



KANSAS CORPORATION COMMISSION 1061519  
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: \_\_\_\_\_



1061519

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)</i> <i>(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	BRINKMAN D-1
Doc ID	1061519

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BRINKMAN D-1
Doc ID	1061519

Tops

Name	Top	Datum
HEEBNER	3951	-979
LANSING	4028	-1056
MARMATON	4578	-1606
CHEROKEE	4719	-1747
ATOKA	4941	-1969
MORROW	4994	-2022
CHESTER	5077	-2105
ST. GENEVIEVE	5079	-2107
ST. LOUIS	5331	-2359

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BRINKMAN D-1
Doc ID	1061519

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	5168-5178 ST. GENEVIEVE	14 BBLS 4% KCL	5168-5178
		ACID 36 BBLS 15% FEHCL	5168-5178
		FLUSHED 36 BBLS 4% KCL	
		ACID 2000 GAL 15% HCL	5168-5178
		FLUSH 1700 GAL 4% KCL W/ BIOCID	
3	5062-5068 MORROW	14 BBLS 4 % KCL	5062-5068
		ACID 500 GAL 5 % HCL & 1000 GAL HF	5062-5068
		FLUSH 1500 GAL 7% KCL	
6	4438-4443 KANSAS CITY	12 BBL 4% KCL W/ BIOCIDE	4438-4443
		ACID 1500 GAL 15% HCL	4438-4443
		FLUSH 1250 4% KCL W/ BIOCID	
		CIBP W/ 2 SX CMT	4388
6	4078-4088 LANSING		4078-4088
		CIBP W/ 2 SX CMT	3980



**BASIC**<sup>SM</sup>  
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 01681 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>4-22-11</b> DISTRICT <b>1717</b>		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 <b>Oxy USA</b>		LEASE <b>Brinkman "O"</b>		WELL NO. <b>1</b>					
ADDRESS		COUNTY <b>Haskell</b>		STATE <b>Ks</b>					
CITY STATE		SERVICE CREW <b>Cochran/Mendoza/Wasquez/Munoz</b>							
AUTHORIZED BY <b>Bennett JRB</b>		JOB TYPE: <b>Z92 85% surface</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	ARR	TIME
<b>21755</b>	<b>9</b>	<b>19805</b>	<b>9</b>				<b>4-21</b>	<b>AM</b>	<b>10:00</b>
<b>27808</b>	<b>9</b>	<b>19808</b>	<b>9</b>			ARRIVED AT JOB	<b>4-21</b>	<b>AM</b>	<b>23:00</b>
<b>19553</b>	<b>9</b>	<b>33021</b>	<b>9</b>			START OPERATION	<b>4-22</b>	<b>PM</b>	<b>04:30</b>
		<b>19566</b>	<b>9</b>			FINISH OPERATION	<b>4-22</b>	<b>PM</b>	<b>07:10</b>
						RELEASED	<b>4-22</b>	<b>PM</b>	<b>08:00</b>
						MILES FROM STATION TO WELL	<b>59</b>		

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 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 LP.

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	'A-con' Blend	SK	440		8184 00
CL110	Premium Plus	SK	160		2608 00
CC109	Calcium Chloride	lb	1544		1621 20
CC102	Celloflake	lb	260		962 00
CC130	C-51	lb	83		2075 00
CF1283	Accu-Seal Float Shoe	ea	1		750 00
CF1294	Accu-Seal Float Collar	ea	1		1050 00
CF1773	Centralizer	ea	14		2030 00
CF1903	Basket	ea	1		315 00
CF105	Top Plug	ea	1		225 00
CF503	Stop Ring	ea	1		44 00
E101	Heavy Equip. Mileage	mi	156		1092 00
CE240	Blending + Mixing Servi. Chrg.	SK	600		840 00
E113	Bulk Delivery	Tm	1469		2350 40
CE202	Depth Chrg. '1001'-2000'	4hr	1		1500 00
CE504	Plug Container	job	1		250 00
E100	Pick-up Mileage	mi	52		221 00
5003	Service Supervisor	ea	1		175 00
CE403	Additional Hrs	ea	3		1500 00

