



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1087129
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: _____

1087129

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	GARDEN CITY W 1
Doc ID	1087129

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY W 1
Doc ID	1087129

Tops

Name	Top	Datum
HEEBNER	3738	
LANSING	3790	
MARMATON	4267	
CHEROKEE	4388	
ATOKA	4528	
MORROW	4573	
ST. GENEVIEVE	4620	
ST. LOUIS	4638	
SPERGEN	4825	



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 02533 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-15-12 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 "W" #1 WELL NO.							
ADDRESS		COUNTY Finney STATE KS							
CITY STATE		SERVICE CREW I. Chavez, Eddie, Julian, Ramon							
AUTHORIZED BY Jon Benth JRB		JOB TYPE: 242 8 5/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							3-15-12	PM	100
19820	10	30464	10	14354	10	ARRIVED AT JOB	3-15-12	AM	300
		37724	2	19578	2	START OPERATION	3-15-12	AM	430
27462	10					FINISH OPERATION	3-15-12	AM	1100
						RELEASED	3-15-12	AM	1200
						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	SL	335	13 95	4673 25
CL110	Premium Plus Cement	SL	245	12 23	2996 35
CC109	Calcium Chloride	lb	1407	79	1111 53
CC102	CelbFlake	lb	145	2 78	403 10
CC130	C-51	lb	63	18 75	1181 25
CF253	Guide Shoe	EA	1		285 00
CF1403	Insert Flood Valve	EA	1		371 25
CF4405	Centralizer 8 5/8	EA	15	108 75	1631 25
CF4556	Cent Basket 8 5/8	EA	1		787 50
CF106	Rubber Plug 8 5/8	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	SL	580	1 05	609 00
E113	Bulk Delivery	tm	2048	1 20	2457 00
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plug Containe Charge	job	1		187 50
E100	Pickup Mileage	mi	75	3 19	239 25
S003	Service Supervisor	EA	1		131 25
T105	Connt Data Acquisition Monitor	EA	1		412 50

CHEMICAL / ACID DATA:	AP LOCATION/DEPT. Libcap D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>	SUB TOTAL	20251 98
	LEASE/WELL/FAC Garden City W-1	SERVICE & EQUIPMENT	% TAX ON \$
	MAXIMO / WSM	MATERIALS	% TAX ON \$
	TASK 0102	ELEMENT 3022	TOTAL
	PROJECT # 1146302 CAPEX <input type="checkbox"/> OPEX - Circle one		
	SPO / BPA UNSUPPORTED <input type="checkbox"/>		
	PRINTED NAME Daniel Cook		
SERVICE REPRESENTATIVE Ignacio Chavez	SIGNATURE Daniel Cook	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY Daniel Cook	have been received

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>3-15-12</i>
Lease <i>Garden City "W"</i>	Well # <i>1</i>	Service Receipt <i>2533</i>
Casing <i>8 5/8</i>	Depth <i>1809'</i>	County <i>Finney</i> State <i>KS</i>
Job Type <i>242 Surface</i>	Formation	Legal Description <i>24-23-34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>3355# A Con</i>
Depth <i>1816'</i>	Depth <i>S.S. 45'</i>	From	To	<i>2.4 FT 2-5#</i>
Volume <i>113615</i>	Volume	From	To	<i>14.6# 2-5# 12.1#</i>
Max Press <i>2000</i>	Max Press	From	To	Tail in <i>245# 2-5#</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT 2-5#</i>
Plug Depth <i>1761'</i>	Packer Depth	From	To	<i>6.33# 2-5# 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>255</i>					<i>Arrive On Location</i>
<i>300</i>					<i>Safety Meeting - Rig Up</i>
<i>400</i>					<i>Rig Run Casing</i>
<i>810</i>					<i>Circulate w/ Rig</i>
<i>845</i>					<i>Hook Up To TSES</i>
<i>855</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>900</i>	<i>500</i>		<i>160</i>	<i>5.5</i>	<i>Pump Lead cont @ 12.1 #</i>
<i>945</i>	<i>200</i>		<i>59</i>	<i>4.0</i>	<i>Pump Tail cont @ 14.8 #</i>
<i>1005</i>					<i>Pump Plug - Wash Up</i>
<i>1010</i>	<i>300</i>		<i>103</i>	<i>6.0</i>	<i>Displace</i>
<i>1030</i>	<i>750</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1035</i>	<i>1250</i>		<i>11</i>	<i>11</i>	<i>Hand Plug - Float Held</i>
<i>1105</i>	<i>1500</i>		<i>11</i>	<i>11</i>	<i>Pressure Test - Casing - Held</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>14354-19578</i>	<i>30464-37724</i>
Driver Names	<i>Chavez</i>	<i>Eddie</i>	<i>Sullen</i>	<i>Ramon</i>

