



KANSAS CORPORATION COMMISSION 1060315
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
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 and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ALLISON A-1
Doc ID	1060315

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ALLISON A-1
Doc ID	1060315

Tops

Name	Top	Datum
HEEBNER	4067	-1095
LANSING	4161	-1189
MARMATON	4745	-1773
CHEROKEE	4917	-1945
ATOKA	5096	-2124
MORROW	5219	-2247
CHESTER	5316	-2344
ST. GENEVIEVE	5393	-2421
ST. LOUIS	5459	-2487

Form	ACO1 - Well Completion
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Well Name	ALLISON A-1
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	4657'-4665' KANSAS CITY B	35 BBL 7% KCL	4657-4665
		ACID: 1400 GAL 15% DS HCL	4657-4665
		FLUSH: 1176 GAL 2% KCL	
6	4598'-4610' KANSAS CITY A		4598-4610
		ACID: 2400 GAL 15% HCL	4598-4610
		FLUSH: 960 GAL 2% KCL	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01521 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-2-11	DISTRICT 1717	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:
CUSTOMER Oxy USA		LEASE Allison "A"				WELL NO. 1	
ADDRESS		COUNTY Haskell		STATE			
CITY		STATE		SERVICE CREW Cochran/Mendoza/ortiz/Candday			
AUTHORIZED BY Bennett JRB		JOB TYPE: 242 9578 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 4-1-11 AM 1900 TIME
21755	17.5	14355	17.5			ARRIVED AT JOB	4-1-11 AM 21:30
30464	17.5	14284	17.5			START OPERATION	4-2-11 AM 12:00
19919	17.5	19827	17.5			FINISH OPERATION	4-2-11 AM 14:00
		19883	17.5			RELEASED	4-2-11 AM 15:00
						MILES FROM STATION TO WELL	38

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent for the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an authorized representative of the customer.

MAXIMO / WSM #

SIGNED:

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	ELEMENT		UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
		CAPEX	OPEX				
CL101	'A-con' Blend			sk	305		5859 00
CL110	Premium Plus			sk	130		2119 00
CC109	Calcium Chloride			lb	1137		1193 85
CC102	Celloflake			lb	706		706 70
CC130	C-51			lb	60		1500 00
CF254	Guideshoe			ea	1		450 00
CF1454	Insert			ea	1		315 00
CF1781	Centralizer			ea	10		1600 00
CF1904	Basket			ea	1		340 00
CF106	Top Plug			ea	1		260 00
E101	Heavy Equip. Mileage			mi	180		1260 00
CE240	Blending + Mixing Service Chrg.			sk	445		623 00
E113	Bulk Delivery			TM	1260		2016 00
CE202	Depth Chrg. 1001'-2000'			4hr.	1		1500 00
CE504	Plug Container			job	1		250 00
E100	Pick-up Mileage			mi	60		255 00
S003	Service Supervisor			ea	1		175 00
CE403	Additional Hrs			ea	12		6000 00

SUB TOTAL **16298 28**

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE Mickey Cochran	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Andy Vallejos
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>4-1-11</i>
Lease <i>Allison "A"</i>	Well # <i>1</i>	Service Receipt <i>1717 01521</i>
Casing <i>9 5/8</i>	Depth <i>1841</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>242 9 5/8 surface</i>	Formation	Legal Description <i>9-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>9 5/8 36"</i>	Tubing Size	Shots/Ft		<i>Lead 315 sk "A-con"</i> <i>3% CC - 1/2" Cell 11 sk</i> <i>1.2% wca - 1 2.4 sk</i> <i>14 gal/sk @ 12.1 gal</i> <i>Tail in 130 sk Premium</i> <i>2% CC - 1/4" Cell 11 sk</i> <i>1.34 sk 7/8" 6.35 gal/sk</i> <i>@ 14.8 gal</i>
Depth <i>1841</i>	Depth	From	To	
Volume	Volume	From	To	
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>21:30</i>					<i>on loc. / Held Safety Meeting</i>
<i>21:30</i>					<i>Rig Running Csg.</i>
<i>4-2 11:15</i>					<i>Csg. on Bottom Cir. w/ Rig</i>
<i>12:00</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>12:04</i>	<i>300</i>		<i>135</i>	<i>5</i>	<i>Start Lead Cmt 315 sk @ 12.1"</i>
<i>12:32</i>	<i>200</i>		<i>31</i>	<i>3.5</i>	<i>Start Tail Cmt 130 sk @ 14.8"</i>
<i>12:43</i>					<i>Shutdown + Drop Plug</i>
<i>12:45</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>Start Disp. w/ fresh H₂O</i>
<i>13:10</i>	<i>800</i>		<i>119</i>	<i>3</i>	<i>Slow Rate Pump</i>
<i>13:18</i>	<i>1300</i>		<i>139</i>	<i>2</i>	<i>Bump Plug</i>
<i>13:20</i>	<i>0</i>		<i>139</i>	<i>0</i>	<i>Release / float Held</i>
<i>13:30</i>	<i>1500</i>				<i>Pressure up Csg. / Hold 30 min</i>
<i>14:00</i>	<i>0</i>				<i>Release</i>
<i>14:00</i>					<i>End Job</i>
	<i>950</i>				<i>Pressure Before Plug landed</i>
					<i>Cir. Cmt to the Pit</i>

