



KANSAS CORPORATION COMMISSION 1067110  
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 Bbbs.	Gas Mcf	Water Bbbs.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HOFFMAN T-3
Doc ID	1067110

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	HOFFMAN T-3
Doc ID	1067110

Tops

Name	Top	Datum
HEEBNER	3975	
TORONTO	3994	
LANSING	4106	
MARMATON	4756	
CHEROKEE	4940	
ATOKA	5087	
MORROW	5287	
CHESTER	5406	
ST. GENEVIEVE	5547	
ST. LOUIS	5572	



**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 02036 A

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

DATE OF JOB <b>7-16-11</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>Hoffman</b>				WELL NO. <b>3</b>	
ADDRESS		COUNTY <b>Seward</b>		STATE <b>Ks</b>			
CITY		STATE		SERVICE CREW <b>Bochian / Ortiz / Mendez / Siroky / Vasquez</b>			
AUTHORIZED BY <b>T. Davis</b>		JOB TYPE: <b>292 95% Surface</b>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME
<b>21755</b>	<b>14</b>	<b>19827</b>	<b>14</b>				<b>7-15 AM 18:00</b>
<b>27809</b>	<b>14</b>	<b>19566</b>	<b>14</b>			ARRIVED AT JOB	<b>7-15 AM 22:00</b>
<b>19553</b>	<b>14</b>	<b>13025</b>	<b>14</b>			START OPERATION	<b>7-16 AM 09:00</b>
		<b>33016</b>	<b>14</b>			FINISH OPERATION	<b>7-16 PM 11:00</b>
						RELEASED	<b>7-16 AM 12:00</b>
						MILES FROM STATION TO WELL	<b>24</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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CI 101	'A-con' Blend	sk	375		
CI 110	Premium Plus	sk	150		
CC109	Calcium Chloride	lb	1341		
CC102	Celloflake	lb	132		
CC130	C-51	lb	71		
CF1203	Auto fill float shoe	ea	2		
CF1363	Auto fill float collar	ea	2		
CF1793	Centralizer	ea	14		
CF1903	Basket	ea	1		
CF503	Stop Ring	ea	1		
CF105	Top Plug	ea	1		
CF3000	Thread lock	ea	12		
E101	Heavy Equip. Mileage	mi	60		
CE240	Blending + Mixing Serv. Chrg.	sk	525		
E113	Bulk Delivery	7m	494		
CE202	Depth Chrg. 1001'-2000'	4hr	1		
CE504	Plug Container	job	1		

  

CHEMICAL / ACID DATA:			

  

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

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





# Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>7-15-11</i>		
Lease <i>Ho Armán</i>		Well # <i>3</i>		Service Receipt <i>171702036</i>		
Casing <i>8 5/8 24"</i>	Depth <i>1741</i>	County <i>Seward</i>		State <i>KS</i>		
Job Type <i>242 Surface</i>		Formation		Legal Description <i>7 32 33</i>		
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>	
Casing size <i>8 5/8 24"</i>		Tubing Size		<b>Shots/Ft</b>		
Depth <i>1741</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	
				Lead <i>See Call Sheet</i>		
				Tail in		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
<i>22:00</i>					<i>on loc. / Held Safety Meeting</i>	
<i>23:00</i>					<i>Rig T.O.O.H. w/ D.P.</i>	
					<i>Start Csg</i>	
<i>09:30</i>					<i>Csg. on Bottom / cir. w/ Rig</i>	
					<i>TD 1741 TP 1741 SJ 42</i>	
<i>09:15</i>	<i>2500</i>				<i>Test Pump + Lines</i>	
<i>09:17</i>	<i>200</i>		<i>160</i>	<i>5</i>	<i>Start Lead CMT 575sk @ 12.5"</i>	
<i>09:54</i>	<i>250</i>		<i>36</i>	<i>2</i>	<i>Start Tail CMT 150sk @ 14.8"</i>	
<i>10:10</i>					<i>Shutdown + Drop Plug</i>	
<i>10:20</i>	<i>200</i>		<i>0</i>	<i>4-5</i>	<i>Start Disp. w/ Fresh H<sub>2</sub>O</i>	
<i>10:40</i>	<i>600</i>		<i>98</i>	<i>2.3</i>	<i>Slow Rate</i>	
<i>10:44</i>	<i>1200</i>		<i>108</i>	<i>2.3</i>	<i>Bump Plug</i>	
<i>10:53</i>	<i>0</i>		<i>108</i>	<i>0</i>	<i>Release / Plots Held</i>	
<i>11:00</i>					<i>End Job</i>	
	<i>650</i>				<i>Pressure before Plug landed</i>	
					<i>Circulated Cement to the Pit</i>	
Service Units		<i>21755</i>	<i>2780819553</i>	<i>1302633016</i>	<i>1982719526</i>	
Driver Names		<i>Cochran</i>	<i>Mendoza</i>	<i>Vasquez</i>	<i>Sivoky/ortiz</i>	

