



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1088470  
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: \_\_\_\_\_

1088470

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
--	---

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SHELL B 2
Doc ID	1088470

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SHELL B 2
Doc ID	1088470

Tops

Name	Top	Datum
HEEBNER	3743	
LANSING	3805	
KANSAS CITY	4133	
MARMATON	4288	
CHEROKEE	4422	
ATOKA	4537	
MORROW	4625	
ST. GENEVIEVE	4701	
ST. LOUIS	4780	
SPERGEN	4949	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SHELL B 2
Doc ID	1088470

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4306-4308, 4382-4384, 4406-4408,		
	4414-4416 MARMATON		
2	4520-4522, 4526-4528 ATOKA		
2	4704-4708 ST. GENEVIEVE		
		FRAC 951 BBLs LFRAC25, 45000# 20/40 BROWN SAND	4306-4708
4	4002-4010 LANSING	19 BBL 15% HCL FLUSH 20 BBL 2% KCL	4002-4010
4	4148-4152, 4178-4184 LANSING		
4	4192-4198, 4278-4282 KANSAS CITY		
		1500 GAL 15% FE MCA FLUSH 22 BBL 2% KCL	4148-4282
4	3808-3812 LANSING	16 BBL 15% HCL FLUSH 20 BBL 2% KCL	3808-3812



**BASIC**<sup>SM</sup>  
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 02537 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>3-29-12</b> DISTRICT <b>1717</b>		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 <b>Oxy USA</b>		LEASE <b>Shell "B"</b>		WELL NO. <b>2</b>					
ADDRESS		COUNTY <b>Finney</b>		STATE <b>KS</b>					
CITY STATE		SERVICE CREW <b>J. Chavez, Eddie, David, Santiago</b>							
AUTHORIZED BY <b>Jerry Beatt JRB</b>		JOB TYPE: <b>242 8 5/8 Surface</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<b>3-28-12</b>		<b>-736</b>
<b>19820</b>	<b>12</b>	<b>30464</b>	<b>12</b>	<b>30463</b>	<b>12</b>	ARRIVED AT JOB	<b>3-28-12</b>	AM	<b>-1045</b>
		<b>37547</b>	<b>1</b>	<b>37724</b>	<b>1</b>	START OPERATION	<b>3-29-12</b>	AM	<b>-530</b>
<b>27462</b>	<b>12</b>					FINISH OPERATION	<b>3-29-12</b>	AM	<b>-730</b>
						RELEASED	<b>3-29-12</b>	AM	<b>-830</b>
						MILES FROM STATION TO WELL	<b>90</b>		

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
CK101	A-Con Blend <b>AP LOCATION/DEPT. Libcap D02</b> <input type="checkbox"/> NON <input type="checkbox"/> <b>LEASE/WELL/FAC Shell B-2</b>	576	335	13 95	4673 25
CK110	Prom Plus Cement <b>MAXIMO / WSM # 3023</b>	576	245	12 23	2996 35
CC109	Calum Chloride <b>TASK 02-02</b>	16	1407	79	1111 53
CC102	CelloFlake <b>ELEMENT</b>	16	145	2 78	403 10
CC130	C-51 <b>PROJECT # 11036689 CAPEX / OPEX - Circle one</b>	16	63	18 75	1181 25
CF253	Guide Shoe <b>SPO / BPA Circle Doc Type UNSUPPORTED</b>	EA	1		285 00
CF1403	Insert Float Valve <b>PRINTED NAME Jeremy Knoese</b>	EA	1		371 25
CF4556	Cement Bucket <b>SIGNATURE:  I certify that these Services/Materials have been received</b>	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equipment Mileage	mi	270	5 25	1417 50
CE240	Blending & Mixing Charge	5K	580	1 05	609 00
E113	Bulk Delivery Charge	tm	2457	1 20	2948 40
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plus Container Charge	job	1		187 50
E100	Pickup Mileage	mi	90	3 19	287 10
5003	Service Supervisor	EA	1		131 25
T105	Conat Data Acquisition Monitor	EA	1		412 50
CE503	Derrick Charge	EA	1		225 00

