



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090067
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: _____

1090067

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	HENTSCHEL B 2
Doc ID	1090067

All Electric Logs Run

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



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 02546 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-13-12 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 Hentschel "C" #1 WELL NO.							
ADDRESS		COUNTY Morton STATE KS							
CITY STATE		SERVICE CREW J. Chavez, Eddie, Santiago, Ever							
AUTHORIZED BY Jon Bennett JRB		JOB TYPE: Z42 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							4-13-12		200
19820	12	30465	12	30465	12	ARRIVED AT JOB	4-13-12	AM	400
		37724	1	37547	1	START OPERATION	4-13-12	AM	1140
27462	12					FINISH OPERATION	4-13-12	AM	150
						RELEASED	4-13-12	AM	200
						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: Jorge Trujillo
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Low Blend	SK	235	13.95	3278.25
CL110	Prem Plus Cement	SK	245	12.23	2996.35
CC109	Calcium Chloride	lb	1125	.79	888.75
CC102	CelloFlake	lb	120	2.78	333.60
CC130	C-51	lb	45	18.75	843.75
CF253	Guide Shoe	EA	1		285.00
CF1453	Insert Float Valve	EA	1		210.00
CF4405	Centralizer 8 3/8	EA	15	108.75	1631.25
CF4556	Cemt Basket	EA	1		787.50
CF105	Rubber Plug	EA	1		168.75
CF4109	Stop Collar	EA	1		75.00
E101	Heavy Equipment Mileage	mi	210	5.25	1102.50
CE240	Islands & Mining Charge	SK	480	1.05	504.00
E113	Bulk Delivery Charge	tn	1582.2	1.20	1898.40
CE202	Depth Charge	4hrs	1		1125.00
CE504	Plug Contaminant Charge	job	1		187.50
E100	Pickup Mileage	mi	70	3.19	223.30
S003	Service Supervisor	EA	1		131.25
T105	Cemt Data Acquisition Monitor	EA	1		412.50
SUB TOTAL					17082.65

CHEMICAL / ACID DATA:		AP LOCATION/DEPT. <u>Lib/cap</u> DISTRICT/INCH/DIST. <u>D02/10/0202</u>	
		LEASE/WELL/FAC. <u>HENTSCHEL C-1</u> SERVICE & EQUIPMENT <u>E-1</u> %TAX ON \$	
		MATERIALS %TAX ON \$	
		TASK <u>0102</u> ELEMENT <u>3023</u> TOTAL	
		PROJECT # <u>1146614</u> CAPEX / OPEX - Circle one	
		SPO / BPA <u>UNSUPPORTED</u> <input type="checkbox"/>	
SERVICE REPRESENTATIVE <u>Ismael Chavez</u>		PRINTED NAME <u>Jorge Trujillo</u>	
SIGNATURE <u>[Signature]</u>		ORDERED BY <u>[Signature]</u> AND RECEIVED BY: _____	
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)			

FIELD SERVICE ORDER NO. _____



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>4-13-12</i>	
Lease <i>Hentschel "C"</i>		Well # <i>1</i>		Service Receipt <i>2546</i>	
Casing <i>8 5/8 24</i>	Depth <i>1377'</i>	County <i>Morton</i>		State <i>KS</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>8-33-42</i>	
Pipe Data			Perforating Data		
Casing size <i>8 5/8 24 #</i>	Tubing Size	Shots/Ft			Cement Data
Depth <i>1381'</i>	Depth <i>55.44</i>	From	To	Lead <i>255sk Alon</i>	
Volume <i>85615</i>	Volume	From	To	<i>2.4ft³sk</i>	
Max Press <i>1800</i>	Max Press	From	To	<i>14.6d-sk 12.1#</i>	
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	Tail in <i>245sk Aron</i>	
Plug Depth <i>1337'</i>	Packer Depth	From	To	<i>1.34ft³sk Plus</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log <i>Yard RUAM</i>
<i>400</i>					<i>Arrive On location</i>
<i>400</i>					<i>Safety Meeting - Rig Up</i>
<i>500</i>					<i>Rig Pumping Casing</i>
<i>1100</i>					<i>Circulate w/ Rig</i>
<i>1200</i>					<i>Hook up To BCS</i>
<i>1205</i>	<i>2200</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1200</i>	<i>300</i>		<i>100</i>	<i>5.0</i>	<i>Pump Lead cont @ 12.1 #</i>
<i>1245</i>	<i>200</i>		<i>54</i>	<i>5.0</i>	<i>Pump Tail cont @ 14.8 #</i>
<i>1305</i>					<i>Drop Plug - Wash Up</i>
<i>1310</i>	<i>300</i>		<i>75</i>	<i>5.5</i>	<i>Displace</i>
<i>1315</i>	<i>600</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
			<i>.1</i>	<i>.1</i>	<i>Float - Held</i>
					<i>Job Complete</i>
					<i>Cement To Surface</i>
					<i>Did not Land Plug, Pumped 85615, Stopped</i>
					<i>Overdisplaced 1.5615, Then .75615 Per SEFF</i>
					<i>Thanks For Using Basic Energy Services</i>
Service Units	<i>19820</i>	<i>27462</i>	<i>30463-37724</i>	<i>30464-37547</i>	
Driver Names	<i>J Chan</i>	<i>Eddie</i>	<i>Sanchez</i>	<i>Ever</i>	

