



KANSAS CORPORATION COMMISSION 1066015
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: _____



1066015

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ROY A-1
Doc ID	1066015

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ROY A-1
Doc ID	1066015

Tops

Name	Top	Datum
COUNCIL GROVE	2969	
HEEBNER	4111	
LANSING	4163	
MARMATON	4756	
CHEROKEE	4906	
ATOKA	5140	
MORROW	5197	
CHESTER	5320	
ST. LOUIS	5489	



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 02026 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-30-11 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 Roy "A" WELL NO. 1							
ADDRESS		COUNTY Haskell STATE Ks							
CITY STATE		SERVICE CREW Cochran/Mendoza/Munoz Ortiz							
AUTHORIZED BY T. Davis		JOB TYPE: Z42 80% Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
21755	13.5	14355	10				6:30	PM	05:00
27808	13.5	14284	10			ARRIVED AT JOB	6:30	PM	05:30
19553	13.5	30464	10			START OPERATION	6:30	PM	16:00
		19883	10			FINISH OPERATION	6:30	AM	18:00
						RELEASED	6:30	AM	1900
						MILES FROM STATION TO WELL			55

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: Andy Goddayne
(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	415		
CL110	Premium Plus	sk	160		
CC109	Calcium Chloride	APLOCATION/DEPT	lb	1475	
CC102	Cello Pluke	LEASE/WELL/FAC	lb	144	ROY A-1
CC130	C-51	MAXIMO/WSM #	lb	29	
CF1203	Auto fill float shoe	TASK	ea	1	ELEMENT 3023
CF1363	Auto fill float collar	PROJECT #	ea	1	113571 APEX / OPEX - Circle one
CF1773	Centralizer	PO / BPA / CPA #	ea	15	UNSUPPORTED <input type="checkbox"/>
CF1903	Basket	Circle Doc.Type	ea	1	
CF503	Stop Ring	PRINTED NAME	ea	1	Andy Goddayne
CF105	Top Plug		ea	1	
E101	Heavy Equip. Mileage	SIGNATURE:	mi	156	Andy Goddayne
CE740	Blending & Mixing Serv. Chrg.	*If these services/materials have been received			
E115	Bulk Delivery	AP INFO NEEDED:	TM	1410	
CE202	Depth Chrg. '1001'-2000'		hr	1	
CE504	Plug Container		job	1	
E100	Pick-up Mileage		mi	52	
5003	Service Supervisor		ea	1	
CE503	Derrick Chrg.		ea	1	

SUB TOTAL **2/411 50**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Wicky Cook</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Andy Goddayne</u> (WELL OWNER OPERATOR, CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



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 02028 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-6-11	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 Roy		WELL NO. A-1				
ADDRESS		COUNTY Haskell	STATE Ks				
CITY	STATE	SERVICE CREW Cochran/Mendoza/Conroy/Siroky					
AUTHORIZED BY T. Davis IRB		JOB TYPE: Z44 P+A					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE ARR TIME
21755	15						7-5 AM 16:30
27809	15					ARRIVED AT JOB	7-5 AM 19:20
19557	15					START OPERATION	7-5 AM 22:15
37021	15					FINISH OPERATION	7-6 AM 09:30
19883	15					RELEASED	7-6 AM 10:30
						MILES FROM STATION TO WELL	53

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
CL103	60/40 Poz	sk	100		1200 00
CL103	60/40 Poz	sk	110		1320 00
CC109	Calcium Chloride	lb	258		270 90
CC200	Cement Gel	lb	362		90 50
E101	Heavy Equip. Mileage	mi	60		420 00
CE240	Blending + Mix Serv. Chrg.	sk	210		294 00
E113	Bulk Delivery	TM	272		435 20
CE202	Depth Chrg. 1001'-2000'	4hr	1		1500 00
E100	Pick-up Mileage	mi	30		127 50
S803	Service Supervisor	ea	1		175 00
T105	Cement Data Acquisition Monitor	ea	1		550 00
CE903	Additional Hrs	ea	8		4000 00