SUB TOTAL **19396 23**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



# Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>3-29-12</i>	
Lease <i>Shell "B"</i>		Well # <i>2</i>		Service Receipt <i>02537</i>	
Casing <i>8 5/8</i>	Depth <i>1820</i>	County <i>Finney</i>		State <i>KS</i>	
Job Type <i>Z42 Surface</i>		Formation		Legal Description <i>17-22-34</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size		Shots/Ft		Lead <i>335sk A Con</i>
Depth <i>1827</i>	Depth <i>55' 45"</i>		From	To	<i>2.4FT 3.516</i>
Volume <i>113.5 65</i>	Volume		From	To	<i>14.06 dsk 12.1 #</i>
Max Press <i>1500</i>	Max Press		From	To	Tail in <i>245sk Prom</i>
Well Connection <i>8 5/8</i>	Annulus Vol.		From	To	<i>1.34FT 2.5k Plus Int</i>
Plug Depth <i>1782</i>	Packer Depth		From	To	<i>6.336 dsk 14.8 #</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2300</i>					<i>Arrive on location</i>
<i>2400</i>					<i>Safety Meeting - Rig Up</i>
<i>1230</i>					<i>Rig Running Casing</i>
<i>420</i>					<i>Circulate w/ Rig</i>
<i>500</i>					<i>Hook Up To 1525</i>
<i>510</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>515</i>	<i>350</i>		<i>143</i>	<i>6.0</i>	<i>Pump Lead cmt @ 12.1 #</i>
<i>540</i>	<i>300</i>		<i>59</i>	<i>4.0</i>	<i>Pump Tail cmt @ 14.8 #</i>
<i>555</i>					<i>Prop Plus - Wash Up</i>
<i>600</i>	<i>300</i>				<i>Displace</i>
<i>625</i>	<i>900</i>		<i>103</i>	<i>6.0</i>	<i>Slow Down - Displace</i>
<i>630</i>	<i>1400</i>		<i>10</i>	<i>2.0</i>	<i>Land Plus - Float Held</i>
<i>715</i>	<i>1500</i>				<i>Test Casing - OK - 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>30464-37547</i>	<i>30463-37724</i>	
Driver Names	<i>J. Chavez</i>	<i>Eddie</i>	<i>David</i>	<i>Satygo</i>	

*Serway*  
Customer Representative

*Sean Bennett*  
Station Manager

*Samuel Chavez*  
Cementer  
Taylor Printing, Inc.



**BASIC**<sup>SM</sup>  
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 02512 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 4-1-12	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 Shell B#2	WELL NO.					
ADDRESS	COUNTY Anney	STATE KS					
CITY	STATE	SERVICE CREW E. Mendoza, R. Ybarra					
AUTHORIZED BY J. Bennett	JOB TYPE: 242-5 1/2" Production						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 4-10-12
34726	8					ARRIVED AT JOB	12:00
27808	4					START OPERATION	1:00
19553	4					FINISH OPERATION	2:00
14354	4					RELEASED	3:00
19578	4					MILES FROM STATION TO WELL	75 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: *[Signature]*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CC104	50/50 Poz	sk	240		
CC113	Gypsum	lb	1010		
CC111	Salt		1476		
CC103	G-15		122		
CC105	G-41P		51		
CC201	Gilsonite		1202		
CF251	5/2 Regular Guide Shoe	ea	1		
CF451	Flapper Type Insert		1		
CF103	Top Rubber Ring		1		
CF4105	Stop Collar		1		
CL155	Super Wash	gal	500		
EL01	Heavy Equipment Mileage	mi	150		
CE240	Blending of mixing Service	sr	240		
EL13	Proppant + Bulk Delivery	ton	158		
CE206	Pump Depth 5001-6000'	4 hr	1		
CE504	Plug Container	ea	1		
EL100	Unit Mileage	mi	75		
5003	Service Supervisor	ea	1		
TT05	Cement Data Acquisition	ea	1		
SUB TOTAL					\$11,149.34

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE *[Signature]*  
FIELD SERVICE ORDER NO. \_\_\_\_\_

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



### Cement Report

Customer	Oxy USA	Lease No.		Date	4-1-12
Lease	Shull B	Well #	2	Service Receipt	02512
Casing	5 7/8" 17#	County	Finney	State	KS
Job Type	242 5 7/8" Production	Formation		Legal Description	17-2234

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
5 7/8" 17#		From	To	
Depth 5076.81'	Depth	From	To	
Volume 117 bbl	Volume	From	To	
Max Press 2500#	Max Press	From	To	Tail in 240 sk
Well Connection TD-5085'	Annulus Vol.	From	To	50 / 50 Poz
Plug Depth SJ-4355'	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00					on loc-site assessment (run in)
11:00					spot trucks - rig up
12:30					CSG on botm break circ
12:30					safety meeting / JSA
11:30					pressure test 02500#
1:40	200		5	4	Pump 5 bbl H <sub>2</sub> O spacer
10:40	200		12	4	Pump 12 bbl superflush
1:45	200		5	4	Pump 5 bbl H <sub>2</sub> O spacer
1:50	200		67.5	5	Mixt pump 240 sk 50/50 POZ w/ 5% W/L, 10% salt, 1.6% C-15, 4# Defoamer, 5# Gilsomik @ 13.5 ppg = 1.58 ft <sup>3</sup> /sk = 7.36 gal/sk
2:00					wash pumping lines
2:15	0		0	5	drop plug, disp CSG
2:40	900		105	2	slow rate test 10 bbl of disp
2:45	1500		117	0	land plug float held
2:50					psi test CSG @ 2500# - 30 min
3:30					job complete

Service Units	34776	27806-18553	24354-19078
Driver Names	A Oivera	E Mendora	K Ybarra

Jeremy  
Customer Representative

J. Bennett  
Station Manager

A Oivera  
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 24, 2012

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

Re: ACO1  
API 15-055-22131-00-00  
SHELL B 2  
NW/4 Sec.17-22S-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