



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1090368  
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: \_\_\_\_\_

1090368

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

<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> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	TURRENTINE A 3
Doc ID	1090368

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	TURRENTINE A 3
Doc ID	1090368

Tops

Name	Top	Datum
HEEBNER	3766	
TORONTO	3787	
LANSING	3827	
KANSAS CITY	4154	
MARMATON	4304	
CHEROKEE	4435	
ATOKA	4552	
MORROW	4638	
ST. GENEVIEVE	4751	
ST. LOUIS	4820	



**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 02863 A

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

DATE OF JOB: <u>4/18/12</u>	DISTRICT: <u>1717</u>	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: <u>Oxy USA</u>		LEASE: <u>Turrentine "A" #3</u> WELL NO.					
ADDRESS:		COUNTY: <u>Finney</u>			STATE: <u>KS</u>		
CITY:		SERVICE CREW: <u>Royce, Victor, Santiago</u>					
AUTHORIZED BY: <u>Tyce</u>		JOB TYPE: <u>E42 SURFACE</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE
<u>194885</u>	<u>10</u>						<u>4:20</u>
<u>37223</u>	<u>10</u>	<u>37726</u>	<u>10</u>			ARRIVED AT JOB	<u>8:30</u>
<u>30463</u>	<u>10</u>	<u>37724</u>	<u>10</u>			START OPERATION	<u>3:30</u>
<u>30464</u>	<u>10</u>	<u>37547</u>	<u>10</u>			FINISH OPERATION	<u>5:51</u>
						RELEASED	<u>6:30</u>
						MILES FROM STATION TO WELL	<u>90</u>

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	315		
CL110	Premium Plus	SK	230		
CC109	Calcium Chloride	lb	1,325		
CC102	Celloflake	lb	137		
CC130	C-51	lb	60		
CF253	Guide shoe	EA	1		
CF1453	Flapper Float Valve	EA	1		
CF4556	Baskets	EA	1		
CF105	Top Plug	EA	1		
CF4109	Stop Collar	EA	1		
CF4405	Centralizer	EA	15		
E101	Heavy Equip. Mileage	Mi	270		
CE240	Blending + Mixing Charge	SK	545		
E113	Bulk Delivery Charge	TM	2,313		
CE202	Depth Charge 1001 to 2000'	4hr	1		
CE504	Plug Container	Sub	1		
E100	Pickup Mileage	Mi	90		
5003	Service Supervisor	EA	1		

AP LOCATION/DEPT.: Libcap D02 NON D02  
LEASEWELL/FAC: Turrentine A-3  
MAXIMO / WSM #: 01-02  
ELEMENT: 3023  
PROJECT #: 114 7559 CAPEX / OPEX - Circle one  
SPD / BPA / Circle one  
UNUNSUPPORTED   
PRINTED NAME: Jerry Kinsey  
SIGNATURE: [Signature]  
certify that these Spuds/materials have been received

SUB TOTAL 19,413.41

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: [Signature]

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

FIELD SERVICE ORDER NO.



# Cement Report

Customer <b>Oxy USA</b>	Lease No.	Date <b>4/18/12</b>
Lease <b>Cooperative Turrentine A</b>	Well # <b>3</b>	Service Receipt
Casing <b>4 5/8</b>	Depth <b>1817</b>	County <b>Finney</b> State <b>KU</b>
Job Type <b>Surface</b>	Formation	Legal Description <b>19-22-34</b>

Pipe Data		Perforating Data		Cement Data
Casing size <b>4 5/8</b>	Tubing Size	Shots/Ft		Lead <b>3155X A-600</b>
Depth <b>1817</b>	Depth	From	To	<b>@12.1#</b>
Volume <b>112.76</b>	Volume	From	To	<b>2.404 14.00</b>
Max Press <b>1500</b>	Max Press	From	To	Tail in <b>2305X Premi.</b>
Well Connection <b>P.C.</b>	Annulus Vol.	From	To	<b>@14.8#</b>
Plug Depth	Packer Depth	From	To	<b>1.34 6.33</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
08:30					on loc, spot trucks, R.V. Safety, etc
15:30	2500				Psi test
15:34	200		0	5	start mixing @ 12.1#
16:00	100		134	5	switch to tail @ 14.8#
16:42	0		55	-	Finish mixing, Drop Plug
16:46	0		0	5	start disp, washup on plug
17:12	580		102	2	Slow Rate
17:17	1250		118	-	Plug Down
17:19	0				Check float, No flow back
17:21	1500				Test Csg
17:50	0				Release Psi
					Job Complete

