

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ROY POTTER 1
Doc ID	1209210

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ROY POTTER 1
Doc ID	1209210

Tops

Name	Top	Datum
HEEBNER	3910	
TORONTO	3932	
LANSING	3955	
KANSAS CITY	4356	
MARMATON	4483	
PAWNEE	4571	
CHEROKEE	4613	
ATOKA	4774	
MORROW	4818	
CHESTER	4839	
ST GENEVIEVE	4869	
ST LOUIS	4948	

Summary of Changes

Lease Name and Number: ROY POTTER 1

API/Permit #: 15-055-22255-00-00

Doc ID: 1209210

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/01/2014	06/06/2014
CasingNumbSacksUse dPDF_1	585	595
Method Of Completion - Commingled	Yes	No
Perf_Depth_2	4839-4848	4950
Perf_Depth_3		4839-4848
Perf_Material_2	ACIDIZE 1200 GAL 7.5% HLC W/ CLAY STAY 20 BBL 4%KCL	
Perf_Material_3		ACIDIZE 1200 GAL 7.5% HLC W/ CLAY STAY 20 BBL 4%KCL
Perf_Record_1	4990-4994 ST LOUIS	4990-4994 ST LOUIS (Isolated)
Perf_Record_2	4839-4848 MORORW	CIBP @4950
Perf_Record_3		4839-4848 MORORW

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Shots_2	4	
Perf_Shots_3		4
Producing Formation	MORROW & ST LOUIS / COMMINGLE	MORROW
Production Interval #2	ST LOUIS	
Save Link	../../kcc/detail/operatorE ditDetail.cfm?docID=11 97062	../../kcc/detail/operatorE ditDetail.cfm?docID=12 09210

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	ROY POTTER 1
Doc ID	1197062

All Electric Logs Run

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

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Well Name	ROY POTTER 1
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Tops

Name	Top	Datum
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TORONTO	3932	
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KANSAS CITY	4356	
MARMATON	4483	
PAWNEE	4571	
CHEROKEE	4613	
ATOKA	4774	
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CHESTER	4839	
ST GENEVIEVE	4869	
ST LOUIS	4948	

Form	ACO1 - Well Completion
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Doc ID	1197062

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4990-4994 ST LOUIS	ACIDIZE 750 GAL 15% HCL W/ADDITIVES FLUSH 4%KCL	4990-4994
4	4839-4848 MORORW	ACIDIZE 1200 GAL 7.5% HLC W/ CLAY STAY 20 BBL 4%KCL FLUSH	4839-4848

ALLIED OIL & GAS SERVICES, LLC 052136

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Liberal 21

DATE <u>1-2-14</u>	SEC. <u>29</u>	TWP. <u>25S</u>	RANGE <u>32W</u>	CALLED OUT	ON LOCATION	JOB START <u>1700</u>	JOB FINISH <u>1830</u>
LEASE <u>Roy Potter</u>	WELL # <u>1</u>	LOCATION <u>Gooden City - S to Anne Shew</u>			COUNTY <u>Linn</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>Rel - 2 E - S into</u>					

CONTRACTOR Aztec 507

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. _____

CASING SIZE 5 1/2 17 DEPTH 5165

TUBING SIZE _____ DEPTH 5154.50

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 111.96

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 118

OWNER _____

CEMENT

AMOUNT ORDERED 2500ck 50/40-19.00
5% Gypsum 10.00 50/40-5 Gilson 1.00 1/4 PLS
.5% F-140, .2% CP-31

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC 50/40-H 23032 @ 16.95 4212.50

Sol 25.00ck @ 26.35 679.25

Gyp Seal 21.40ck @ 37.50 804.75

Gilsonite 1275 LB @ .98 1249.50

Flu Seal 131.80 LB @ 2.97 393.44

EL 160 109.10 LB @ 18.90 2062.10

CD-31 47.90 LB @ 10.20 489.38

SuperFlush 12 BBL @ 57.50 690.00

HANDLING 397.94 @ 2.14 851.41

MILEAGE 243.00 Tm @ 2.60 631.80

TOTAL 12759.25

EQUIPMENT

PUMP TRUCK CEMENTER Billy H

#530-484 HELPER Tamm T

BULK TRUCK

#472-554 DRIVER Gregory R

BULK TRUCK

DRIVER _____

REMARKS:

AP LOCATION/DEPT. libcap D02 NON D02

LEASE/WELL/FAC. Roy Potter #1

MAXIMO / WSIS # _____

TASK 0102 ELETERT 3023

PROJECT # 1173604 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

PRINTED NAME Gene Bilby

SIGNATURE: Gene Bilby
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 3699.25

EXTRA FOOTAGE _____ @ _____

MILEAGE 243.00 Tm @ 5.14 1249.02

MANIFOLD 1 Day @ 275.00 275.00

Light Mileage 5000 @ 4.20 210.00

TOTAL 3979.25

PLUG & FLOAT EQUIPMENT

Top Plug 1EA @ 83.41 83.41

Top Collar 1EA @ 47.12 47.12

Guide Shoe 1EA @ 270.00 270.00

AFK Insert 1EA @ 331.42 331.42

Centraliser 2.0 EA @ 57.30 114.60

TOTAL 1896.55

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 _____

SIGNATURE _____

SALES TAX (If Any) _____

TOTAL CHARGES 18664.25

DISCOUNT _____ IF PAID IN 30 DAYS

Net - 13,065.25