



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1085943  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1085943

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 <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  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY T 2
Doc ID	1085943

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY T 2
Doc ID	1085943

Tops

Name	Top	Datum
HEEBNER	3778	
LANSING	3831	
MARMATON	4341	
CHEROKEE	4464	
ATOKA	4630	
MORROW	4679	
ST. GENEVIEVE	4808	
ST. LOUIS	4887	



**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 02526 A

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

DATE OF JOB <b>2-29-12</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>Garden City T 2</b> WELL NO.							
ADDRESS		COUNTY <b>Finney</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>I. Chavez, Eddie, David, Kenneth</b>							
AUTHORIZED BY <b>Jon Bentz IRB</b>		JOB TYPE: <b>242 8 3/8 Sur Face</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM-PM	TIME
							<b>2-28-12</b>		<b>100</b>
<b>19820</b>	<b>14</b>	<b>19828</b>	<b>14</b>	<b>33021</b>	<b>14</b>	ARRIVED AT JOB	<b>2-28-12</b>		<b>400</b>
		<b>19883</b>	<b>1</b>	<b>19868</b>	<b>1</b>	START OPERATION	<b>2-29-12</b>		<b>1100</b>
<b>27462</b>	<b>14</b>					FINISH OPERATION	<b>2-29-12</b>		<b>300</b>
						RELEASED	<b>2-29-12</b>		<b>300</b>
						MILES FROM STATION TO WELL			<b>75</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
CL101	A-con Blend	SK	335	13 95	4673 25
CL110	Premium Plus Cement	SK	245	12 23	2996 35
CC109	Calcium Chloride Libcap	lb	1407	79	1111 53
CC102	CelloFluice Garden City T2	lb	145	2 78	403 10
CC130	C-51 0102 3023	lb	63	18 75	1181 25
CF253	Guide Shoe 1146305	EA	1		285 00
CF1403	Insert Valve Float Jeremy Kneese	EA	1		371 25
CF4403	Contractor 8 3/8 Jon M. Kneese	EA	15	108 75	1631 25
CF4556	Cement Basket	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equipment Mileage	mi	225	5 25	1181 25
CE240	Blending + Mixing Charge	SK	580	1 05	609 00
E113	Build Delivery Charge	TM	2048	1 20	2457 00
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plus Container Charge	job	1		187 50
E100	Picking Mileage	mi	75	3 19	239 25
5003	Service Supervisor	EA	1		131 25
T105	Cement Pate Acquisition Monitor	EA	1		412 50
SUB TOTAL					<b>20251 98</b>

CHEMICAL / ACID DATA:


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

TOTAL

SERVICE REPRESENTATIVE 

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.





# Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>2-29-12</i>	
Lease <i>Garden City T</i>		Well # <i>2</i>		Service Receipt <i>02526</i>	
Casing <i>8 5/8</i>	Depth <i>1812</i>	County <i>Finney</i>		State <i>KS</i>	
Job Type <i>242 SURFACE</i>		Formation		Legal Description	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size		Shots/Ft		Lead <i>3355 SLA con</i>
Depth <i>1823</i>	Depth <i>45' 55"</i>	From	To		<i>2.4 FT 3.5K</i>
Volume <i>113 bbls</i>	Volume	From	To		<i>14.066 bbl - SL 12.1 # 5</i>
Max Press <i>1800</i>	Max Press	From	To		Tail in <i>245 SLA Pream</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To		<i>1.34 FT 3.5K 1705</i>
Plug Depth <i>1778</i>	Packer Depth	From	To		<i>4.366 SL 14.8 #</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log <i>Yard 200 AM</i>
<i>400</i>					<i>Arrive On location</i>
<i>430</i>					<i>Safety Meeting - Run Up</i>
<i>500</i>					<i>Run Running Casing</i>
<i>1140</i>					<i>Circulate w/ Nit</i>
<i>1220</i>					<i>Hook Up TO BE5</i>
<i>1225</i>	<i>2200</i>		<i>.1</i>	<i>.1</i>	<i>Pressure Test</i>
<i>1230</i>	<i>250</i>		<i>143</i>	<i>5.0</i>	<i>Pump Lead cont @ 12.1 #</i>
<i>1305</i>	<i>200</i>		<i>59</i>	<i>5.0</i>	<i>Pump Tail cont @ 14.8 #</i>
<i>1320</i>					<i>Drop Plug - Wash Up</i>
<i>1325</i>	<i>300</i>		<i>93</i>	<i>5.0</i>	<i>Displace</i>
<i>1345</i>	<i>800</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1350</i>	<i>1300</i>		<i>.1</i>	<i>.1</i>	<i>Land Plug - Float Held</i>
<i>1420</i>					<i>TEST Casing - 1500psi Passed</i>
					<i>Job Complete</i>
					<i>Cement TO Surface</i>
					<i>Thanks for Using Basic Energy Services</i>
Service Units	<i>19820</i>	<i>27462</i>	<i>19808-19897</i>	<i>30464-37547</i>	
Driver Names	<i>J. Chavez</i>	<del><i>W. Eddie</i></del>	<i>Kenith</i>	<i>David</i>	

*Terry*  
Customer Representative

*Terry Bennett*  
Station Manager

*Gregory Chavez*  
Cementer  
Taylor Printing, Inc.



