



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1089853
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: _____

1089853

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: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SHELL B 4
Doc ID	1089853

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	SHELL B 4
Doc ID	1089853

Tops

Name	Top	Datum
HEEBNER	3772	-783
TORONTO	3798	-809
LANSING	3833	-844
KANSAS CITY	4151	-1162
MARMATON	4309	-1319
CHEROKEE	4445	-1456
ATOKA	4564	-1574
MORROW	4691	-1702
ST. GENEVIEVE	4763	-1774
ST. LOUIS	4836	-1847



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 02859 A

DATE _____ TICKET NO. _____

DATE OF JOB 4/11/12	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 #1	WELL NO.					
ADDRESS	COUNTY Finney	STATE KS					
CITY	STATE	SERVICE CREW Royce, Saul, Victor					
AUTHORIZED BY Tuce	AP LOCATION/DEPT. Libcap	JOB TYPE 7 1/2 Surface					
EQUIPMENT#	HRS	LEASE#	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED
19858	8	MAXIMO / WSM #					4/10 AM 9:00
37223 37726	8	TASK	0402	ELEMENT	3023		ARRIVED AT JOB AM 12:30
30463 37724	8	PROJECT #	1136689	CAPEX / OPEX - Circle one			START OPERATION AM 6:52
14354 19578	8	SPO / BPA		UNSUPPORTED <input type="checkbox"/>			FINISH OPERATION AM 8:45
		Circle Doc Type					RELEASED AM 9:38
		PRINTED NAME	Daniel Cook				MILES FROM STATION TO WELL 90
		SIGNATURE	Daniel Cook	1922.19			

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	SK	335	13 95	4673 25
CL110	Premium Plus	SK	215	12 23	2996 35
CC109	Calcium Chloride	Tb	1407	79	1111 53
CC102	Collaflake	lb	145	2 78	403 10
CC130	C-51	lb	63	18 75	1181 25
CF253	Guide Shoe 8 3/8	EA	1		285 00
CF1453	Flapper Float Valve	EA	1		210 00
CF4556	Cement Baskets	EA	1		787 50
CF105	Top Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CF4405	Centralizer	EA	2	108 75	217 50
E101	Heavy Equip M/lease	Mi	270	5 25	1417 50
CE240	Blending & Mixing Charge	SK	330	1 95	609 00
E113	Bulk Delivery	Tm	245.7	1 20	2948 40
CE202	Depth Charge 1001 to 2000	chr	1		1125 00
CE504	Plug Container	Job	1		187 50
E100	Pickup M/lease	Mi	90	3 19	287 10
5003	Service Supervisor	EA	1		131 25
T105	Cement Data Acquisition	EA	1		412 50

SUB TOTAL 19227 48

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY

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



Cement Report

Customer Oxy USA	Lease No.	Date 4/11/12
Lease Shell B	Well # 2	Service Receipt
Casing 4 5/8	Depth 1809	County Finney State Ks
Job Type Surface	Formation	Legal Description 17-22-34

Pipe Data		Perforating Data		Cement Data
Casing size 4 5/8	Tubing Size	Shots/Ft		Lead 335 SX A-Cor
Depth 1812.8	Depth	From	To	@ 12.1 #
Volume 112.53	Volume	From	To	2.40 y 14.00 gal
Max Press 1500	Max Press	From	To	Tail in 245 Prem. Pks
Well Connection P.C.	Annulus Vol.	From	To	@ 14.5 #
Plug Depth	Packer Depth	From	To	1.34 y 6.33 gal

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
01:30					on Loc spot tracks, R.V. Soft start
06:52	2500				Psi test
06:54	210		0	5	start mixing @ 12.1
07:30	170		143		switch to tail @ 14.8
07:42	90		58		Finished Mixing
07:45	0		0	5-6	start Dip.
08:08	500		100	2	slow rate
08:14	1300		112	-	Plug Down
08:14	0				Release Psi Float held
08:15	700				Test Csg

Service Units	19588	372233792	3046337924	1435419578
Driver Names	C. Hinz	R. Ochs	V. Vasquez	S. Rodriguez

Daniel Cook
Customer Representative
Sam Bennett
Station Manager
Chad
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 02519 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-14-12	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 #4						WELL NO.		
ADDRESS		COUNTY Finney			STATE KS				
CITY		SERVICE CREW E. Mendoza, S. Chavez							
AUTHORIZED BY J. Bennett JRB		JOB TYPE: 242- 5/2" Production							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 4-14-12	AM PM	TIME
34726	8					ARRIVED AT JOB		AM PM	4:00
27808	4					START OPERATION		AM PM	6:00
14053	4					FINISH OPERATION		AM PM	8:00
30463	4					RELEASED		AM PM	9:00
37124	4					MILES FROM STATION TO WELL	90 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
CC1104	50/50 Poz	SK	245	8 25	2021 25
CC113	Gypsum	lb	1030	56	576 80
CC111	Salt	lb	1805	38	571 90
CC103	G-15	lb	124	9 38	1163 12
CC105	G-41P	lb	52	3 00	156 00
CC201	Gilsonite	lb	1224	50	612 00
CF351	5/2" Regular Guide Shoe	ea	1		187 50
CF1451	Flapper Type Insert	ea	1		161 25
CF103	Top Rubber Plug	ea	1		78 75
CF4105	Stop Collar	ea	1		63 00
CF4452	Turbo lizer	ea	25	56 25	1406 25
LOCATION/DEPT. <u>Libcap</u> D02 <input type="checkbox"/> NON D02 <input type="checkbox"/> LEASE/WELL/FAC. <u>Shell B-4</u> MO / WSM # _____ Task # <u>0402</u> ELEMENT <u>3023</u> DISTRICT # <u>1136689</u> CAPEX / OPEX - Circle one NAME <u>Daniel Cook</u> UNSUPPORTED <input type="checkbox"/> RE: <u>Daniel Cook</u>					

