



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086337
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: _____

1086337

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	GARDEN CITY I 2
Doc ID	1086337

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY I 2
Doc ID	1086337

Tops

Name	Top	Datum
HEEBNER	3796	
LANSING	3852	
MARMATON	4351	
CHEROKEE	4485	
ATOKA	4660	
MORROW	4706	
ST. GENEVIEVE	4819	
ST. LOUIS	4929	
SPERGEN	5035	
OSAGE	5248	



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 02530 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-7-12	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 I	WELL NO. 2							
ADDRESS	COUNTY Finney	STATE KS							
CITY	STATE	SERVICE CREW J. Chavez, Eddie, Victor, Dennis							
AUTHORIZED BY Jerry Bennett	JRB	JOB TYPE: 242 8 3/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 3-7-12	AM-PM 700	TIME
19820	12	30463	12	30464	12	ARRIVED AT JOB	3-7-12	AM-PM 1000	
		37547	1	37724	1	START OPERATION	3-7-12	AM-PM 306	
27462	12					FINISH OPERATION	3-7-12	AM-PM 435	
						RELEASED	3-7-12	AM-PM 536	
						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	13 95	4673 25
CL110	Prem Plus Cement	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1407	79	1111 53
CC102	Cellulose	lb	145	2 78	403 10
CC130	C-51	lb	63	18 75	1181 25
CF253	Guide Shoe 8 3/8	EA	1		285 00
CF1403	Insert Float Valve	EA	1		371 25
CF4405	Controller 8 3/8	EA	15	108 75	1631 25
CF4556	Cmt Basket 8 3/8	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar 8 3/8	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	Bulk Delivery Charge	tm	2048	1 20	2457 60
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plus Container Charge	job	1		187 50
E100	Pickup Mileage	mi	75	3 19	239 25
S003	Service Supervisor	EA	1		131 25
T105	Cement Purity Acquisition Monitor	EA	1		412 50
SUB TOTAL					20251 98

CHEMICAL / ACID DATA:			

AP LOCATION: Liberal SERVICE & EQUIPMENT: D02 TAX ON \$
 LEASE/WELL/MAT: Garden City I MATERIALS: Garden City I TAX ON \$
 MAXIMO / WSM # _____ ELEMENT _____
 TASK: 0102 PROJECT # 11462987 CAPEX / OPEX - Circle one
 SPO / OPA: Daniel Cook UNSUPPORTED
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
 SIGN: [Signature] (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE REPRESENTATIVE: [Signature]

FIELD SERVICE ORDER NO. _____



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>3-7-12</i>	
Lease <i>Garden City 1</i>		Well # <i>2</i>		Service Receipt <i>2530</i>	
Casing <i>8 5/8</i>	Depth <i>1818</i>	County <i>Finney</i>		State <i>K5</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>26-23-34</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>		Tubing Size		Shots/Ft	
Depth <i>1832</i>		Depth <i>53.45'</i>		From	To
Volume <i>113.5 b15</i>		Volume		From	To
Max Press <i>1800</i>		Max Press		From	To
Well Connection <i>8 5/8</i>		Annulus Vol.		From	To
Plug Depth <i>1787</i>		Packer Depth		From	To
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log <i>4/27 7:30 AM</i>
<i>1100</i>					<i>Arrive On Location</i>
<i>1100</i>					<i>Safety Meeting - Rig Up</i>
<i>1100</i>					<i>Rig Pump in Casing</i>
<i>1400</i>					<i>Circulate w/ Msp</i>
<i>1455</i>					<i>Heave up To BE5</i>
<i>1500</i>	<i>2000</i>		<i>.1</i>	<i>.1</i>	<i>Pressure Test</i>
<i>1505</i>	<i>250</i>		<i>145</i>	<i>6.0</i>	<i>Pump Lead amt @ 12.1 #</i>
<i>1530</i>	<i>200</i>		<i>59</i>	<i>6.0</i>	<i>Pump Tail amt @ 14.8 #</i>
<i>1540</i>					<i>Drop Plug - Wash Up</i>
<i>1545</i>	<i>600</i>		<i>103</i>	<i>3.0</i>	<i>Displace</i>
<i>1609</i>	<i>800</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1615</i>	<i>1100</i>		<i>.1</i>	<i>.1</i>	<i>Land Plug - Float Held</i>
					<i>Cement To Surface</i>
					<i>Job Complete</i>
					<i>THANKS FOR USING BASIC ENERGY SERVICES</i>
Service Units	<i>19820</i>	<i>27462</i>	<i>30463-37547</i>	<i>30464-37724</i>	
Driver Names	<i>J. Chavez</i>	<i>Eddie</i>	<i>Victor</i>	<i>David</i>	

