



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1087980
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: _____

1087980

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	W.E. PREEDY 7
Doc ID	1087980

Tops

Name	Top	Datum
HEEBNER	4072	-1096
LANSING	4171	-1195
MARMATON	4763	-1787
CHEROKEE	4928	-1952
ATOKA	5105	-2129
MORROW	5223	-2247
CHESTER	5352	-2376
ST. GENEVIEVE	5443	-2467
ST. LOUIS	5464	-2488



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 02675 A

DATE _____ TICKET NO. _____

DATE OF JOB: 3/23/12	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: W.E. Reedy #7	WELL NO.:					
ADDRESS:	COUNTY: Haskell	STATE: KS					
CITY:	STATE:	SERVICE CREW: Royce, Smith, Julian					
AUTHORIZED BY: Tyce	JRB	JOB TYPE: 242 surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE
19838	10.5						AM 10:00
37223 37724	10.5					ARRIVED AT JOB	AM 12:30
38750 37925	10.5					START OPERATION	AM 8:12
30463 37724	10.5					FINISH OPERATION	PM 10:04
						RELEASED	AM 11:00
						MILES FROM STATION TO WELL	

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
CL101	A-Con Blend	SK	335	13 95	4673 25
CL110	Premium Plus	SK	215	12 23	2996 35
CC109	Calcium Chloride	lb	1407	79	1111 53
CC102	Celloflake	lb	145	2 78	403 10
CC130	C-5	lb	63	18 75	1181 25
CF253	Guide Shoe Reg 878	EA	1		285 00
CF1403	Flapper Float Valve	EA	1		371 25
CF4405	Centralizer	EA	7	108 75	761 25
CF4516	Basket	EA	1		787 50
CF3000	Thread Lock Kit	EA	2	25 50	51 00
CF4105	Top Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equip Mileage	Mi	90	5 25	472 50
CE240	Blending & Mixing Charge	SK	530	1 05	609 00
E113	Bulk Delivery	TM	319	1 20	982 80
CE202	Depth Charge 1001' to 2000'	4hr	1		1125 00
CE504	Plug Container	50b	1		187 50
E100	Heavy Equip Mileage	Mi	30	3 19	95 70
5003	Service Supervisor	EA	1		131 25

SUB TOTAL 17106.48

CHEMICAL / ACID DATA:			

LOCATION/DEPT 020177 D02 (NON D02)
LEASE/WELL # W.E. Reedy #7 TAX ON \$
MATERIALS %TAX ON \$
MAXIMO / WSM #
TASK 0102 ELEMENT 3023 TOTAL
PROJECT # 1137193 CAPEX / OPEX - Circle one
SPO / EPA UNSUPPORTED

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.

#17,100.48



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>3/23/12</i>
Lease <i>W. E. Preech</i>	Well # <i>7</i>	Service Receipt
Casing <i>8 5/8"</i>	Depth <i>1832</i>	County <i>Haskell</i> State <i>16</i>
Job Type <i>Surface</i>	Formation	Legal Description <i>33-29-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8"</i>	Tubing Size	Shots/Ft		Lead <i>355x A-Corr</i>
Depth <i>1836.57</i>	Depth	From	To	<i>3%CC 14# Poly, 2%WCA @12.1#</i>
Volume <i>114.2</i>	Volume	From	To	<i>2.404 14.00gal</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>2453x Premium</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	<i>2% C.C. 14# Poly @14.8#</i>
Plug Depth	Packer Depth	From	To	<i>1.344 6.55gal</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:30</i>					<i>on loc, wait for Cat.</i>
<i>17:30</i>					<i>Cat @ Loc, spot Trucks</i>
<i>20:00</i>					<i>Softing mty</i>
<i>20:12</i>	<i>2400</i>				<i>Psi test</i>
<i>20:20</i>	<i>150</i>		<i>0</i>	<i>5</i>	<i>Start Mixing @ 12.4#</i>
<i>21:01</i>	<i>90</i>		<i>144</i>	<i>5</i>	<i>on tail @ 14.8#</i>
<i>21:15</i>	<i>0</i>		<i>59</i>	<i>-</i>	<i>shut down Drop Plug</i>
<i>21:21</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>Start Disp, Wash up on plug</i>
<i>21:53</i>	<i>600</i>		<i>104</i>	<i>2</i>	<i>slow Rate</i>
<i>21:59</i>	<i>1130</i>		<i>114</i>	<i>-</i>	<i>Plug Down</i>
<i>22:04</i>	<i>1130-0</i>				<i>Release Psi float held</i>
					<i>Job Complete</i>

Service Units	<i>19454</i>	<i>3722339924</i>	<i>3675037925</i>	<i>3046337924</i>
Driver Names	<i>C. Hinz</i>	<i>R. Olds</i>	<i>S. Chavez</i>	<i>J. Corijala</i>

Derek Adam
Customer Representative
Jerry Bennett
Station Manager
Chad Hinz
Cementer
Taylor Printing, Inc.