Service Units	<b>19455</b>	<b>372337926</b>	<b>304633724</b>	<b>304643725</b>
Driver Names	<b>CHINE</b>	<b>R. Oldo</b>	<b>S. Chavez</b>	<b>V. Vasquez</b>

Soremy  
Customer Representative
Jerry Bennett  
Station Manager
Chad HINE  
Cementer



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PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 02865 A

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

DATE OF JOB: 4/22/12	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: Turrentino A 3				WELL NO.:	
ADDRESS:		COUNTY: Finney		STATE: KS			
CITY:		STATE:		SERVICE CREW: Royce, Santiago			
AUTHORIZED BY: Tyce JRB		JOB TYPE: 5 1/2 L.S. 742					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: AM/PM 4:30
19558	7					ARRIVED AT JOB	AM/PM 9:00
381119919	7					START OPERATION	AM/PM 2:11
3042339724	7					FINISH OPERATION	AM/PM 3:32
						RELEASED	AM/PM 4:00
						MILES FROM STATION TO WELL	90

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
CL104	50/50 POZ	SK	190		
CL113	Gypsum	lb	800		
CL111	Salt	lb	6169		
CC103	C-15	lb	96		
CC105	C-41P	lb	40		
CC201	Gilsonite	lb	951		
CF251	Guide Shoe	EA	1		
CF1451	Flapper Float Valve	EA	1		
CF103	Top Plug 5/2	EA	1		
CF4105	Stop Collar	EA	1		
CF4452	Centralizer	EA	25		
CC135	Super Flush II	EA	500		
E101	Heavy Equip Milage	MI	180		
CF240	Blending & Mixing Charge	SK	190		
E113	Bulk Delivery	TM	1720		
CF205	Depth Charge 4000 to 5000'	4hr	1		
CF504	Pig Container	30	1		
E100	Pickup Milage	MI	90		
5003	Service Super U1502	EA	1		
SUB TOTAL					11,156.58
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
TOTAL					

AP LOCATION/DEPT.: Liberal  
LEASEWELL/FAC: Turrentino A-3  
MAXIMO / WSM #: 01-02  
PROJECT #: 142524  
SPO / BPA: [Signature]  
PRINTED NAME: Jeremy Kneese  
CAPEX / OPEX - C: [Signature]  
UNSUPPLI: [Signature]  
ELEMENT: 3023  
D021NON D021T

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.



# Cement Report

Customer <b>Oil USA</b>	Lease No.	Date <b>4/22/12</b>
Lease <b>Turrentine A</b>	Well # <b>3</b>	Service Receipt
Casing <b>5 1/2</b>	Depth <b>4928</b>	County <b>Finney</b> State <b>KS</b>
Job Type <b>5 1/2 L.S.</b>	Formation	Legal Description <b>19-22-34</b>

Pipe Data		Perforating Data		Cement Data
Casing size <b>5 1/2</b>	Tubing Size	Shots/Ft		Lead <b>190 SK 50/50</b>
Depth <b>4928'</b>	Depth	From	To	<b>Poz @ 13.5#</b>
Volume <b>113.3</b>	Volume	From	To	<b>1.58 7.36</b>
Max Press <b>2500</b>	Max Press	From	To	Tail in
Well Connection <b>P.C.</b>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
09:00					on loc, spot trucks, R.U., Safety Mtg
14:11	3100				Test Lines
14:15	200		5	5	H2O
14:16	200		12	5	Superflush
14:19	200		5	5	H2O
14:21	200		0	5	Start Mixing @ 13.5#
14:30	0		53.5	-	Finished Mixing, Drop Plug
14:32					Washup P+L
14:34	0		0	5	Start Disp
14:54	600		103	2	Slow Rate
14:59	1500		113		Plug down, Rel Psi Float Held
15:02	2500				Test Csg
15:32					Release Psi
					Job Complete.

Service Units	<b>19888</b>	<b>381119919</b>	<b>3046339924</b>		
Driver Names	<b>Collins</b>	<b>R. Olds</b>	<b>S. Chavez</b>		

Jeremy Customer Representative     
 Sunny Bennett Station Manager     
 Chad Collins 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 13, 2012

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

Re: ACO1  
API 15-055-22137-00-00  
TURRENTINE A 3  
SW/4 Sec.19-22S-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