



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090378
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: _____

1090378

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BOALDIN A 1
Doc ID	1090378

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BOALDIN A 1
Doc ID	1090378

Tops

Name	Top	Datum
TOPEKA	2900	
HEEBNER	3196	
LANSING	3299	
MARMATON	3762	
CHEROKEE	3917	
ATOKA	4102	
MORROW	4201	
ST. GENEVIEVE	4696	
ST. LOUIS	4761	



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 02522 A

DATE _____ TICKET NO. _____

DATE OF JOB: 4-20-12 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: Boaldin A #1 WELL NO.:						
ADDRESS:		COUNTY: Morton STATE: KS						
CITY: STATE:		SERVICE CREW: E Mendoza, S Chavez, V. Vasquez						
AUTHORIZED BY: J. Bennett JRB		JOB TYPE: 242-8 7/8" Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
34726	10	30464	4				4-20-12	12:00
27808	4	37547	6			ARRIVED AT JOB		2:00
19553	6					START OPERATION		8:00
30463	4					FINISH OPERATION		9:00
37724	6					RELEASED		10:00
						MILES FROM STATION TO WELL		70 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
CL101	A-Con	sk	245	13 95	3417 75
CL110	Premium Plus	sk	245	12 23	2996 35
CC109	Calcium Chloride	lb	1155	79	912 45
CC102	Cellflake	lb	123	2 78	341 94
CC130	G-51	lb	47	18 75	881 25
CF453	8 7/8" Regular Guide Shoe	ea	1		285 00
CF453	Flapper Type Insert		1		210 00
CF4405	Centralizer		15	108 75	1631 25
CF4556	Cement Basket		1		787 50
CF105	Top Rubber Plug		1		168 75
CF4109	Stop Collar		1		75 00

AP LOCATION/DEPT. Liberal DISTRICT 1717
 LEASE/WELL/FAC. Boaldin A-1
 MAXIMO / WSM # _____
 TASK 0102 ELEMENT 3023
 PROJECT # 1145807 CAPEX / OPEX / dis one
 SPO / BPA _____
 Circle Doc Type _____
 PRINTED NAME Kevin Throckmold
 SIGNATURE: Kevin Throckmold

SUB TOTAL **17,344.19**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Paul Owen
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Kevin Throckmold
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer	Oxy USA	Lease No.		Date	4-20-12
Lease	Baldin A	Well #	1	Service Receipt	02522
Casing	8 5/8" 24#	Depth	1400'	County	Morton
State	KS	Job Type	242 8 5/8" Surface	Formation	
Legal Description	20-35-43				

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24#	Tubing Size		Lead
Depth	1403'	Depth	From To	
Volume	86.7 bbl disp	Volume	From To	
Max Press	1500#	Max Press	From To	Tail in
Well Connection	TD-1400'	Annulus Vol.	From To	
Plug Depth	55-43'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00 AM					on loc-site assessment (rig up crrs)
3:00 AM					start csg + d.e.
6:00					Spot trucks- rig up
6:15					csg on botm break circ
7:00					safety meeting / TSA
7:05	300		104.7	5	pressure test 5000#
8:00	200		58.5	5	mix + pump 245 sk A-con w/ 3% CC, 1/4# PF, 2% WCA-1 @ 12.1 ppg
8:45	0	0	0	5	switch to tail 245 sk Class C w/ 2% CC, 1/4 PF @ 14.8 ppg - 1.34 ft ³ /sk - 6.33 gal/sk
9:05	500	50	0	2	drop plug, disp csg
9:20	1000	87	0	0	slow rate 2 bbl last 10 bbl land plug, float did not hold
9:30					shut in w/ 400#
9:45			40		circ cont to surface

Service Units	34726	27808-19553	30463-3724	30464-37547
Driver Names	A Oveira	E Mendoza	S Shawez	V Vasquez

Kevin _____ Customer Representative
 J. Bennett _____ Station Manager
 A Oveira _____ 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 02876 A

