEC. <u>4</u>	TWP. <u>26S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION	JOB START <u>0230</u>	JOB FINISH <u>0330</u>
LEASE <u>Drussells</u>		WELL # <u>G-1</u>	LOCATION <u>Sublette KS - N to Parallel Rd -</u>		COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>3W - 35 - W into</u>					

CONTRACTOR Acfec 507

TYPE OF JOB Plug to Abandon

HOLE SIZE 7 7/8 T.D. 1780 ft

CASING SIZE 8 5/8 24 DEPTH 1643 ft

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 16-L DEPTH 1780 ft

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER

CEMENT

AMOUNT ORDERED 140 sk Class C - 32cc

110 sk Class C - Neat

EQUIPMENT

PUMP TRUCK CEMENTER Merby H

549-550 HELPER Herberto V

BULK TRUCK

470-462 DRIVER Deedrick G

BULK TRUCK

DRIVER

COMMON 250 sk @ 17.90 = 4475.00

POZMIX @

GEL @

CHLORIDE 5 sk @ 64.00 = 320.00

ASC @

HANDLING 255 ft³ @ 2.48 = 632.40

MILEAGE 598 Tm @ 2.60 = 1554.80

TOTAL 6982.20

REMARKS:

140 sk @ 1780 ft
50 sk @ 900 ft
40 sk @ 450 ft
20 sk @ 90 ft

SERVICE

DEPTH OF JOB 1780 ft

PUMP TRUCK CHARGE 2213.75

EXTRA FOOTAGE @

MILEAGE Heavy 50MT @ 7.70 = 385.00

MANIFOLD @

Light M. League 50MT @ 4.40 = 220.00

TOTAL 2818.75

CHARGE TO: Oxy USA

STREET AR LOCATION/DEPT. Liberia D02 NON D02

LEASE/WELL/FAC Drussel G-1

CITY MAXIMO / WSM # STATE ZIP

TASK C1-02 ELEMENT 3023

PROJECT # 1174389 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

PRINTED NAME JARED LEWTON

SIGNATURE: Jared Lewton

To: Allied Oil & Gas Services, LLC Materials have been received

PLUG & REPAIR EQUIPMENT

Additional hrs 3HR @ 440.00 = 1320.00

Additional hrs 2HR @ 440.00 = No Charge

TOTAL 1320.00

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 JARED LEWTON

SIGNATURE Jared Lewton

SALES TAX (If Any)

TOTAL CHARGES 11,120.95

DISCOUNT Net - 4226.00 IF PAID IN 30 DAYS 6,894.95

ALLIED OIL & GAS SERVICES, LLC 052290

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal Ks.

DATE <u>09-20-13</u>	SEC. <u>4</u>	TWP. <u>26</u>	RANGE <u>33 W</u>	CALLED OUT	ON LOCATION	JOB START <u>8:30</u>	JOB FINISH <u>10:00 P.m</u>
Drussel LEASE	WELL # <u>G-1</u>	LOCATION <u>Sublete ks, N to Parallel R, W</u>			COUNTY <u>Finney</u>	STATE <u>Ks.</u>	
OLD OR <u>(NEW)</u> (Circle one)		3 Mi, 5 1/2 Mi, W Into					

CONTRACTOR Aztec 507 OWNER Oxy Usa Inc.

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1643 ft CEMENT AMOUNT ORDERED 350 sk "C" 2% Cup Seal,

CASING SIZE 8 5/8 24# DEPTH 1647.72 ft 2% NAMS, 3% CC, 1/4 FS, 2% SA-51

TUBING SIZE DEPTH 245 sk "C" 2% C.C. 1/4 lb/sk Flosele.

DRILL PIPE DEPTH COMMON "C" 245 sk @ 24.40 5,978.00

TOOL DEPTH POZMIX @

PRES. MAX 1200 PSI MINIMUM CHLORIDE 18 sk @ 64.00 1,152.00

MEAS. LINE SHOE JOINT 40.96 ft ASC @

CEMENT LEFT IN CSG. 40.96 ft Flosele 149 lb @ 2.97 442.53

PERFS. SA-51 66 lb @ 17.53 1,158.30

DISPLACEMENT 102.35 BBls. AMDC class C 350 sk @ 31.00 10,850.00

EQUIPMENT Thread lock 12 @ 83.07 996.84

PUMP TRUCK CEMENTER Ruben Chavez Allied-P-Spacer 10 @ 250.00 2,500.00

549-550 HELPER Aldo Espinoza HANDLING 648 cu ft @ 2.48 1,607.04

BULK TRUCK MILEAGE 1472.70 Ton Mi. 2.60 3,829.03

456-251 DRIVER Ernie Smith TOTAL 28,513.74

BULK TRUCK EXTRA AM @

774-744 DRIVER Jaime Maldonado @

REMARKS: SERVICE TOTAL 27516.96

AP LOCATION/DEPT. Liberal D02 NON D02

LEASE/WELL/FAC Drussel G1

TAXIMO/WSM # 0102 ELEMENT 3023

T # 1174389 GAPEX/OPEX - Circle one

Mark A. Bonner UNSUPPORTED

Mark A. Bonner certify that these Services/Materials have been received

CHARGE TO: Oxy Usa Inc. TOTAL 6,613.75

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

To: Allied Oil & Gas Services, LLC. 3900

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.

Industrial Rubber Top rubber plug 1 @ 131.04 79.93

Guide Shoe 1 @ 460.98 281.20

Flapper Flat Valve 1 @ 446.94 272.63

Centralizer 14 @ 74.88 639.48

stop Collar 1 @ 56.16 34.26

Threadlock 12 @ 83.07 996.84

TOTAL 1307.50

SALES TAX (If Any) 2304.34

TOTAL CHARGES 35,127.49

DISCOUNT IF PAID/IN 30 DAYS 21,427.77 + 1307.50

NET = 22,735.27