*J. Carrol*  
Customer Representative

*J. Bennett*  
Station Manager

*M. Cochran*  
Cementer



**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 02069 A

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

DATE OF JOB <b>7-27-11</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>Hoffman #3</b>		WELL NO.					
ADDRESS		COUNTY <b>Seward</b>		STATE <b>KS</b>					
CITY STATE		SERVICE CREW <b>T. Gibson, V. Vasquez</b>							
AUTHORIZED BY <b>J. Bennett IRB</b>		JOB TYPE: <b>2 1/2" 5 1/2" Production</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>34726</b>	<b>7</b>						<b>7-26-11</b>	<input checked="" type="checkbox"/>	<b>10:00</b>
<b>27462</b>	<b>7</b>					ARRIVED AT JOB	<b>7-27-11</b>	<input checked="" type="checkbox"/>	<b>12:00</b>
<b>14354</b>	<b>2</b>					START OPERATION		<input checked="" type="checkbox"/>	<b>3:00</b>
<b>19578</b>	<b>5</b>					FINISH OPERATION		<input checked="" type="checkbox"/>	<b>4:30</b>
						RELEASED		<input checked="" type="checkbox"/>	<b>5:00</b>
						MILES FROM STATION TO WELL <b>20 mi</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: See below  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 Poz	sk	370		4070 00
CC113	Gypsum	lb	1555		1166 25
CC111	Salt		2270		1135 00
CC103	C-15		187		2337 50
CC107	C-42		78		624 00
CC201	Gilsonite		1850		1239 50
CC102	Cellulose		93		344 10
CC155	Superflush IP	gal	500		765 00
AP LOCATION/DEPT <u>Liberal</u> DOZ <input type="checkbox"/> NON DOZ <input checked="" type="checkbox"/>					
LEASE/WELL/FAC <u>Hoffman T2</u>					
MAXIMO/WSM #					
TASK <u>0302</u> ELEMENT <u>302</u>					
PROJECT # <u>1136006</u> CAPEX / OPEX - Circle one					
PO/BPA/CFA# _____ UNSUPPORTED <input type="checkbox"/>					
-Circle Doc Type					
-PRINTED NAME <u>Andy Gaddes</u>					
SIGNATURE: <u>Andy Gaddes</u>					
I certify that these Services/Materials have been received.					

SUB TOTAL **#16,139 50**

AP INFO NEEDED:			
CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Shel Overa

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 <b>Oxy USA</b>	Lease No.	Date <b>3-27-11</b>
Lease <b>Hoffman</b>	Well # <b>3</b>	Service Receipt <b>02069</b>
Casing <b>5 1/2" 17#</b>	Depth <b>5750.84'</b>	County <b>Seward</b>
State <b>KS</b>	Job Type <b>242-5 1/2" Production</b>	Formation <b>Production</b>
Legal Description <b>12-32-34</b>		

Pipe Data		Perforating Data		Cement Data
Casing size <b>5 1/2" 17#</b>	Tubing Size	Shots/Ft		Lead <b>320 sk</b> <b>50/50 P02</b>
Depth <b>5750.84'</b>	Depth	From	To	
Volume <b>Disp = 132.4 bbl</b>	Volume	From	To	Tail in
Max Press <b>3000#</b>	Max Press	From	To	
Well Connection <b>TD = 5760'</b>	Annulus Vol.	From	To	
Plug Depth <b>31-44.35' (5700.40)</b>	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					on loc. - site assessment
12:15					spot trucks - rig up
2:00					CSG on botm - break circ lhr
2:00					safety meeting
3:00			13.5	3	plug bot + mouse holes w/ 50 sb
3:05					pressure test 3000#
3:20	300		92	6	mix & pump 320 sk 50/50 P02
					5% WtO, 10% Salt, 6% C15, 1/4#
					Deframer, 5# Gilsomite, 1/2# polyflake
2:45	250		5	3	pumped 5 bbl H <sub>2</sub> O spacer
2:47	250		12	3	pumped 12 bbl super flush before job
2:53	250		5	3	pumped 5 bbl H <sub>2</sub> O spacer
3:47					wash pumpily lines
3:53	0		0	6	drop plug, disp CSG
4:15	850		123	2.5	slow rate last 10 bbl
4:19	1500		132.5	0	land plug, 500# over, heat weld
4:25	2500				CSG test
					job complete

Service Units	34720	27462	14354-19578		
Driver Names	A. Owen	J. Gibson	K. Vasquez		

A. Groddy Customer Representative     
 J. Bennett Station Manager     
 A. Owen Cementer

**Attachment to Hoffman T-3 (API # 15-175-22190)**

**Cement & Additives**

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 325	3% CC, 1/4# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 150	2% CC, 1/4# Cellflake
Production	50-50 Poz	320	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

November 09, 2011

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

Re: ACO1  
API 15-175-22190-00-00  
HOFFMAN T-3  
NE/4 Sec.12-32S-34W  
Seward 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