DATE _____ TICKET NO. _____

DATE OF JOB	4-24-12	DISTRICT	Liberal	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	Baaldin A			WELL NO.		1								
ADDRESS		COUNTY	Morton			STATE		KS								
CITY		STATE				SERVICE CREW		Kirby, Ruben, Santiago								
AUTHORIZED BY	Tyce Davis			JOB TYPE:		5 1/2 Production 2-42										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	4-24-12		DATE	AM	TIME					
21755	9	38111	9	30463	9	ARRIVED AT JOB				PM	063					
		19919	9	37724	9	START OPERATION				AM	1345					
						FINISH OPERATION				PM	1730					
						RELEASED				AM	1800					
						MILES FROM STATION TO WELL										

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, 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 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	270	8.25	2227.5
CC113	Gypsum	lb	1135	56	63560
CC111	Salt	lb	1658	38	63004
CC103	C-15	lb	1658	1285	21290
CC105	C-4IP	lb	1658	171	283518
CC201	Gilsonite	lb	1350	675	91125
CF251	Guide Shoe - Reg	EA	1	187	187
CF1451	Flapper Type Insert	EA	1	161	161
CF4452	Centralizer	EA	1	843	843
CF3000	Threadlock Kit	EA	1	25	25
CF103	Top Rubber Plug	EA	1	78	78
CF4105	Stop Collar	EA	1	63	63
CC155	Superflush	Gal	500	1.15	575
E101	Heavy Equipment Mileage	MI	140	5.25	735
CE240	Blending & Mixing Service Charge	SK	270	1.05	283.5
E113	Bulk delivery	Tm	194.5	1.20	233.4
CE206	Depth Charge	4hrs	1	2160	2160
CE504	Plug Container	Job	1	187	187
E100	Unit Mileage - Pick up	MI	70	3.19	223.3
SUB TOTAL					12232

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE *Bobby Ray*

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

FIELD SERVICE ORDER NO.



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	Oxy USA	Lease No.		Date	4-24-12
Lease	Boaldin "A"	Well #	1	Service Receipt	
Casing	5 1/2	Depth	5050 ft	County	Morton
Job Type	5 1/2 Production	Formation		State	KS
				Legal Description	20-35-43

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2 17"	Tubing Size		Lead 250 sk 50/50 5% W/GO, 10% Salt, .6% C-15, 1/4# DeFoamer, 5# Gilsonite
Depth	5050 ft	Depth	From To	
Volume	116 BBL	Volume	From To	Tail in
Max Press	3000	Max Press	From To	
Well Connection		Annulus Vol.	From To	
Plug Depth	5007 ft	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1100					On Location - Spot + Rig up
1400					Casing on Bottom - Break Circ.
1530					Safety Meeting
1342	3000				Pressure Test
1349	200		12	4	Pump 500 Gal Superflush
1352	200		5	4	Pump 5 BBL Fresh Water
1353	200		70	5	Mix 250 sk 50/50 Poz @ 14.8 PPG
1409					Shut Down - Drop top plug - Clean Lines
1416	200		4	6	Pump 4 BBL 50/50 Poz
1425	200		4	6	Pump 112 BBL of Fresh Water
1427	300		66	5.5	Cement Reaches Displacement
1434	800		106	2	Slow Rate
1437	900-1500		116		Bump Plug
1442	1500-0				Release Pressure - Float Held
1445	0-2500				Pressure test Casing
					Pressure test Casing
1510	400				Pressure didn't hold
1700	0-2500				Pressure test Casing
1830	2500-0				Release Pressure

Service Units	21755	38111/19919	30463/37724		
Driver Names	Kirby	Ruben	Santiago		

Kevin
Customer Representative

Jerry Bennett
Station Manager

Kirby Harper
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 15-129-21938-00-00
BOALDIN A 1
SE/4 Sec.20-35S-43W
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