George
Customer Representative

Sam Powell
Station Manager

Samuel Chan
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 02861 A

DATE _____ TICKET NO. _____

DATE OF JOB 4/16/12	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 Hentschel C #1						WELL NO.		
ADDRESS	COUNTY Morton	STATE KS							
CITY	STATE	SERVICE CREW Royce Ramon							
AUTHORIZED BY Tyce	TRB	JOB TYPE: 5 1/2 L.S. 242							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
19858	2								7:00
37223 37926	2					ARRIVED AT JOB		AM PM	6:20
56750 37715	7					START OPERATION		AM PM	11:00
						FINISH OPERATION		AM PM	3:00
						RELEASED		AM PM	3:00
						MILES FROM STATION TO WELL			70

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	300	8 25	2475 00
CC113	Gypsum	- lb	1260	56	705 60
CC111	Salt	- lb	1841	38	699 58
CC103	C-15	- lb	152	9 38	1425 76
CC105	C-41 P.	- lb	63	3 00	189 00
CC201	Gilsonite	- lb	1498	50	749 00
CF251	Quick Shoe Reg. 5 1/2	- EA	1		187 50
CF1451	Flapper Float Valve	- EA	1		161 25
CF4452	Centralizers				
CF300	Threadlock Lit				
CF103	Top Plug				
CF4105	Stop Collar				
CC155	Super Plush II				
E101	Heavy Equip Mileage				
CE240	Blending & Mixing Charge				
E113	Bulk Delivery Charge				
CE204	Depth Charge 300' to 4000'	4hr	1		1620 00
CE504	Plug Container	3cb	1		187 50
E100	Pickup Mileage	mi	70	3 19	223 30
SUB TOTAL					12,861 64

AP LOCATION/DEPT. = 1.6/cap D02 NON D02
 LEASE/WELL/FAC = Hentschel C-1
 MAXIMO PWSM # =
 TASK = EA 1-0102 ELEMENT 3023
 PROJECT # = 500 1146614 CAPEX OPEX - Circle one
 SPO / BPA # = 140 UNSUPPORTED
 PRINTED NAME = 300 Jorge I. Duro
 SIGNATURE = [Signature] 02857.157
 Verify the above services/materials have been received

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____



Cement Report

Customer Oxy USA	Lease No.	Date 2/16/12
Lease Hentschel C	Well # 1	Service Receipt
Casing 5 1/2	Depth 3893	County Morton State KS
Job Type L.S.	Formation	Legal Description 4-33-42

Pipe Data		Perforating Data		Cement Data
Casing size 5 1/2	Tubing Size	Shots/Ft		Lead 280 sk 50 sk
Depth 3894.50	Depth	From	To	702 @ 13.5#
Volume 49.34	Volume	From	To	1.58 pill / 7.36 H2O
Max Press	Max Press	From	To	Tail in
Well Connection P.C.	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
18:20					on loc, spot trucks, R.V. Safety Mtg
23:00	3400				psi test
23:04	210		5	5	H2O
23:05	210		12	5	superflush
23:07	210		5	5	H2O
23:08	210		0	5	start mix @ 13.5#
23:33	0		71	-	Finish mixing, Drop Plug, Washup
23:39	110		0	4	start disp
0:00	600		80	2	slow rate
0:04	1160		89	-	plug down
0:09	0				Release psi, float held
0:12	2500				Test Csg
0:42	0				Rel. psi
0:33					plug moved
					Job Complete

Service Units	194846	3722337926	34960	37925
Driver Names				

Jeff Customer Representative
 Jerry Bennett Station Manager
 Chad Hine 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 09, 2012

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

Re: ACO1
API 15-129-21937-00-00
HENTSCHEL B 2
NE/4 Sec.08-33S-42W
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