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		13290 82

SERVICE REPRESENTATIVE <u>Daniel Cook</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Daniel Cook</u>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Cement Report

Customer: Oxy USA	Lease No.:	Date: 4-14-12
Lease: Shed B	Well #: 4	Service Receipt: 02519
Casing: 5 1/2" 17# Depth: 5027'	County: Finney	State: KS
Job Type: 242 5 1/2" Ards Formation:	Legal Description: 17-22-34	

Pipe Data		Perforating Data		Cement Data
Casing size: 5 1/2" 17#	Tubing Size:	Shots/Ft		Lead
Depth: 5027'	Depth:	From:	To:	
Volume: 115.5 bbl	Volume:	From:	To:	
Max Press: 2500#	Max Press:	From:	To:	Tail in
Well Connection: T0-5000'	Annulus Vol.:	From:	To:	
Plug Depth: 51-4355'	Packer Depth:	From:	To:	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00					on loc-site assessment
4:15					spot trucks - rig up
6:00					CSG on bit, break circ
6:30					safety meeting / CSA
7:40					pressure test 3000#
7:15	200		5	4	pump 5 bbl H ₂ O spacer
7:17	200		12	4	pump 12 bbl Superflush
7:28	200		5	4	pump 5 bbl H ₂ O spacer
7:22	150		69	5	mix + pump 245 sh 50/50 Port @ 13.5 ppm - 1.58 g ³ /sk - 7.36 gal/sh
7:45					wash line
7:50	50		0	5	drop plug, disp CSG
8:10	500		105	2	land plug slow rate
8:15	1100		115.5	0	land plug, short hold
8:22					CSG test 2500# - OK 30 min
8:50					job complete

Service Units	34726	27808-19553	30463-3721		
Driver Names	H. Blue	E. Menden	S. Chavez		



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>5-8-12</i>	
Lease <i>Shell B</i>		Well # <i>4</i>		Service Receipt	
Casing <i>5 1/2</i>	Depth	County <i>Finney</i>		State <i>KS</i>	
Job Type <i>Squeeze</i>		Formation	Legal Description <i>17-22-34</i>		
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>	Tubing Size <i>2 3/4</i>	Shots/Ft		Lead <i>300 sk Premium</i>	
Depth <i>4200 ft</i>	Depth <i>4002</i>	From <i>4152</i>	To <i>76</i>	C-15 on the Side	
Volume <i>3.5</i>	Volume <i>15.49</i>	From	To	Tail in	
Max Press	Max Press	From	To		
Well Connection	Annulus Vol. <i>71</i>	From	To		
Plug Depth <i>4200</i>	Packer Depth <i>4002</i>	From	To		
Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>0700</i>					<i>On Location - Spot & Rig up</i>
<i>1000</i>	<i>500</i>				<i>Load Annulus</i>
<i>1002</i>		<i>3000</i>			<i>Pressure Test</i>
<i>1004</i>		<i>900</i>	<i>2.5/12</i>	<i>2</i>	<i>Injection Rate</i>
<i>1021</i>		<i>800</i>	<i>9.5</i>	<i>2</i>	<i>Mix 50 sk Premium w/c-15 @ 16.4PPG</i>
<i>1024</i>		<i>400</i>	<i>19</i>	<i>2</i>	<i>Mix 100 sk Premium Neat @ 16.4PPG</i>
<i>1032</i>					<i>Shut down - Clean Lines</i>
<i>1040</i>		<i>200</i>	<i>0</i>	<i>.5</i>	<i>Start displacing</i>
<i>1046</i>		<i>400</i>	<i>4</i>	<i>.25</i>	<i>Catch Pressure</i>
<i>1057</i>		<i>1500</i>	<i>7.5</i>	<i>-</i>	<i>Well Pressured up - Pressure Held</i>
<i>1059</i>		<i>1500-0</i>			<i>Release Pressure - No flow Back</i>
<i>1109</i>		<i>1400</i>	<i>0</i>	<i>1.5</i>	<i>Reverse Out</i>
<i>1119</i>		<i>400</i>	<i>2.5</i>	<i>2</i>	<i>Shut down</i>
<i>1022</i>		<i>1500</i>	<i>-</i>	<i>-</i>	<i>Pressure up well - Pressure Held</i>
<i>1148</i>		<i>1500-0</i>	<i>-</i>	<i>-</i>	<i>Release Pressure - No flow Back</i>
<i>1150</i>		<i>-</i>	<i>-</i>	<i>-</i>	<i>Pull 5 std's Tubing</i>
<i>1206</i>	<i>500</i>	<i>500</i>			<i>Pressure up well - Shut in well</i>
Service Units		<i>21755</i>	<i>3811/9919</i>	<i>19827/19566</i>	
Driver Names		<i>Kirby</i>	<i>Ruben</i>	<i>Scott</i>	

Serry Bennett
Station Manager

Kirby Harper
Cementer

Customer Representative

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 07, 2012

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

Re: ACO1
API 15-055-22132-00-00
SHELL B 4
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