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. \_\_\_\_\_ SUB TOTAL **19725.54**

LEASE/WELL/FAC **Brinkman D-1**

SERVICE & EQUIPMENT  MATERIALS  TAX ON \$ \_\_\_\_\_

TASK **0102** ELEMENT **3023**

PROJECT # \_\_\_\_\_ CAPEX / OPEX - Circle one

SPO / BPA \_\_\_\_\_ UNSUPPORTED

PRINTED NAME **Jeff Gill**

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND EQUIPMENT ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_



### Cement Report

Customer	Oxy USA	Lease No.		Date	4-21-11
Lease	Brinkman "D"	Well #	1	Service Receipt	1717 01681
Casing	8 5/8	Depth		County	Haskell
				State	Ks
Job Type	242 8 5/8 surface	Formation		Legal Description	23 27 34

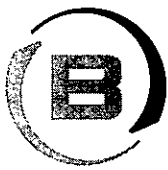
Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 24"	Tubing Size		Lead 440sk 4-eon 11on 3% CC. 1/2" Coll Hake .2% WOA. 2.4 #/ft 14gal/sk @ 12.1 #/gal Tail in 160sk Premium 2% CC. 1/2" Coll Hake 1.34 #/sk @ 14.8 #/gal @ 14.8 #/gal
Depth	1945	Depth	From To	
Volume	123.7	Volume	From To	
Max Press	Burst 2360	Max Press	From To	
Well Connection	8 id	Annulus Vol.	From To	
Plug Depth	1908	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
22:55					on loc. / Held Safety Meeting
22:55					Rig Running Csg
					Csg on Bottom Cir. w/ Rig
04:45	2200				Test Pump + Lines
04:47	400		188	5	Start Lead Cmt 440sk @ 12.1 #
05:25	450		38	4	Start Tail Cmt 160sk @ 14.8 #
05:37	#				Shutdown + Drop Top Plug
05:39	450		0	4.3	Start Disp. w/ fresh H <sub>2</sub> O
05:50	400		56	3	Slow Rate / Lost Returns
06:28	1400		120.7	1.8	Bump Plug
06:34	#		120.0		Release / float Held
06:35	1500				Pressure up Csg.
07:04	#				Release
07:10					End Job
					Lost CMT Returns 2x
					During Disp. / Got Returns
					Back w/ 20 bbl Disp.
					Left
	900				Pressure Before Plug Landed
					Circulated Cmt to the Pit

(30)

Service Units	21755	2780819553	1980519808	3302119566	
Driver Names	Cochran	Mendoza	MUNOZ	Vessuel	

Jeff \_\_\_\_\_ Customer Representative  
 J. Bennett \_\_\_\_\_ Station Manager  
 M. Cochran \_\_\_\_\_ Cementer  
 Taylor Printing, Inc.



**BASIC**  
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 01617 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>4/27/11</b>	DISTRICT <b>1717</b>	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 <b>Oxy USA</b>		LEASE <b>Brinkman "D"</b> <b>1</b> WELL NO.					
ADDRESS		COUNTY <b>Haskell</b>		STATE <b>KS</b>			
CITY		STATE		SERVICE CREW <b>Royce, Victor</b>			
AUTHORIZED BY <b>Tyce</b>		<b>JRB</b>		JOB TYPE: <b>5 1/2 L.S. 242</b>			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <b>4/27/11</b> TIME <b>8:30 AM</b>
<b>19888</b>	<b>10</b>					ARRIVED AT JOB	<b>4:00 PM</b>
<b>30463</b>	<b>10</b>					START OPERATION	<b>11:04 AM</b>
<b>19843</b>	<b>10</b>					FINISH OPERATION	<b>12:54 AM</b>
<b>14354</b>	<b>10</b>	AP LOCATION/DEPT.		D02	NON D02	RELEASED	<b>2:00 AM</b>
<b>19578</b>	<b>10</b>	LEASE/WELL/FAC <b>Brinkman D</b>				MILES FROM STATION TO WELL	

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 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 officer of Basic Energy Services, LP.

