



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086670
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: _____

1086670

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
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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
<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
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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> _____
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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	JAMES OPERATING UNIT A 9
Doc ID	1086670

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	JAMES OPERATING UNIT A 9
Doc ID	1086670

Tops

Name	Top	Datum
HEEBNER	4063	-1088
LANSING	4157	-1182
MARMATON	4751	-1776
CHEROKEE	4926	-1951
ATOKA	5105	-2130
MORROW	5222	-2247
CHESTER	5311	-2336
ST. GENEVIEVE	5411	-2436
ST. LOUIS	5453	-2478



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 02781 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>3-11-12</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>James Op Unit "A" 9</u> WELL NO.							
ADDRESS		COUNTY STATE							
CITY STATE		SERVICE CREW <u>I. Chavez, Victor, Eddie, Tolson</u>							
AUTHORIZED BY <u>Son Bond</u>		JOB TYPE: <u>242 Surface</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<u>3-11-12</u>		<u>300</u>
<u>19820</u>	<u>8</u>	<u>14355</u>	<u>7</u>	<u>14354</u>	<u>7</u>	ARRIVED AT JOB	<u>3-11-12</u>		<u>420</u>
		<u>14284</u>	<u>1</u>	<u>19857</u>	<u>1</u>	START OPERATION	<u>3-11-12</u>		<u>730</u>
<u>27462</u>	<u>8</u>					FINISH OPERATION	<u>3-11-12</u>		<u>1145</u>
						RELEASED	<u>3-12-12</u>		<u>100</u>
						MILES FROM STATION TO WELL			<u>30</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: P.M.U.
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A Con Bland	SK	335	13 95	4673 25
CL110	Prom Plus Cont	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1407	79	1111 53
CC102	CelloFlake	lb	145	2 78	403 10
CC130	C-51	lb	63	18 75	1181 25
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Float Valve	EA	1		210 00
CF4405	Contrahizer 8 7/8	EA	15	108 75	1631 25
CF4556	Cont Basket 8 7/8	EA	1		787 50
CF3000	JR Thread Lock Kit	EA	2	25 50	51 00
CF185	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equipment Mileage	mi	90	5 25	472 50
CE240	Blending - Misc Charge	SK	580	1 05	609 00
E113	Bulk Delivery Charge	ton	819	1 20	982 80
CE202	Trapt Charge	Chgs	1		1125 00
CE504	Plus Containy Chgrec	job	1		187 50
E100	Pickup Mileage	mi	30		95 70
5003	Service Supervisor	EA	1		131 25

LiboCap

AP LOCATION/DEPT. 46 **NON D02** **D02** 3 19

LEASE/WELL/FAC mi 30 James Oper Unit A-9

MAXIMO / WSM # _____

TASK 01-02 ELEMENT 3023 SUB TOTAL 17815 23

PROJECT # 1147629 **CAPX / OPEX** **Circle one**

SPO / BPA **UNSUPPLEMENTED**

Circle Doc Type _____ MATERIALS Cal Uylte %TAX ON \$ _____

PRINTED NAME _____ SIGNATURE: P.M.U. TOTAL _____

I certify that these Services/Materials have been received

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE <u>Israel Chavez</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>P.M.U.</u>
---	---

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



BASICSM
 ENERGY SERVICES
 Liberal, Kansas

Cement Report

Customer <i>D&I</i>		Lease No.		Date <i>3-11-12</i>	
Lease <i>James Op Unit A</i>		Well # <i>9</i>		Service Receipt <i>2781</i>	
Casing <i>8 5/8</i>		Depth <i>1615</i>		County <i>Haskell</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>16.30-33</i>	
Pipe Data			Perforating Data		
Casing size <i>8 5/8</i>		Tubing Size		Shots/Ft	
Depth <i>1640</i>		Depth <i>55 44</i>		From	To
Volume <i>101.5615</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>1596</i>		Packer Depth		From	To
			Cement Data		
			Lead <i>3355k A-Loc</i>		
			<i>2.4 FT 3-5K</i>		
			<i>14.06 ad 5k 12.1 #</i>		
			Tail in <i>2455k</i>		
			<i>1.34 FT 3-5K</i>		
			<i>6.336 ad 5K 14.8 #</i>		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>530 AM</i>					<i>Arrive on location</i>
<i>545</i>	<i>↓</i>				<i>Safety Meeting - Rig up</i>
<i>730</i>					<i>Circulate w/ Plug</i>
<i>750</i>					<i>Hook up TO BE 5</i>
<i>945</i>	<i>2000</i>		<i>1</i>	<i>1</i>	<i>Pressure Test</i>
<i>1030</i>	<i>256</i>		<i>143</i>	<i>6.0</i>	<i>Pump Lead out @ 12.1 #</i>
<i>1055</i>	<i>200</i>		<i>59</i>	<i>4.5</i>	<i>Pump Tail out @ 14.8 #</i>
<i>2305</i>					<i>Drop Plug - Wash up</i>
<i>2310</i>	<i>300</i>		<i>91.5</i>	<i>5.5</i>	<i>Displace</i>
<i>2335</i>	<i>600</i>		<i>1.0</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>2340</i>	<i>650</i>		<i>1.0</i>	<i>1.0</i>	<i>Hard Plug - Float Held</i>
					<i>Cement To Surface</i>
<i>1245 AM</i>					<i>Job Complete</i>
<i>Thanks For Using Basic Energy Services</i>					
Service Units	<i>19820</i>	<i>27442</i>	<i>14355-14284</i>	<i>14394-19857</i>	
Driver Names	<i>J. Chauz</i>	<i>Eddie</i>	<i>Victor</i>	<i>Julian</i>	

Cal

 Customer Representative

Ray Bennett

 Station Manager

John

 Cementer
 Taylor Printing, Inc.



