



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1087625
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: _____

1087625

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STANFORD A 3
Doc ID	1087625

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STANFORD A 3
Doc ID	1087625

Tops

Name	Top	Datum
HEEBNER	3715	
MARMATON	4525	
CHEROKEE	4867	
ATOKA	5117	
MORROW	5264	
CHESTER/KEYES	5843	
ST. GENEVIEVE	5929	
ST. LOUIS	5973	
SPERGEN	6145	



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 02956 A

DATE _____ TICKET NO. _____

DATE OF JOB: 4-28-12	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: Stamford C#2	WELL NO.:							
ADDRESS:	COUNTY: Morton	STATE: KS							
CITY:	STATE:	SERVICE CREW: E. Mendoza, S. Boek, S. Rodriguez							
AUTHORIZED BY: J. Bennett	TRB	JOB TYPE: 242-8% Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: 4-27-12	ARR PM	TIME: 6:00
34726	14	38750	4			ARRIVED AT JOB	"	ARR PM	8:00
27808	4	37725	10			START OPERATION	4-28-12	ARR PM	3:00
14553	10					FINISH OPERATION		ARR PM	4:00
14355	4					RELEASED		ARR PM	8:00
14284	10					MILES FROM STATION TO WELL			60 mi

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
CU01	A-Cen	SK	300	13 95	4185 00
CL110	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1308	79	1033 32
CC102	Cellflake	lb	137	2 78	380 86
CC130	C-SI	lb	57	18 75	1068 75
CF253	8% Regular Guide Shoe	ea	2	285 00	570 00
CF453	Flapper Type Insert		1		210 00
CF4405	Centralizer		15	108 75	1631 25
CF4556	Basket		1		787 50
CF105	Top Rubber Plug		1		168 75
CF4109	Stop Collar		1		75 00
CF1403	Flapper Type Insert		1		371 25
E101	Medium Equipment Mileage	mi	180	5 25	945 00
CF240	Blending & Mixing Service	SK	545	1 05	572 25
E113	Proppant + Bulk Delivery	ton/ft	1039	1 80	1846 80
CF202	Pump Depth = 1001-2000'	ea	1		1125 00
CE504	Plug Container	ea	1		187 50
E100	Unit Mileage	mi	60	3 19	191 40
S003	Service Supervisor	ea	1		131 25
SUB TOTAL					\$ 18889.73

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT: Stamford %TAX ON \$ 002 FNON D.C.
 AP LOCATION/DEPT. MATERIALS: Stamford C-2 %TAX ON \$
 LEASE/WELL/FAC: _____ TOTAL
 MAXIMO / WSM # _____
 TASK: 0102 ELEMENT: 3023
 PROJECT # 1147925 CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE: Paul Owen
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
 PRINTED NAME: _____ SIGNATURE: _____
 (WELL OWNER, OPERATOR OR CONTRACTOR OR AGENT)
 I certify that these Services/Materials have been received

FIELD SERVICE ORDER NO. _____



Cement Report

Customer	Oxy USA	Lease No.		Date	4-28-12
Lease	Stanford C	Well #	2	Service Receipt	02956
Casing	8 5/8" 24#	Depth	1677'	County	Morton
Job Type	242 8 5/8" Surface	Formation		State	KS
				Legal Description	26-34-41

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24#	Tubing Size		Lead
Depth	1677'	Depth	From To	300 sk A-Con
Volume	104 bbl	Volume	From To	
Max Press	1500#	Max Press	From To	Tail in
Well Connection	TD-1680'	Annulus Vol.	From To	245 sk Premium Plus
Plug Depth	ST-42' (16.35')	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00	4-27-12				on loc-site assessment (start csg)
8:05	+				spot trucks - rig up
2:00	4-28-12				csg on btm break circ
2:00					safety meeting / SSA
3:00					pressure test 2500#
3:00	200		128	4	mix + pump 300 sk A-Con w/ 3% Calcium Chloride, 4# polyflake .2% wnt 1 @ 121 ppg - 240 #/sk
3:40			585	4	switch to tail cont 245 sk Premium Plus w/ 2% Calcium Chloride, 4# polyflake @ 14.8 ppg - 1.34 #/sk, 0.33 gal/sk
3:55			0	5	drop plug, disp csg
4:20			94	2	slow rate last 10 bbl of disp
4:25			105	0	land plug, float held
4:30					psi test csg @ 1500#
5:00					job complete - circ cont to subc