**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 02668 A

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

DATE OF JOB: <u>3/4/12</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 "T" 2</u> WELL NO.:									
ADDRESS:	COUNTY: <u>Finney</u> STATE: <u>KS</u>									
CITY: _____ STATE: _____	SERVICE CREW: <u>Royce, David</u>									
AUTHORIZED BY: <u>Tyce</u> <u>JRB</u>	JOB TYPE: <u>L.S. 742</u>									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>194666</u>	<u>7</u>									<u>9:00</u>
<u>37223 37726</u>	<u>7</u>					ARRIVED AT JOB				<u>7:00</u>
<u>30463 37724</u>	<u>7</u>					START OPERATION				<u>5:58</u>
						FINISH OPERATION				<u>8:30</u>
						RELEASED				<u>9:00</u>
						MILES FROM STATION TO WELL				<u>75</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
CL104	50/50 pot Libcap	SK	305	8 25	2516 25
CC113	Gypsum Garden City TZ	lb	1235	56	719 60
CC111	salt 01-02 3023	lb	1695	38	644 10
CC103	C-15 1146305	lb	155	9 38	1453 90
CC105	C-41p Jeremy Knoese	lb	65	3 00	195 00
CC201	Gilsonite [Signature]	lb	1525	50	762 50
CF251	Guide Shoe Reg. 5/2	EA	1		187 50
CF1451	Flapper Float Valve	EA	1		161 25
CF4452	Centralizers	EA	25	56 25	1406 25
CF3000	Thread lock kit	EA	1		25 50
CF103	Top Plug	EA	1		78 75
CF155	Super Wash II	gal	500	1 15	575 00
E101	Heavy Equip Mileage	Mi	150	5 25	787 50
CE240	Blending & Mixing Chrg.	SK	305	1 05	320 25
E113	Bulk Delivery	TM	964	1 20	1156 50
CE266	Depth Charge 5001 to 6000	4hr	1		2160 00
CE504	Plbg Container	Jcb	1		187 50
E100	Pickup Mileage	Mi	75	3 19	239 25
5003	Service Supervisor	EA	1		131 25
SUB TOTAL					<u>14,120.35</u>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>Chad Hine</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
--	---

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





### Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>3/4/12</i>	
Lease <i>Garden City "T"</i>		Well # <i>2</i>		Service Receipt	
Casing <i>5 1/2</i>	Depth	County <i>Finney</i>		State <i>KS</i>	
Job Type <i>L.S.</i>		Formation		Legal Description <i>29-23-34</i>	

Pipe Data		Perforating Data		Cement Data	
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>305 sk 52/60</i>	
Depth <i>5107.63</i>	Depth	From	To	<i>702 @ 13.8#</i>	
Volume <i>117.50</i>	Volume	From	To	<i>52% WCO, 10% salt, 6% 1-15 1/4" Deborner 5# Gilsonite</i>	
Max Press <i>2500</i>	Max Press	From	To	Tail in <i>1.499 6.65 sk</i>	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>14:15</i>					<i>on loc. spot trucks R.V. Safety Mtg</i>
<i>17:58</i>	<i>3100</i>				<i>Psi test</i>
<i>18:00</i>	<i>150</i>		<i>12</i>	<i>4</i>	<i>Pump superflush</i>
<i>18:03</i>	<i>150</i>		<i>5</i>	<i>4</i>	<i>Pump H2O spacer</i>
<i>18:06</i>	<i>150</i>		<i>0</i>	<i>5</i>	<i>start mixing @ 13.8#</i>
<i>18:27</i>	<i>0</i>		<i>81</i>	<i>-</i>	<i>Finished Mixing, Prep Plug Washup</i>
<i>18:33</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>start Disp</i>
<i>18:53</i>	<del><i>900-1500</i></del>	<i>540</i>	<i>100</i>	<i>3</i>	<i>slow rate</i>
<i>19:02</i>	<i>900-1500</i>		<i>117.5</i>	<i>-</i>	<i>Plug Down</i>
<i>19:07</i>	<i>1500-450</i>				<i>Release Psi, Float Not Holding</i>
<i>19:09</i>	<i>1500</i>				<i>Bump Plug</i>
<i>19:11</i>	<i>1500-450</i>				<i>Release Psi. Float Not Holding</i>
<i>19:19</i>	<i>1500</i>				<i>Bump Plug &amp; Hold</i>
<i>20:30</i>	<i>500</i>				<i>Bleed psi down to 500 &amp; shut in</i>
					<i>Job Complete</i>

Service Units	<i>194556</i>	<i>3922339976</i>	<i>3046339924</i>		
Driver Names	<i>Chinz</i>	<i>R.Olds</i>	<i>D.Cowdrey</i>		

*Jeremy* \_\_\_\_\_ Customer Representative      *Serry 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 27, 2012

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

Re: ACO1  
API 15-055-22127-00-00  
GARDEN CITY T 2  
NE/4 Sec.29-23S-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