



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1084756
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: _____

1084756

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 1
Doc ID	1084756

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 1
Doc ID	1084756

Tops

Name	Top	Datum
HEEBNER	3756	
LANSING	3806	
MARMATON	4282	
CHEROKEE	4412	
ATOKA	4564	
MORROW	4617	
ST. GENEVIEVE	4724	
ST. LOUIS	4790	



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 02599 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-20-12 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 Garden City V 1 WELL NO.							
ADDRESS		COUNTY Finney STATE KS							
CITY STATE		SERVICE CREW I. Chavez, Eddie, Kenneth, Julian							
AUTHORIZED BY Jerry Berritt JRB		JOB TYPE: 242 8 9/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							2-20-12	PM	100
19820	10	19828	10	14354	10	ARRIVED AT JOB	2-20-12	AM	400
		19883	1	19578	1	START OPERATION	2-20-12	AM	600
27462	10					FINISH OPERATION	2-20-12	AM	830
						RELEASED	2-20-12	AM	930
						MILES FROM STATION TO WELL	75		

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
CL101	A-Con Blend	SK	335		6231 00
CL110	Premium Plus Cement	SK	245		3993 50
CC109	Calcium Chloride	lb	1407		1477 35
CC102	CelloPlacc	lb	145		536 50
CC-130	C-15	lb	63		1575 00
CF753	Guide Shoe	EA	1		380 00
CF1403	Insert+Float	EA	1		495 00
CF4405	Centralizer 8 9/8	EA	15		2175 00
CF4556	Cmt Basket 8 9/8	EA	1		1050 00
CF105	Rubber Plug	EA	1		225 00
CF4109	Stop Collar	EA	1		100 00
E101	Heavy Equipment Mileage	mi	225		1575 00
CE240	Blendin + Mixing Charge	SK	580		812 00
E113	Bulk Delivery Charge	TM	2048		3276 80
CE202	Depth Charge	Chrs	1		1500 00
CE504	Plug Container Charge	job	1		250 00
E100	Pickup Mileage	mi	75		318 75
5003	Service Supervisor	EA	1		175 00
T105	Cmt Data Acquisition Monitor	EA	1		550 00

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. Liberal D02 NON D02 SUB TOTAL 20251 98

LEASE/WELL/FAC Garden City V-1

SERVICE & EQUIPMENT %TAX ON \$

MATERIALS %TAX ON \$

TASK 0102 ELEMENT 3023 TOTAL

PROJECT # 1146299 CAPEX / OPEX - Circle one

SPO / BPA Jeff Gyll UNSUPPORTED

Circle Doc Type

PRINTED NAME

SERVICE REPRESENTATIVE Jorge Chavez

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY Jeff Gyll

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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 CONT.

TICKET NO. 171702599

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CE 503	Derrick Charge	ea	1		300 00



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>2-20-12</i>	
Lease <i>Garden City V</i>		Well # <i>1</i>		Service Receipt <i>2599</i>	
Casing <i>8 5/8 24#</i>	Depth <i>1830</i>	County <i>Finney</i>		State <i>KS</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>27-23-34</i>	
Pipe Data			Perforating Data		
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft			Cement Data
Depth <i>1839</i>	Depth <i>55 44</i>	From	To	Lead <i>335 A-Con</i>	
Volume <i>113.5</i>	Volume	From	To	<i>2.4 FT 3-5K</i>	
Max Press <i>1800</i>	Max Press	From	To	<i>14.0 Gals 12.1#</i>	
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	Tail in <i>245 silc Cassc</i>	
Plug Depth <i>1784'</i>	Packer Depth	From	To	<i>1.34 FT 3-5K</i>	
				<i>6.33 Gals 14.8#</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1710</i>					<i>Arrive On Location</i>
<i>1800</i>					<i>Safety Meeting - Rig Up</i>
<i>1800</i>					<i>Circulating 4/10.5</i>
<i>1815</i>					<i>Hook up TO BES</i>
<i>1820</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1825</i>	<i>400</i>		<i>143</i>	<i>5.2</i>	<i>Pump Lead cont @ 12.1#</i>
<i>1855</i>	<i>200</i>		<i>58</i>	<i>4.0</i>	<i>Pump Tail cont @ 14.8#</i>
<i>1910</i>					<i>Drop Plug - Wash Up</i>
<i>1915</i>	<i>300</i>		<i>103</i>	<i>5.2</i>	<i>Displace</i>
<i>1940</i>	<i>1000</i>		<i>10</i>	<i>2.1</i>	<i>Slow Down - Displace</i>
<i>1945</i>	<i>1500</i>		<i>1</i>	<i>1</i>	<i>Lead Plug - Float Held</i>
					<i>Cement TO Surface</i>
<i>2030</i>	<i>1500</i>				<i>TEST Casing - Passed</i>
					<i>Job Complete</i>
Service Units	<i>19820</i>	<i>27462</i>	<i>19828-19883</i>	<i>14354-19578</i>	
Driver Names	<i>J. Chavez</i>	<i>Eddie</i>	<i>Kerth</i>	<i>Julian</i>	