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 02784 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>3-17-12</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>James Op Unit A</u> <u>9</u> WELL NO.							
ADDRESS		COUNTY <u>Haskell</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>J. Chavez, Eddie, Julian</u>							
AUTHORIZED BY <u>Tom Berth</u> <u>JRB</u>		JOB TYPE: <u>742 5 1/2 long string</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<u>3-16-12</u>		<u>600</u>
<u>19820</u>	<u>9</u>	<u>27462</u>	<u>9</u>	<u>14354</u>	<u>9</u>	ARRIVED AT JOB	<u>3-16-12</u>	AM	<u>930</u>
				<u>19578</u>	<u>1</u>	START OPERATION	<u>3-17-12</u>	AM	<u>145</u>
						FINISH OPERATION	<u>3-17-12</u>	AM	<u>420</u>
						RELEASED	<u>3-17-12</u>	AM	<u>500</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 P02	SK	360	8 25	2970 00
CC113	Gypsum	lb	1515	56	848 40
CC111	Salt	lb	1998	38	759 24
CC103	C-15	lb	182	9 38	1707 16
CC105	C-410	lb	76	3 00	228 00
CC201	Gilsonite	lb	1800	50	900 00
CF751	Guide Shoe	EA	1		187 50
CF1451	Insert Float Valve	EA	1		161 25
CF4452	Centralizer 5/2	EA	18	56 25	1012 50
CF103	Rubber Plug	EA	1		78 75
CC155	Super Flush II	gal	500	1 15	575 00
E101	Heavy Equipment Mileage	mi	150	5 25	787 50
CE240	Blending & Mixing Charge	SK	360	1 05	378 00
E113	Bulk Delivery Charge	tn	1136.25	1 20	1363 50
CE206	Depth Charge	4hrs	1		2160 00
CE304	Plus Contain Charge	304	1		187 50
E100	Picking Mileage	mi	75	3 19	239 25
5003	Service Supervisor	EA	1		131 25
T105	Cement Data Acquisition Meter	EA	1		412 50

AP LOCATION/DEPT. LibeCap D02 LINON D02 D

LEASEWELL/FAC James Oper Unit A-9

SUB TOTAL 15087 30

CHEMICAL / ACID DATA:

MAXIMO / WSM # _____

TASK 01-02

SERVICE & EQUIPMENT ELEMENT 3023

%TAX ON \$

PROJECT # 1147629

MATERIALS CAPEX / OPEX - Circle one

%TAX ON \$

SPO / BPA

Circle Doc Type

UNSUPPORTED

PRINTED NAME Cal Wyle

TOTAL

SIGNATURE: [Signature]

SERVICE REPRESENTATIVE [Signature]

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 <i>Oxy USA</i>		Lease No.		Date <i>3-17-12</i>	
Lease <i>Somes Op Unit A</i>		Well # <i>9</i>		Service Receipt <i>2784</i>	
Casing <i>5 1/2</i>	Depth <i>5413'</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>242 LS.</i>		Formation		Legal Description <i>16-30-31</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>	Tubing Size		Shots/Ft		Lead
Depth <i>5415</i>	Depth <i>5.5 45'</i>		From	To	
Volume <i>12965</i>	Volume		From	To	
Max Press <i>2500</i>	Max Press		From	To	Tail in <i>3605ft-50150</i> <i>1494ft-510 202</i>
Well Connection <i>5 1/2</i>	Annulus Vol.		From	To	
Plug Depth <i>5570</i>	Packer Depth		From	To	<i>6.65gal-5k 13.8#</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1930</i>					<i>Arrive On location</i>
<i>2000</i>					<i>Safety Meeting - Rig Up</i>
<i>1930</i>					<i>Rig # - Running Casing</i>
<i>100</i>					<i>Circulate with Rig</i>
<i>130</i>					<i>Hook up to BES</i>
<i>140</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>145</i>	<i>270</i>		<i>5.0</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>150</i>	<i>250</i>		<i>12</i>	<i>4.0</i>	<i>Pump Super Flush</i>
<i>155</i>	<i>220</i>		<i>5.0</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>225</i>	<i>200</i>		<i>83</i>	<i>4.5</i>	<i>Pump cement @ 13.8#</i>
<i>230</i>					<i>Drop Plug - Wash Up</i>
<i>235</i>	<i>300</i>		<i>119</i>	<i>6.0</i>	<i>Displace</i>
<i>303</i>	<i>1100</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>308</i>	<i>1100</i>		<i>.1</i>	<i>.1</i>	<i>Land Plug - Float Held</i>
	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Test Casing - Held</i>
Service Units <i>19820</i>		<i>27462</i>	<i>14354-19578</i>		
Driver Names <i>J. Chavez</i>		<i>Edric</i>	<i>Sullivan</i>		

Kal
Customer Representative

Jim Bennett
Station Manager

Ignacio Chavez
Cementer
Taylor Printing, Inc.

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 06, 2012

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

Re: ACO1
API 15-081-21973-00-00
JAMES OPERATING UNIT A 9
NW/4 Sec.16-30S-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