



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1079360
OIL & GAS CONSERVATION DIVISION

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 # _____

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

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1079360

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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	KELLS H 1
Doc ID	1079360

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KELLS H 1
Doc ID	1079360

Tops

Name	Top	Datum
HEEBNER	4116	-1118
TORONTO	4135	-1137
LANSING	4203	-1205
KANSAS CITY	4610	-1612
MARMATON	4765	-1767
ATOKA	5142	-2143
MORROW	5216	-2218
CHESTER	5391	-2393

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

April 23, 2012

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

Re: ACO1
API 15-081-21968-00-00
KELLS H 1
NE/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

Attachment to Kells H-1 (API # 15-081-21968)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 335	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 245	2% CC, 1/4# Cellflake



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 02665 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>2/29/12</u> DISTRICT <u>1717</u>		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 <u>Opay USA</u>		LEASE <u>Kells "H" #1</u> WELL NO.								
ADDRESS		COUNTY <u>Haskell</u> STATE <u>KO</u>								
CITY STATE		SERVICE CREW <u>Roger, Santi, Julian</u>								
AUTHORIZED BY <u>Tyce</u> <u>JRB</u>		JOB TYPE: <u>Surface E42</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19858</u>	<u>11</u>									<u>6:00</u>
<u>37225 37424</u>	<u>11</u>					ARRIVED AT JOB				<u>9:00</u>
<u>3046 537724</u>	<u>11</u>					START OPERATION				<u>5:00</u>
<u>14354 19578</u>	<u>11</u>					FINISH OPERATION				<u>7:20</u>
						RELEASED				<u>8:00</u>
						MILES FROM STATION TO WELL				<u>55</u>

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	335	13 95	4673 25
CL110	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1407	79	1111 53
CC107	Collaflake	lb	145	2 78	403 10
CC130	C-91	lb	63	18 75	1181 25
CF253	Wide shoe Reg. 5 5/8	EA	1		285 00
CF1453	Flapper Float insert	EA	1		210 00
CF4405	Controlizers	EA	15	108 75	1631 25
CF4456	Basket	EA	1		787 50
CF300	Thread Lock Kit	EA	2	25 50	51 00
CF105	Top Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equip Mileage	Mi	90	5 25	472 50
CE240	Blending + mixing Chrg.	SK	580	1 05	609 00
E113	Bulk Delivery	Ton	819	1 20	982 80
CE504	Flug Container	Job	1		187 50
E100	Pickup Mileage	Mi	30		95 70
5003	Service Supervisor	EA	1		131 25
T105	Cement Data Monitor	EA	1		412 50
SUB TOTAL					<u>17,590 23</u>

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT COBENT 77 SERVICE & EQUIPMENT 77 %TAX ON \$ DOZ (NON D02)
 LEASE/WELL/FAC Kells H-1 MATERIAL Kells H-1 %TAX ON \$
 MAXIMO / WSM # _____
 TASK 0102 ELEMENT 3023
 PROJECT # 1146904 CAPEX / OPEX - Circle one

THE ABOVE MATERIAL AND SERVICE UNSUPPORTED
 ORDERED BY CUSTOMER AND RECEIVED BY [Signature]
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
 services (Materials have been received)

FIELD SERVICE ORDER NO. _____



Cement Report

Customer: <i>Oxy USA</i>	Lease No.	Date: <i>2/29/12</i>
Lease: <i>Kelly's "H"</i>	Well # <i>1</i>	Service Receipt
Casing: <i>4 5/8</i>	Depth: <i>1775'</i>	County: <i>Haskell</i> State: <i>KS</i>
Job Type: <i>Surface</i>	Formation	Legal Description: <i>32-27-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size: <i>4 5/8</i>	Tubing Size	Shots/Ft		Lead: <i>3355x #</i>
Depth: <i>1777.72</i>	Depth	From	To	<i>A-Conn @ 171 #</i>
Volume: <i>110.57</i>	Volume	From	To	<i>3% CaCl₂, 1/4 # Poly Blk</i>
Max Press: <i>1500</i>	Max Press	From	To	<i>1.5% WCA - 1</i>
Well Connection: <i>P.C.</i>	Annulus Vol.	From	To	<i>2.40 yield 14.9 gal/ft</i>
Plug Depth	Packer Depth	From	To	Tail in: <i>215 3x 2" @ 14.8 # 2.40 CaCl₂</i>
				<i>1/4 # Poly Blk</i>
				<i>1.34 yield 6.33 gal/ft</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
09:00					on Loc, spot truck, surface, R.O.
17:01	0-400				test lines
17:05	150		0	5	start mixing @ 17.1 #
17:38	110		143	4	switch to tail @ 14.8 #
17:59	0		59	-	finished mixing, drop plug
18:05	0		0	5	start disp, washup
18:30	410		90	2	slow rate
18:35	500		100	1.3	slow rate
18:41	500-1100		110	-	plug down
18:46	1100-0				Release Psi float hold.
18:50	1500				Test Csg
18:20	1500-0				Release Psi
					Job Complete

Service Units	<i>194564</i>	<i>3922337776</i>	<i>304163397724</i>	<i>1435419578</i>
Driver Names	<i>C.Hinz</i>	<i>R. Olds</i>	<i>S. Chavez</i>	<i>J. Grijalva</i>

Derek Adam
Customer Representative

Serry Bennett
Station Manager

Chad Hinz
Cementer