Self

Customer Representative

Jay Bennett

Station Manager

Ismael Chavez

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 02664 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>2/26/12</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>Oxy USA</u>	LEASE: <u>Garden City V-1 #1</u>	WELL NO.:								
ADDRESS:		COUNTY: <u>Finnly</u>	STATE: <u>KS</u>							
CITY:		STATE:		SERVICE CREW: <u>Royce, Jose</u>						
AUTHORIZED BY: <u>Tyce JRB</u>		JOB TYPE: <u>5 1/2 L.S. 242</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19885</u>	<u>417</u>	<u>AP LOCATION/DEPT. Libcap</u>		<u>D02 INON D02</u>						<u>2:00</u>
<u>37223 37926</u>	<u>417</u>	<u>LEASE/WELL/FAC Garden City V-1</u>				ARRIVED AT JOB				<u>4:50</u>
<u>30164 37549</u>	<u>412</u>	<u>MAXIMO / WSM #</u>				START OPERATION				<u>9:15</u>
		<u>TASK 0102</u>		<u>ELEMENT 5501</u>		FINISH OPERATION				<u>11:10</u>
		<u>PROJECT # 1146299</u>		<u>CAPEX / OPEX - Circle one</u>		RELEASED				<u>12:00</u>
		<u>SPO / BPA</u>		<u>UNSUPPORTED</u>		MILES FROM STATION TO WELL				<u>45</u>
		<u>Circle Dnc Type</u>								
		<u>PRINTED NAME Daniel Cook</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: Daniel Cook
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 POE	SK	210	5 25	1732 50
CC113	Gyp sum	lb	485	56	495 60
CC111	Salt	lb	1,168	38	443 84
CC103	C-15	lb	107	9 38	1003 66
CC105	C-41 P.	lb	45	3 00	135 00
CC201	Gilsonite	lb	1,050	50	525 00
CF251	Guido Shoe Reg. 5 1/2	EA	1		187 50
CF1451	Flapper Float Valve	EA	1		161 25
CF4452	Centralizer	EA	25	56 25	1406 25
CF3000	Thread Lock Kit	EA	1		25 50
CF103	Top Rubber Plug	EA	1		78 75
CC155	Super Flush II	gal	500	1 15	575 00
E101	Heavy Equip. Mileage	Mi	150	5 25	787 50
CF240	Blending & Mixing Charge	SK	210	1 05	220 50
E113	Bulk Delivery	Tm	664	1 20	796 50
CF205	Depth Charge 4000' to 5000'	4hr	1		1890 00
CF504	Plu; Container	500	1		187 50
E100	Pickup Mileage	Mi	75	3 19	239 25

SUB TOTAL 11,434.55

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Chad Hinz

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Daniel Cook
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



BASIC
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>OKY USA</i>	Lease No.	Date <i>2/26/12</i>
Lease <i>Garden City #1</i>	Well # <i>1</i>	Service Receipt
Casing <i>5 1/2</i>	Depth <i>4946</i>	County <i>Finney</i> State <i>KS</i>
Job Type <i>L.S.</i>	Formation	Legal Description <i>27-23-34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>210 3x 50/50</i> <i>207 @ 13.8 # 5%</i> <i>W-60, 100% salt</i> <i>1.6% C-15, 14 # Refer</i> <i>5 # Gilsomite</i> Tail in <i>1.49 gal/ft</i> <i>6.65 gal/bk</i>
Depth <i>4946, 70</i>	Depth	From	To	
Volume <i>113.7</i>	Volume	From	To	
Max Press <i>2500</i>	Max Press	From	To	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>07:30</i>					<i>on loc. spot tracks, R.U., Safety mats</i>
<i>09:18</i>	<i>3120</i>				<i>Psi test</i>
<i>09:20</i>	<i>200</i>		<i>@ 12</i>	<i>3</i>	<i>Pump super flush</i>
<i>09:24</i>	<i>200</i>		<i>5</i>	<i>2.6</i>	<i>H₂O spacer</i>
<i>09:26</i>	<i>0</i>		<i>0</i>	<i>2.6</i>	<i>start mixing</i>
<i>09:56</i>	<i>0</i>		<i>56</i>	<i>-</i>	<i>Fin mixing, Drop Plug</i>
			<i>-</i>		<i>flushup PTL</i>
<i>10:04</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>start Disp.</i>
<i>10:24</i>			<i>193</i>	<i>2</i>	<i>slow Rate</i>
<i>10:32</i>			<i>114</i>	<i>-</i>	<i>Plug Down</i>
<i>10:57</i>					<i>Release Psi Float Held</i>
<i>10:35</i>	<i>2500</i>				<i>Psi test Csg</i>
<i>11:10</i>	<i>2500-0</i>				<i>Release Psi</i>
					<i>Job complete</i>

Service Units	<i>195546</i>	<i>3492339926</i>	<i>30464 37547</i>		
Driver Names	<i>Chinz</i>	<i>R. Olds</i>	<i>J. Martinez</i>		

Jeremy Customer Representative *Tommy Bennett* Station Manager *Chad Chinz* Cementer

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

June 15, 2012

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

Re: ACO1
API 15-055-22128-00-00
GARDEN CITY V 1
SW/4 Sec.27-23S-34W
Finney 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