Service Units	<i>21755</i>	<i>3046419919</i>	<i>1435514284</i>	<i>1982719883</i>
Driver Names	<i>Cochran</i>	<i>Mendoza</i>	<i>Conrad</i>	<i>Ortiz</i>

Andy Customer Representative
 J. Bennett Station Manager
 M. Cochran Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01610 A

DATE _____ TICKET NO. _____

DATE OF JOB: 4/9/11	DISTRICT: 1717	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER: Oxy USA	LEASE: Allison #4		I, WELL NO.					
ADDRESS:	COUNTY: Haskell	STATE: KS						
CITY:	STATE:	SERVICE CREW: Royce, Shawn						
AUTHORIZED BY: Tyce	JOB TYPE: 7" U.S. 742							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
194886	46					4/8/11	9:00 AM	
30263	46	AP LOCATION/DEPT.		D02	<input type="checkbox"/> NON DESI	ARRIVED AT JOB	4/9/11	12:00 PM
19445	46	LEASE/WELL/FAC		Allison #1		START OPERATION		5:08 PM
19427	46	MAXIMO / WSM #				FINISH OPERATION		7:20 PM
19483	46	TASK	01-02	ELEMENT	3023	RELEASED		8:00 AM
PROJECT # 1109597		CAPEX / OPEX - Circle one		MILES FROM STATION TO WELL		50		

SPO / BPA _____ CONTRACT CONDITIONS of this contract must be signed before the job is commenced or merchandise is delivered).
UN-SUPPORTED

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services. Materials have been received.

SIGNED: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 pozs	SK	265		2915 00
CC113	Gypsum	lb	1,115		836 25
CC111	Salt	lb	1,491		735 50
CC103	C-15	lb	134		1675 00
CC107	C-42P	lb	56		448 00
CC201	Gilsonite	lb	1,325		887 75
CF752	Guide shoe Reg. 7"	EA	1		300 00
CF1352	Auto Fill float Collar 17"	EA	1		500 00
CF1760	Centralizer 7" x 5 1/2"	EA	25		2500 00
CF104	Top Rubber 7"	EA	1		110 00
CF502	7" Stop Ring	EA	1		40 00
CC155	Super Flush 11	gal	500		765 00
E101	Heavy Equip Mileage	Mi	100		700 00
CE240	Blending & mixing charge charge	SK	265		371 00
CE206	Depth Charge 5001 to 6000	4hr	1		2880 00
CE504	Pix Container	Sub	1		250 00
E100	Pickup Mileage	Mi	50		312 50
5003	Service Support 1507	EA	1		175 00
E113	Proppant and Bulk Delivery	ME	558		892 80
SUB TOTAL					10,832.13

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <i>Chack Hinz</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



BASIC
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>4/9/11</i>
Lease <i>Allison "A"</i>	Well # <i>1</i>	Service Receipt
Casing <i>7"</i>	Depth	County <i>Haskell</i>
Job Type <i>7" Lisi</i>	Formation	State <i>KS</i>
		Legal Description <i>9-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>7" 26#</i>	Tubing Size	Shots/Ft		Lead <i>265 sx 50/50p</i> <i>57%w-60, 10% salt</i> <i>16% C-15, 14# Cellulose</i> <i>5# G. Bortie</i> <i>@ 13.8#</i> Tail in <i>1.52 cut HAK</i> <i>6.65 gal/sk</i>
Depth <i>5534.01</i>	Depth	From	To	
Volume <i>209.46</i>	Volume	From	To	
Max Press <i>2500#</i>	Max Press	From	To	
Well Connection <i>D.P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
01:00					on loc, spot tracks, Rig up <i>safting</i>
04:40					safting into w/ Rig crew
05:08	<i>3000</i>				psi test
05:10	<i>250</i>		<i>0</i>	<i>4</i>	Pump super flush
05:13	<i>250</i>		<i>12</i>	<i>4</i>	Pump H ₂ O spacer
05:23					Plug RTM
05:35	<i>250</i>		<i>0</i>	<i>5</i>	start mixing @ <i>13.8#</i>
05:53	<i>0</i>		<i>58</i>	<i>-</i>	shot down, drop plug, wash up
05:57	<i>0</i>		<i>0</i>	<i>5</i>	start Disp
06:37	<i>1000</i>		<i>199</i>	<i>2</i>	slow rate
06:42	<i>1000-2500</i>		<i>209</i>	<i>-</i>	plug down
06:47	<i>1500-0</i>				Release psi, float held
06:50	<i>0-2500</i>				psi test cs9
07:22	<i>2500-0</i>				Release psi
					float held
					Job Complete
					Thank you
					Chad & crew

Service Units	<i>19558</i>	<i>3046319543</i>	<i>19827 19883</i>
Driver Names	<i>CHINE</i>	<i>R. Olds</i>	<i>S. Bufford</i>

Andy Customer Representative *Serra Bennett* Station Manager *Chad H* Cementer

Attachment to Allison A-1 (API # 15-081-21931)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 315	3% CC, 1/2# Cellflake, 0.2% WCA1
	Class C	Tail: 130	2% CC, 1/4# Cellflake
Production	50-50 Poz	215	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite

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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 28, 2011

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

Re: ACO1
API 15-081-21931-00-00
ALLISON A-1
SW/4 Sec.09-30S-33W
Haskell 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