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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 02835 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-30-12 DISTRICT Liberal 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		LEASE WE Pready WELL NO. 7							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW Kirby Ruben Victor							
AUTHORIZED BY		JOB TYPE: 5 1/2 Production							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21755	8	38111	8	30464	8	3-30-12	0800		
		19919	8	1900		ARRIVED AT JOB		AM	PM
				37547	8	START OPERATION		AM	PM
						FINISH OPERATION		AM	PM
						RELEASED		AM	PM
						MILES FROM STATION TO WELL			

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	50/50 Poz	SK	290	8 25	2392.50
CC113	Gypsum	lb	1220	56	683.20
CC111	Salt	lb	1609	38	611.42
CC103	C-15	lb	147	9 38	1378.86
CC105	C-41P	lb	61	3 00	183.00
CC201	Gilsonite	lb	1450	50	725.00
CF251	Reg. Guide Shoe	EA	1		187.50
CF1451	Flapper Type Insert float	EA	1		161.25
CF4452	Centralizer	EA	25	56 25	1406.25
CF103	Top Plug	EA	1		78.75
CF3000	Thread Lock Compound	EA	1		25.50
CC155	Superflush II	Gal	500	1 15	575.00
E101	Heavy Vehicle Mileage	MI	70	5 25	367.50
CE240	Mixing & Blending Service Charge	SK	290	1 05	304.50
E113	Bulk delivery Charge	Tm	427	1 20	512.40
CE206	Depth Charge 5001-6000	4hrs	1		2160.00
CE504	Plug Container Charge	Job	1		187.50
E100	Unit Mileage Charge - Pickup	MI	35	3 19	111.65
S003	Service Supervisor Charge	EA	1		131.25

SUB TOTAL **12,183.03**

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. **070177** **D02** NON **D02**
 LEASE/WELL/TAC & EQUIPMENT **Pready** %TAX ON \$ **7**
 MAXIMO / WSM# _____ %TAX ON \$ _____
 TASK **0102** ELEMENT **3023** TOTAL _____
 PROJECT # **1137193** CAPEX / OPEX - Circle one
 SPO / BPA _____ UNSUPPORTED

SERVICE REPRESENTATIVE **[Signature]**

PRINTED NAME **Deek Adem**
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
I certify that these Services/Materials have been received

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR OR CONTRACTOR OR AGENT)

12542.01



Cement Report

Customer <u>Oxy</u>		Lease No.		Date <u>3-30-12</u>	
Lease <u>WE Pruddy</u>		Well # <u>7</u>		Service Receipt	
Casing <u>5 1/2</u>	Depth <u>5714</u>	County <u>Waskull</u>		State <u>KS</u>	
Job Type <u>Production</u>		Formation		Legal Description <u>33-29-33</u>	
Pipe Data			Perforating Data		Cement Data
Casing size <u>5 1/2</u>	Tubing Size		Shots/Ft		Lead <u>290sk 50/50 @ 2</u> <u>5% LW 60, 10% SAH,</u> <u>.6% C15, 1/4" O/Gam, 5% oil</u>
Depth <u>5714</u>	Depth		From	To	
Volume	Volume		From	To	Tail in
Max Press	Max Press		From	To	
Well Connection	Annulus Vol.		From	To	
Plug Depth <u>5670</u>	Packer Depth		From	To	
Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<u>1300</u>					<u>On Location - Spot + Rig up</u>
<u>1330</u>					<u>Casing on Bottom - Break Circ.</u>
<u>1420</u>					<u>Safety Meeting</u>
<u>1433</u>	<u>300</u>		<u>12</u>	<u>6</u>	<u>Pump 500 Gal Superflush</u>
<u>1437</u>	<u>300</u>		<u>5</u>	<u>6</u>	<u>Pump 5 BBL Water</u>
<u>1438</u>	<u>400</u>		<u>68</u>	<u>6</u>	<u>Mix 290sk 50/50 @ 13.5</u>
<u>1454</u>					<u>Shut down - drop plug - clean lines</u>
<u>1459</u>	<u>200</u>		<u>0</u>	<u>6</u>	<u>Start Displacing with Fresh water</u>
<u>1513</u>	<u>400</u>		<u>80</u>	<u>6</u>	<u>Displacement Reaches Cement</u>
<u>1520</u>	<u>1000</u>		<u>122</u>	<u>2</u>	<u>Slow Rate</u>
<u>1524</u>	<u>1000-2500</u>		<u>131.5</u>		<u>Bump Plug</u>
<u>1529</u>	<u>2500-0</u>				<u>Release Pressure</u>
<u>1534</u>	<u>2500</u>				<u>Test Casing</u>
<u>1603</u>	<u>2500-0</u>				<u>Release Pressure</u>
					<u>Thank You</u>
Service Units	<u>21755</u>	<u>38111</u>	<u>19919</u>	<u>30464</u>	<u>37547</u>
Driver Names	<u>Kitby</u>	<u>Ruben</u>		<u>Victor</u>	

Derek
Customer Representative

Jerry Bennett
Station Manager

Kitby Harper
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 19, 2012

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

Re: ACO1
API 15-081-21956-00-00
W.E. PREEDY 7
SW/4 Sec.33-29S-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