Service Units	34776	27808-19553	14355-14384	38750-37725
Driver Names	A Owen	S. Boeck	E Mendez	S Rodriguez

 Customer Representative

 Station Manager

 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 02961 A

DATE _____ TICKET NO. _____

DATE OF JOB	5-2-12	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	Stanford C#2			WELL NO.							
ADDRESS				COUNTY	Morton			STATE KS							
CITY				STATE				SERVICE CREW E. Mendoza, J. Grijalda							
AUTHORIZED BY	J. Bennett JRB			JOB TYPE: 242 5/2" Production											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	5-2-12	DATE	5-2-12	TIME	12:00	PM			
39720	6					ARRIVED AT JOB					2:00	PM			
27808	3					START OPERATION					4:00	PM			
79553	3					FINISH OPERATION					6:00	PM			
30464	3					RELEASED					7:00	PM			
37725	3					MILES FROM STATION TO WELL	70 mi								

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
CU104	50/50 Poz	sk	460	8.25	3795.00
CU113	Gypsum	lb	1935	56	1083.60
CU111	Salt		2827	38	1074.26
CU103	C-15		233	9.38	2185.54
CU105	C-41P		97	3.00	291.00
CU201	Gilsonite		2302	50	1151.00
CF251	5/2" Regular Guide Shoe	ea	1		187.50
CF1451	Flapper Type Insert		1		161.25
CF4452	Turbolizer		2	56.25	112.50
CF3000	Thread Lock		1		25.50
CF103	Top Rubber Plug		1		78.75
CF4105	Stop Collar		1		63.00

AP LOCATION/DEPT. Libecap D02 NON D02
LEASEWELL/FAC. Stanford C-2
MAXIMO /WSM # _____
TASK 0102 ELEMENT 5501

SUB TOTAL \$ 7011.85

CHEMICAL ADDED: _____
PROJECT # 1147925 CAPEX / OPEX - Circle one
SPO / BPA _____ UNSUPPORTED
PRINTED NAME Jeff Gull
SIGNATURE: _____
I certify that these services/materials have been received

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

SERVICE REPRESENTATIVE [Signature]

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

FIELD SERVICE ORDER NO. _____



Cement Report

Customer	Oxy USA	Lease No.		Date	5-2-12
Lease	Stamford C	Well #	2	Service Receipt	02960
Casing	5 1/2" 17#	Depth	6423'	County	Morton
Job Type	242-5 1/2" Production	Formation		State	KS
				Legal Description	26-34-41

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2" 17#	Tubing Size		Lead
Depth	6422.85'	Depth	From To	Tail in 440 sk 50/50 Poz
Volume	148.3 bbl	Volume	From To	
Max Press	2500#	Max Press	From To	
Well Connection	TD-6418'	Annulus Vol.	From To	
Plug Depth	51-40.91'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:00					on loc-site assessment (circ on km)
3:05					spot trucks-rig up
3:45					safety meeting/JSA
4:35					pressure test O/Ws
4:40	200		5	4	pump 5 bbl H ₂ O spacer
4:42	200		12	4	pump 12 bbl superflush
4:45	200		5	4	pump 5 bbl H ₂ O spacer
4:48	150		124	4	mix & pump 440 sk 50/50 Poz e 13.5 ppg - 1.58 ft ³ /sk - 7.36 gal/sk
5:10					wash mes
5:15	0		0	4	drop plug, disp esg
5:50	1300		138	2	slow rate last 10 bbl of disp
5:55	1800		148.3	0	land plug, float held
6:00	2500			.3	test esg 2500# job complete plug made hole w/ 20sk

Service Units	34726	27808-19053	30464-3725
Driver Names	A O'Brien	E Mendez	J. Grijalda

J. Gill Customer Representative
 J. Bennett Station Manager
 A. O'Brien 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 16, 2012

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

Re: ACO1
API 15-129-21939-00-00
STANFORD A 3
SW/4 Sec.26-34S-41W
Morton 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