



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090048
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: _____

1090048

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KELLS G 1
Doc ID	1090048

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KELLS G 1
Doc ID	1090048

Tops

Name	Top	Datum
HEEBNER	4043	
TORONTO	4063	
LANSING	4139	
KANSAS CITY	4535	
MARMATON	4697	
CHEROKEE	4842	
ATOKA	5067	
MORROW	5121	
CHESTER	5300	
ST. GENEVIEVE	5392	



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 02547 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 Wells "G" 1 WELL NO.							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW J. Chavez, Eddie, Sotelo, Ewert							
AUTHORIZED BY Jerry Banta JRB		JOB TYPE: 242 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							4-13-12	PM	300
19920	13	30463	13	30464	13	ARRIVED AT JOB	4-13-12	PM	630
		37724	1	37547	1	START OPERATION	4-14-12	AM	300
27462	13					FINISH OPERATION	4-14-12	PM	430
						RELEASED	4-14-12	AM	600
						MILES FROM STATION TO WELL	30		

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: P.M. Uye
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

T=01-02, F= 3023, P 1105723

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A Con Island	SK	335	13 95	4673 25
CL110	Prem Plus Cont	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1407	79	1111 53
CC102	CelloFlake	lb	145	2 78	403 10
CC130	C-51	lb	63	18 75	1181 25
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Float Valve	EA	1		210 00
CF4405	Centralizer 8 3/8	EA	5	108 75	543 75
CF4556	Cont Basket	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Commut Milege	mi	90	5 25	472 50
CE240	Rland d' Mtn Chage	SK	580	1 05	609 00
E113	Bullc Deling	tm	819	1 20	982 80
CE202	Depth Chage	4hrs	1		1125 00
CE504	Plus Contain Chage	job	1		187 50
E100	Pickon Milege	mi	30	3 19	95 70
S003	Service Supervisor	EA	1		131 25
T105	Cont Data Acqstn Monitor	EA	1		412 50

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. Wells D02 NON D02

LEASE/WELL/FAC Kells G-1 SUB TOTAL **17801 73**

MAXIMO SERVICE & EQUIPMENT ELEMENT % TAX ON \$ **3023**

TASK MATERIALS 01-02 % TAX ON \$

PROJECT # 1105723 CAPEX / OPEX - Circle or UNSUPPORTED TOTAL

SPO / BPA Cal ylor

PRINTED NAME P.M. Uye

SERVICE REPRESENTATIVE [Signature]

SIGNATURE: [Signature]
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>4-14-12</i>
Lease <i>Kells "G"</i>	Well # <i>1</i>	Service Receipt <i>2547</i>
Casing <i>8 5/8 24</i>	Depth <i>1774</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>242 Surface</i>	Formation	Legal Description <i>20-27-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24 #</i>	Tubing Size	Shots/Ft		Lead <i>335 slk A con</i>
Depth <i>1786</i>	Depth <i>55.44'</i>	From	To	<i>2.4 ft 2 slk</i>
Volume <i>110.8</i>	Volume	From	To	<i>14.06 d-slk 12.1 #</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>2455 ft on plus cont</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 ft 3 slk</i>
Plug Depth <i>1730'</i>	Packer Depth	From	To	<i>6.336 d-slk 14.8 #</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1800</i>					<i>Arrive On Location</i>
<i>1830</i>					<i>Safety Meeting - Rig Up</i>
<i>2200</i>					<i>Rig Run Casing</i>
<i>200</i>					<i>Circulate w/ pig</i>
<i>300</i>					<i>Hook up To BE5</i>
<i>305</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>310</i>	<i>300</i>		<i>143</i>	<i>5.8</i>	<i>Pump Lead cont @ 12.1 #</i>
<i>330</i>	<i>250</i>		<i>56</i>	<i>5.5</i>	<i>Pump Tail cont @ 14.8 #</i>
<i>345</i>	<i>350</i>				<i>Drop Pig - Wash Up</i>
<i>346</i>	<i>800</i>		<i>100</i>	<i>5.9</i>	<i>Displace</i>
<i>400</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
					<i>Float - Held</i>
					<i>Cement To Surface</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>
					<i>Did not land Plug, Pressured up From 800 psi to 1000 psi, stopped displacing, Float Held</i>