Duke
Customer Representative

Sam Benth
Station Manager

Samuel Chavez
Cementer



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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 02630 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-12-12 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 I WELL NO. 2			
ADDRESS	COUNTY Finney STATE Ks			
CITY STATE	SERVICE CREW Cochran/Mendoza/Swofford			
AUTHORIZED BY T. Davis	JOB TYPE: 242 5 1/2 L.S.			
EQUIPMENT# HRS	EQUIPMENT# HRS	EQUIPMENT# HRS	TRUCK CALLED	DATE 3-12 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> TIME 15:00
21755 - 7.8			ARRIVED AT JOB	3-12 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 17:45
38119 - 7.8	AP LOCATION/DEPT. Libcap	D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>	START OPERATION	3-12 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 22:30
19842 - 7.8	LEASE/WELL/FAC. Garden City I2		FINISH OPERATION	3-13 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 00:15
14354 - 7.8	MAXIMO / WSM #		RELEASED	3-13 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 01:30
19578 - 7.8	TASK 0102	ELEMENT 3023	MILES FROM STATION TO WELL	85
	PROJECT # 1146297	CAPEX / OPEX - Circle one		
	SPO / BPA <input type="checkbox"/>	UNSUPPORTED <input type="checkbox"/>		

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.

SIGNATURE: *Daniel Cook*
Daniel Cook

SIGNED: *Daniel Cook*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CH104	50/50 Poz	sk	240	8 25	1980 00
CC113	Gypsum	lb	1010	56	565 60
CC111	Salt	lb	1332	38	506 16
CC103	C-15	lb	122	9 38	1144 36
CC105	C-41P	lb	51	3 00	153 00
CC201	Gilsonite	lb	1199	50	599 50
CF257	Guide Shoe	ea	1		187 50
CF1457	Insert	ea	1		161 25
CF4452	Centralizer	ea	25	56 25	1406 25
CF3000	Thread Lock	ea	1		25 50
CF103	Top Plug	ea	1		78 75
CC155	Super Plug II	gal	500	1 15	575 00
E101	Heavy Equip. Mileage	mi	150	5 25	787 50
CE240	Blending & Mix Serv. Chrg.	sk	240	1 05	252 00
E113	Bulk Delivery	TM	758	1 20	909 00
CE206	Depth Chrg. 5001'-6000'	4hr	1		2160 00
CE504	Plug Container	job	1		187 50
E100	Pick-up Mileage	mi	75	3 19	239 25
5003	Service Supervisor	ea	1		131 25
				SUB TOTAL	12049 37

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE *Mickey Cook*

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

FIELD SERVICE ORDER NO. _____



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>3-12-12</i>	
Lease <i>Garden City I</i>		Well # <i>2</i>		Service Receipt <i>171702630</i>	
Casing <i>5 1/2</i>	Depth	County <i>Finney</i>		State <i>Ks</i>	
Job Type <i>242 5 1/2 L.S.</i>	Formation	Legal Description <i>29 23 34</i>			
Pipe Data			Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead	
Depth	Depth	From	To	<i>5ccc/115feet</i>	
Volume	Volume	From	To		
Max Press	Max Press	From	To	Tail in	
Well Connection	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>17:45</i>					<i>on loc. / Held Safety Meeting</i>
<i>18:00</i>					<i>Spot + Rig up Equip.</i>
<i>19:00</i>					<i>Wait on Csg. to be Run</i>
<i>21:45</i>					<i>Csg on Bottom Cir. w/ Rig</i>
					<i>TP 5369 SJ 38 5 1/2 17"</i>
<i>22:42</i>	<i>3000</i>				<i>Test Pump + Lines</i>
<i>22:43</i>	<i>400</i>		<i>5</i>	<i>5.2</i>	<i>Start fresh H₂O</i>
<i>22:44</i>	<i>400</i>		<i>12</i>	<i>5.2</i>	<i>Start Super Flush II</i>
<i>22:47</i>	<i>400</i>		<i>5</i>	<i>5.2</i>	<i>Start fresh H₂O</i>
<i>22:48</i>	<i>450</i>		<i>64</i>	<i>5.2</i>	<i>Start CMT 240sk @ 13.8"</i>
<i>23:03</i>					<i>Shutdown + Wash up</i>
<i>23:04</i>					<i>Drop top Plug</i>
<i>23:07</i>	<i>175</i>		<i>0</i>	<i>7</i>	<i>Start Disp. w/ fresh H₂O</i>
<i>23:24</i>	<i>700</i>		<i>112</i>	<i>2</i>	<i>Slow Rate</i>
<i>23:28</i>	<i>1450</i>		<i>124</i>	<i>2</i>	<i>Bump Plug</i>
<i>23:31</i>	<i>0</i>				<i>Release / float Held</i>
<i>23:32</i>	<i>2500</i>				<i>Pressure Test Csg/Csg Held</i>
<i>00:02</i>	<i>0</i>				<i>Release</i>
<i>00:15</i>					<i>End Job</i>
Service Units	<i>21755</i>	<i>3811919842</i>	<i>1435419578</i>		
Driver Names	<i>Lochran</i>	<i>Mendoza</i>	<i>Switzford</i>		

Daniel
Customer Representative

J. Bennett
Station Manager

M. Cochran
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

July 03, 2012

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

Re: ACO1
API 15-055-22125-00-00
GARDEN CITY I 2
SE/4 Sec.26-23S-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