Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 57978

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

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #			API No. 15
Name:			Spot Description:
Address 1:			Sec TwpS. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	Feet from East / West Line of Section
Contact Person:			Footages Calculated from Nearest Outside Section Corner:
Phone: ()			□ NE □ NW □ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:, Long:
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-l	Entry	Workover	Field Name:
			Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			If yes, show depth set: Feet
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx cmt
Original Comp. Date:			·
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
O constituents at	D		Chloride content: ppm Fluid volume: bbls
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of hala disposal in fladica offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	QuarterSecTwpS. R East Wes
Recompletion Date		Recompletion Date	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 Approved by: Date:

Operator Name: Lease Name: _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 2
Doc ID	1257978

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
BOREHOLE COMPENSATED SONIC ARRAY
DUAL SPACED NEUTRON SPECTRAL DENSITY
MICROLOOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 2
Doc ID	1257978

Tops

Name	Тор	Datum
HEEBNER	3770	
TORONTO	3790	
LANSING	3819	
KANSAS CITY	4171	
MARMATON	4319	
CHEROKEE	4443	
ATOKA	4584	
MORROW	4673	
ST. GENEVIEVE	4796	
ST. LOUIS	4837	

Summary of Changes

Lease Name and Number: HYLBOM A 2

API/Permit #: 15-055-22187-00-00

Doc ID: 1257978

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
Approved Date	04/05/2013	07/14/2015	
Contractor License Number	34660	99975	
Contractor Name	Aztec Well Servicing Co.	COMPANY SERVICING TOOLS	
Fracturing Question 1		Yes	
Fracturing Question 2		No	
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInform	https://kolar.kgs.ku.edu/kcc/detail/locationInform	
Perf_Material_2	ation.cfm?section=30&t	ation.cfm?section=30&t Frac-734 bbls, 120,520 lbs 16/30 sand,	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 31362	1,325,000 SCF//kcc/detail/operatorE ditDetail.cfm?docID=12 57978	



CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

1131362

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil ☐ WSW ☐ SHOW ☐ 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:	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec TwpS. R Bast West
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

KOLAR Document ID: 1131362

Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	E	ast West	County:				
	flowing and shu	ut-in pressures, v	vhether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to 0	Geological Surv	/ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		B	CASING eport all strings set-c		New Used	ion, etc.		
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD			
Purpose:		epth T Bottom	ype of Cement	# Sacks Used		Type and F	Percent Additives	
Perforate Protect Casi Plug Back T								
Plug Off Zor								
Did you perform a Does the volume Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT
,	,			B.11 B1				
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	: Size:	Set	Δ+-	Packer At:				
TODING RECORD:	. 3126.	Set	n.	i donei Al.				

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 2
Doc ID	1131362

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
BOREHOLE COMPENSATED SONIC ARRAY
DUAL SPACED NEUTRON SPECTRAL DENSITY
MICROLOOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 2
Doc ID	1131362

Tops

Name	Тор	Datum
HEEBNER	3770	
TORONTO	3790	
LANSING	3819	
KANSAS CITY	4171	
MARMATON	4319	
CHEROKEE	4443	
ATOKA	4584	
MORROW	4673	
ST. GENEVIEVE	4796	
ST. LOUIS	4837	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 2
Doc ID	1131362

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
	CIBP	2 SKS CMT	5215
	4692-4698, 4704- 4722,4735-4752,		4692-4780
	4767-4780 MORROW		

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 2
Doc ID	1131362

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
SURFACE	12.25	8.625	24	1801	A- CON/PRE M +	 SEE ATTACH ED
PRODUC TION	7.875	5.5	17	5323	50-50 POZ	SEE ATTACH ED



FIELD SERVICE TICKET 1717 03341 A

form to accuse here	PRESSURE PUMP	PING & WIRELINE	od of mean				DATE	TICKET NO	9	Losarie d	
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CLOUD LITHO - Abilene, TX				4	Jan 13	wy					



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	Liberal	, Kansas	1a				zemeni Report
Customer	^	SA		Lease No.		Date	1-6-12
Lease H	ulbon	ΛA		Well # 2		Service Receipt	3341
Casing 80	A" 74+	Depth 187	04'	County	MAPU Allenal Description	State KS	
Job Type Z	42-8	564 5	Formation OUT OF CO.		U Legal Description	00-00	
		Pipe D			Perforatir	ig Data	Cement Data
Casing size	85/811	24#	Tubing Size		Shots		Lead 350 5K
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Volume D	50-		Volume		From	То	
Max Press	1500	ŧ	Max Press		From	То	Tail in 245 ok Closs C
Well Connec	/ 1) - 1 X	00'	Annulus Vol.		From	То	Closs C
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Driver Name	1	Oliva	J. Grijalva	- /	1 4 0 1	riaga	
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Customer Representative

Taylor Printing, Inc.