Service Units	<i>19820</i>	<i>27462</i>	<i>30403-37724</i>	<i>30404-37817</i>
Driver Names	<i>IC Moore</i>	<i>Eddie</i>	<i>Santiago</i>	<i>Ever</i>

Cal Weber
Customer Representative

Sony Berth
Station Manager

Ismael 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 02521 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-18-12	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 Kells G #1	WELL NO.:						
ADDRESS	COUNTY Maskell	STATE KS						
CITY	STATE	SERVICE CREW E. Mendoza, S. Rodriguez						
AUTHORIZED BY J. Bennett	JOB TYPE: 242. 5 1/2" Production							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 4-18-12	TIME 7:00
34726	9					ARRIVED AT JOB		12:00
27808	3					START OPERATION		6:00
19553	6					FINISH OPERATION		7:00
38750	3					RELEASED		9:00
37725	6					MILES FROM STATION TO WELL	35 mi	

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL100	Premium / Common	SK	50	8 25	2433 75
CL104	50/50 Poz	SK	295	12 00	600 00
CC113	Gypsum	lb	1240	56	694 40
CC111	Salt		1812	38	688 56
CC103	C-15		149	9 38	1397 62
CC105	C-41P		62	3 00	186 00
CC201	Gilsonite		1471	50	735 50
CF251	5 1/2" Regular Guide Shoe	ea	1		187 50
CF1451	Flapper Type Insert		1		161 25
CF4452	Turbolizer		10	56 25	562 50
CF103	Top Rubber Plug		1		78 75
CF4105	Stop Collar		1		63 00

AP LOCATION/DEPT. 020177
LEASE/WELL/FAC Kells G-1
MAXIFO / WSM #

TASK: 0102
PROJECT # 1150723

SUB TOTAL \$ 12670 98

CHEMICAL / ACID DATA:	SPO: N/A	UNSW/UNSW	SERVICE & EQUIPMENT <input type="checkbox"/>	%TAX ON \$
	PRINTED NAME: Derek		MATERIALS <input type="checkbox"/>	%TAX ON \$
	SIGNATURE:	I certify that these Services/Materials have been received		
				TOTAL

SERVICE REPRESENTATIVE Mel Overa	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	4-18-12
Lease	Kell's G	Well #	1	Service Receipt	02521
Casing	5 1/2" 17#	Depth	5765.55'	County	Maskell
Job Type	242-5 1/2" Production	Formation		State	KS
				Legal Description	20-27-33

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
5 1/2" 17#		From	To	Tail in 295 SK 50/50 Por
Depth 5765.55'	Depth			
Volume 133 bbl disp	Volume	From	To	
Max Press 2500#	Max Press	From	To	
Well Connection TD-50' 50'	Annulus Vol.	From	To	
Plug Depth 43' SJ	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					on loc-site assessment (running csg)
3:39					Spot trucks- rig up
3:30					csg on btm/ break circ 1hr
3:45					safety meeting / OSHA
4:30					pressure test lines 3000#
4:40	500		5	4	pump 5 bbl H ₂ O spacer
	500		12	4	pump 12 bbl Superflush
	500		5	4	pump 5 bbl H ₂ O spacer
	50		13	3	plug rat + mouse holes w/ 50 sk
5:10	200		83	5	mix + pump 295 SK 50/50 Por @ 13.5 ppm - 1.58 ft/sk - 7.36 gal/sk
5:30					wash lines
5:35	50		0	5	disp csg - drop plug
	200		75	5	caught lift psi @ 200#
	900		120	2	slow rate last 10 US of disp
6:30	1500		133	0	land plug float hold
	2500				test csg 2500#
7:00					release psi - test ok
					job complete

Service Units	34726	2788-1053	38750-37700		
Driver Names	A Owen	E Mardock	S Rodriguez		

Daniel
D. Bennett
A Owen
 Customer Representative Station Manager 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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 08, 2012

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

Re: ACO1
API 15-081-21982-00-00
KELLS G 1
SW/4 Sec.20-27S-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