APPLICATIONS: DOI NON DOI

LEASE/WELL/AC: **Roy A-1**

MAXIMO/WELL #

TASK **0102** ELEMENT **30 & 3**

PROJECT# **1135771** CAPEX / OPEX

PG/2PA/CPA UNSUPPORTED

Circle one

CHEMICAL / ACID DATA	PRINTED NAME John Carroll	SUB TOTAL	7798.95
SIGNATURE: <i>[Signature]</i>	SERVICE & EQUIPMENT	%TAX ON \$	
	MATERIALS	%TAX ON \$	
		TOTAL	

AP INFO NEEDED:

SERVICE REPRESENTATIVE **Thygy Cook** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>7-5-11</i>
Lease <i>Roy</i>	Well # <i>A-1</i>	Service Receipt <i>171902028</i>
Casing <i>OP 4 1/2 16.6</i>	Depth <i>1900'</i>	County <i>Haskell</i> State <i>Ks</i>
Job Type <i>Z44 P+A</i>	Formation	Legal Description <i>32 27 33</i>

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size <i>4 1/2 16.6</i>	Shots/Ft		Lead <i>100sk 60/40</i>
Depth	Depth <i>1908</i>	From	To	<i>3% CC - 4% total gel</i>
Volume	Volume	From	To	<i>1.544 gal @ 13.5#/gal</i>
Max Press	Max Press	From	To	Tail in <i>110sk 60/40</i>
Well Connection	Annulus Vol.	From	To	<i>4% total gel</i>
Plug Depth	Packer Depth	From	To	<i>1.544 gal @ 13.5#/gal</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>19:20</i>					<i>on loc. / Held Safety Meeting</i>
<i>19:20</i>					<i>Wait on Csg Trucks</i>
<i>21:00</i>					<i>Spot + Rig up Equip.</i>
					<i>D.P. @ 1908'</i>
<i>22:26</i>	1500	<i>1500</i>			<i>Test Pump + lines</i>
<i>22:28</i>		<i>300</i>	<i>20</i>	<i>5</i>	<i>Start Spacer Ahead</i>
<i>22:32</i>		<i>350</i>	<i>27</i>	<i>4</i>	<i>Start CMT 100sk @ 13.5#</i>
<i>22:35</i>		<i>200</i>	<i>0</i>	<i>4</i>	<i>Start Disp. w/ fresh H₂O</i>
<i>22:41</i>		<i>200</i>	<i>6</i>	<i>4</i>	<i>Switch to mud</i>
<i>22:44</i>		<i>0</i>	<i>20</i>	<i>0</i>	<i>Shutdown + V flowback</i>
<i>22:46</i>					<i>Knock Loose</i>
<i>22:50</i>					<i>Rig P.O.H. w/ 10 stds</i>
					<i>Plug Tapped @ 1948'</i>
<i>05:31</i>		<i>400</i>	<i>20</i>	<i>5</i>	<i>Start fresh H₂O</i>
<i>05:35</i>		<i>300</i>	<i>4</i>	<i>5</i>	<i>Start CMT 15sk @ 13.5#</i>
<i>05:37</i>		<i>300</i>	<i>0</i>	<i>5</i>	<i>Start Disp.</i>
<i>05:44</i>		<i>0</i>	<i>23</i>	<i>0</i>	<i>Shutdown + V flowback</i>
					<i>Knock Loose</i>
					<i>Rig T.O.H. w/ 27 jts</i>
					<i>D.P. @ 900'</i>
<i>07:04</i>			<i>20</i>	<i>4</i>	<i>Start Spacer Ahead</i>
<i>07:12</i>			<i>10</i>	<i>4</i>	<i>Start CMT 40sk @ 13.5#</i>
<i>07:14</i>			<i>0</i>	<i>4</i>	<i>Start Disp.</i>

Service Units	<i>21755</i>	<i>27909195573306119883</i>		
Driver Names	<i>Cochran</i>	<i>Mendoza</i>	<i>Siroky</i>	<i>Canady</i>

John C. Customer Representative
 J. Deane Station Manager
 M. Cochran Cementer
 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/>

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

Sam Brownback, Governor

October 25, 2011

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

Re: ACO1
API 15-081-21949-00-00
ROY A-1
SE/4 Sec.32-27S-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