1717 03145 A

1717 03145 A

	PRESSURE PUMPII				DATE	TICKET NO					
DATE OF Z	NEW OLD PROD INJ WDW CUSTOMER ORDER NO.:						Set at				
CUSTOMER (July 15	A			LEASE LY DOWN A Z WELL NO.						
ADDRESS		COUNTY FIND (1 STATE //)									
CITY		SERVICE CI	REW P	Dyco S	n. Liban		Chael	15 29 7			
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CC111 CC103 CC105 CC201 CC201 CF251 F1451 F4452 CF103 F4105	Salt C-15 C-41P Gilsoniti Guide & Float U Contraliz Top Plus Stop Co	thoe alve	bom A-:	2 30 Knee Xan	023	Lb Lb EA EA EA	139 58 1395 1 1 25 1	52.	75 80 47	590 1216 162 646 175 150 1312 73	\$0 25 40 50 50 50 50
CC111 CC103 CC105 CC201 CF251 CF1451 CF1457 CF103 CF103 CF103	Salt C-15 C-41P Gilsoniti Guide & Float U Contralize Top Plus Stop Co	thoe alve	bom A-: 51901 Jeremy Juny	30 Knee Km	023	Lb Lb EA EA	139 58 1395 1	52.5	75 80 47	590 1216 162 646 175 150 1312 73 58 535	\$0 25 50 50 50 50 50
CCIII CCIOS CCIOS CCIOS CCIOS CF 251 F 1451 CF 103 CF 105 CISS	Salt C-15 C-41P Gilsoniti Guide & Float U Contraliz Top Plus Stop Co Supper C	thoe alve	bom A-: 51901 Jeremy Juny	2 30 Knee Xm	023 E	Lb Lb EA EA EA	139 58 1395 1 1 25 1	52.5	75 80 47	590 1216 162 646 175 150 1312 73	\$0 25 50 50 50 50 50
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FIELD SERVICE ORDER NO.

ILLD SETTIOL STIDETT

SERVICE REPRESENTATIVE

CLOUD LITHO - Abilene, TX

THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED BY

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TICKET NO. 1917 03/454

	PRESSURE PUMPING & WIRELINE			TICKET NO/	7/	7 00/	10
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOU	NT
E924 CE503 CE403	2" Pop off	EA	/			210	01
F 503	Dervick Church	EA	/			210	N
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	ENERGY	SERVICE:	8				Cement Report
Customer	DX (1 (3A		Lease No.		Date	12/11/12
ease	Il loom	A		Well #		Service Receip	ot
Casing	177	Depth		County	FINNOU	State	
Job Type	5		Formation		Løgal D	Description -	23-34
	- 1 /	Pipe [Data		Perfo	orating Data	Cement Data
Casing size	5/2		Tubing Size		+	Shots/Ft	Lead 275 SX
Depth 5	3246		Depth		From	То	- 50/50 POZW
Volume	177 5		Volume		From	То	158 7.36
Max Press	2577 F	+	Max Press		From	To	Tail in
Well Connec	ction D (Annulus Vol.		From	То	
Plug Depth	11	1	Packer Depth		From	То	
-	Casing	Tubing	DLI D			0	los.
Time	Pressure	Pressure	Bbls. Pumbed	Rate	870 / De	Service	1 DI) CHATA
04:30	7587		-	1	on coc	GOT TIVER	S, RU, Saftyniki
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0146	1500		mn	~	1 - 1	Na (2) 13.5	Drop Plug Wash
0,40	W C		77	0	FINISH	a mixing,	MOD PING, WWW
10:56	2		110	5	Dillo	DRD	
11:20	1250		110	10	FICICUL	Diso	
11179	1200		110	15	FINISM.		Last board Die
11:42	1500		123	100	DNOT	Down, y	aid not bump Aug
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1000	My			MAD	MILL		ructh
Custome	r Represer	ntative	\$ta	tion Manag	ger	Cem	nenter Taylor Printing, Inc

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

April 03, 2013

LAURA BETH HICKERT OXY USA Inc. 5 E GREENWAY PLZ PO BOX 27570 HOUSTON, TX 77227-7570

Re: ACO1 API 15-055-22187-00-00 HYLBOM A 2 NW/4 Sec.30-23S-34W Finney County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, LAURA BETH HICKERT