Dad
Customer Representative

Bry Bentt
Station Manager

Ronald 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 02785 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-19-12 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 "W" #1 WELL NO.							
ADDRESS		COUNTY Finney STATE KS							
CITY STATE		SERVICE CREW J. Chance, Eddie, Sullivan							
AUTHORIZED BY Jerry Bentz JRB		JOB TYPE: 242 Com Struc							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							3-18-12		4:00
						ARRIVED AT JOB	3-18-12	AM	7:20
19820	9	27462	9	30463	9	START OPERATION	3-19-12	AM	-130
				37724	1	FINISH OPERATION	3-19-12	PM	-316
						RELEASED	3-19-12	AM	-400
						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
CL104	5050 POZ	SIC	175	8 25	1443 75
CC113	Gypsum	lb	735	56	411 60
CC111	Salt	lb	970	38	368 60
CC103	C-15	lb	89	938	834 82
CC105	C-41P	lb	37	3 00	111 00
CO201	Gilsonite	lb	876	50	438 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Insert Float Valve	EA	1		161 25
CF4452	Centralizer 5 1/2	EA	25	56 25	1406 25
CF3000	Thread lock kit	EA	1		25 50
CF103	Rubber Plug	EA	1		78 75
CC155	Super Flush	gal	500	1 15	575 00
E101	Heavy Equipment Charge	mi	150	5 25	787 50
CE240	Island o' Mirey Charge	SIC	175	1 05	183 75
E113	Bulk Delay Charge	ton	551	1 20	661 50
CE206	Depth Charge	lbs	1		2160 00
CE 504	Play Center Charge	job	1		187 50
E10D	Pickup Mileage	mi	75	3 19	239 25
5003	Service Supervisor	EA	1		131 25
				SUB TOTAL	10805 27

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT: **Lib Cap** DISTRICT: **0202**
 SERVICE & EQUIPMENT: **Garden City**
 LEASE/WELL/FAC: **Garden City** TAX ON \$ _____
 MATERIALS: _____
 MAXIMO / WSS \$ _____ TOTAL
 TASK: **0102** ELEMENT: **3023**
 PROJECT # **1146302** (CAPEX / OPEX - Circle one)

SERVICE REPRESENTATIVE: **Ismael Chaoz**

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **Ismael Chaoz**
 SIGNATURE: _____
 I certify that I AM THE WELL OWNER, OPERATOR, CONTRACTOR OR AGENT

FIELD SERVICE ORDER NO. _____

Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>3-19-12</i>	
Lease <i>Garden City W</i>		Well # <i>1</i>		Service Receipt <i>2785</i>	
Casing <i>5 1/2 17</i>		Depth <i>4909</i>		County <i>Haskell</i>	
Job Type <i>242 L.S.</i>		Formation		State <i>KS</i>	
				Legal Description <i>24-23-34</i>	
Pipe Data			Perforating Data		
Casing size <i>5 1/2 17#</i>		Tubing Size		Shots/Ft	
Depth <i>4909</i>		Depth		From	
Volume <i>11365</i>		Volume		To	
Max Press <i>2500</i>		Max Press		From	
Well Connection <i>5 1/2</i>		Annulus Vol.		To	
Plug Depth <i>4861</i>		Packer Depth		From	
				To	
				Tail in <i>1755k 50-50</i>	
				<i>1,499.5-5k POZ</i>	
				<i>6.656d-5k 13.8#</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1255</i>					<i>Arrive On Location</i>
<i>105</i>					<i>Safety Meetg - Dig Up</i>
<i>125</i>					<i>Hook up To BCS</i>
<i>130</i>	<i>3000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>135</i>	<i>285</i>		<i>5</i>	<i>4.5</i>	<i>Pump Water Spacer</i>
<i>140</i>	<i>275</i>		<i>12</i>	<i>4.5</i>	<i>Pump Super Flush</i>
<i>145</i>	<i>250</i>		<i>5</i>	<i>4.5</i>	<i>Pump Water Spacer</i>
<i>150</i>	<i>200</i>		<i>46</i>	<i>3.9</i>	<i>Pump amt @ 13.8#</i>
<i>205</i>					<i>Drag Plug - Work Up</i>
<i>209</i>	<i>100</i>		<i>103</i>	<i>6.5</i>	<i>Displace</i>
<i>225</i>	<i>700</i>		<i>10</i>	<i>2.0</i>	<i>Slow Ann - Displace</i>
<i>230</i>	<i>1200</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Float Held</i>
<i>300</i>	<i>2500</i>		<i>1</i>	<i>1</i>	<i>Test Casing - Held</i>
					<i>Job Complete</i>
<i>Thanks For Using Basic Energy Services</i>					
Service Units <i>19870</i>		<i>27462</i>			
Driver Names <i>J Chavez</i>		<i>Eddie</i>			

George
 Customer Representative

Sam Banta
 Station Manager

Ismael Chavez
 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 11, 2012

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

Re: ACO1
API 15-055-22124-00-00
GARDEN CITY W 1
NE/4 Sec.24-23S-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