PROJECT # **1717259** ELEMENT **3023**  
 PRINTED NAME: **Andy Spalding** SIGNED: **Andy Spalding**  
 SIGNATURE: **Andy Spalding** (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 po2	SK	285		3135 00
CC113	Gypsum	lb	1200		900 00
CC111	Salt	lb	1583		791 50
CC103	C-15	lb	144		1800 00
CC107	C-42p	lb	60		480 00
CC201	Gilsonite	lb	1,425		954 75
CF1281	Accu-Seal Float Shoe 5 1/2	EA	1		575 00
CF1291	Accu-Seal Float Collar 5 1/2	EA	1		640 00
CF1778	Centralizer 5 1/2	EA	16		1200 00
CF501	Stop King 5 1/2	EA	1		40 00
CF103	Top Rubber Plug 5 1/2	EA	1		105 00
CC155	Super Flush II	EA	500		765 00
E101	Heavy Equip Mileage	Mi	100		700 00
CE240	Blending + Mixing Charge	SK	285		399 00
E113	Bulk Delivery Charge	Tr	1000		960 00
CE206	Depth Charge 5001 to 6000'	Hr	1		2880 00
CE504	Plug Container	Sol	1		250 00
E100	Pickup Mileage	Mi	50		212 50
5003	Service SuperVisor	EA	1		175 00

SUB TOTAL **12,708 24**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <b>Chad Hinz</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <b>Andy Spalding</b> (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	





# Cement Report

Customer <b>Oxy USA</b>	Lease No.	Date <b>4/27/11</b>
Lease <b>Brinkman "D"</b>	Well # <b>1</b>	Service Receipt
Casing <b>5 1/2</b>	Depth <b>5400</b>	County <b>Haskell</b> State <b>KS</b>
Job Type <b>5 1/2 L.S.</b>	Formation	Legal Description <b>23-27-34</b>

Pipe Data		Perforating Data		Cement Data
Casing size <b>5 1/2 17#</b>	Tubing Size	Shots/Ft		<b>Lead 285 SX 50/50 Poz</b> <b>@13.8# 1.52 cu ft/ft</b> <b>6.65 gal/ft</b> <b>5% W=60, 10% salt</b> <b>Tail in .6% C-15, 1/2#</b> <b>Defoamer, 5# silsonite</b>
Depth <b>5399.05</b>	Depth	From	To	
Volume <b>124.3</b>	Volume	From	To	
Max Press <b>2500#</b>	Max Press	From	To	
Well Connection <b>P.C.</b>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
04:00					on loc, wait for cat
08:30					Break Circ.
09:30					Cat on loc, spot trucks
10:30					Safety mtg w/Rig
11:04	3300#				Psi test
11:05	200#		0	4	Pump superflush
11:08	200#		12	4	Pump H2O spacer
11:10	200#		5		shut down, shut in well
11:14					Plug R+M
11:24	200#		0	5	start mixing 50/50 poz @13.8#
11:43	0		64	-	shut down, washup P+L
11:48	0		0	5	start disp
12:09	700#		114		slow rate
12:18	900-1600		124	-	Plug Down
12:23	1600-0				Release Psi, floats held
12:24	0-2600				Psi up Csg
12:54	2600-0				Release Psi
					Job Complete
					Thank you
					Chad & Crew

Service Units	195666	3046319843	1435419857
Driver Names	O'Hinz	R. Ads	V. Vasquez

Anely Customer Representative     
 Serry Bennett Station Manager     
 Chad Hinz Cementer

**Attachment to Brinkman D-1 (API # 15-081-21932)**

**Cement & Additives**

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 440	3% CC, 1/2# Cellflake, 0.2% WCA1
	Class C	Tail: 160	2% CC, 1/4# Cellflake
Production	50-50 Poz	235	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

August 16, 2011

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

Re: ACO1  
API 15-081-21932-00-00  
BRINKMAN D-1  
NW/4 Sec.23-27S-34W  
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