



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090521
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: _____

1090521

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	BENSON B 2
Doc ID	1090521

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BENSON B 2
Doc ID	1090521

Tops

Name	Top	Datum
HEEBNER	4085	-1159
TORONTO	4105	-1179
LANSING	4138	-1212
KANSAS CITY	4607	-1681
MARAMTON	4769	-1843
CHEROKEE	4927	-2001
ATOKA	5141	-2215
MORROW	5216	-2290
CHESTER	5381	-2455
ST. GENEVIEVE	5471	-2545

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BENSON B 2
Doc ID	1090521

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5269-5272, 5293-5316 MORROW (ISOLATED)	2600 GAL 17% DS FE MCA 22 BBL 4% KCL	5269-5316
	CIBP@5220		5220
2	5060-5062, 5082-5084 CHEROKEE		5060-5084
2	5095-5097, 5099-5101, 5110-5112		
2	5128-5132 ATOKA		5095-5132
		FRAC 40000# 20/40 SAND 428 BBL 70% Q N2 FOAM	5060-5132
		415000 SCF	
4	4652-4668 KANSAS CITY		4652-4668



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 02525 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 Benson B #2		WELL NO.					
ADDRESS		COUNTY Askelev		STATE KS					
CITY STATE		SERVICE CREW E. Mendoza, Jr, Grijalda, V. Vasquez							
AUTHORIZED BY J. Bennett JRB		JOB TYPE: 242 8 5/8" Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	6	30484	2				4-22-12	9:00	
27808	2	37547	4			ARRIVED AT JOB		PM	12:00
19853	4					START OPERATION		PM	3:00
38750	2					FINISH OPERATION		PM	4:00
37225	4					RELEASED		PM	6:00
						MILES FROM STATION TO WELL	30	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
CC101	A-Con	slc	335	13 95	4673 25
CC110	Premium Plug	slc	245	12 23	2996 35
CC109	Calcium Oxide	lb	1407	79	1111 53
CC102	Cenflake	lb	140	2 78	403 10
CC130	G-51	lb	63	18 75	1181 25
CF253	80/80 Regular Guide Shoe	ea	1		285 00
CF453	Flapper Type Fuser		1		210 00
CF4405	Centralizer		15	108 75	1631 25
CF4456	Basket		1		787 50
CF185	Top Rubber Plug		1		168 75
CF4109	Stop Collar		1		75 00
E101	Heavy Equipment Mileage	mi	90	5 25	472 50
CE240	Blending & Mixing Service	slc	580	1 05	609 00
E113	Proppant + Bulk Delivery	bu/ft	819	1 20	982 80
CE202	Pump Depth: 1001-2000'	year	1		1125 00
CE504	Plug Container	ea	1		187 50
E100	Unit Mileage	mi	30	3 19	95 70
S003	Service Supervisor	ea	1		131 25
T105	Cement Data Acquisition	ea	1		412 50
SUB TOTAL					17,539.23

CHEMICAL / ACID DATA:			

AP LOCATION DEPT: **020177** %TAX ON \$ **CACILION D02**
 LEASEWELL/TAC: **Benson** %TAX ON \$
 MAXIMO / WSM # _____ TOTAL
 TASK **0107** ELEMENT **3023**
 PROJECT # **1145954** CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE *Chel Sue*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Adem*

FIELD SERVICE ORDER NO. _____

SIGNATURE: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
 #17535-61



Cement Report

Customer	Oxy USA	Lease No.		Date	4-22-12
Lease	Benson B	Well #	2	Service Receipt	02525
Casing	8 5/8" 24"	Depth	1771'	County	Haskeu
Job Type	242 8 5/8" Surface	Formation		State	KS
				Legal Description	23-29-33

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24#	Tubing Size		Lead
Depth	1771'	Shots/Ft		
Volume	110 bbl	From	To	
Max Press	2000#	From	To	Tail in
Well Connection	10-1803'	From	To	
Plug Depth	51-39.7'	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					on loc-site assessment (annulus csg)
12:10					spot trucks-rig up
3:00					csg on btm, break circ
3:40					safety meeting / JSA
4:00					pressure test @ 2000#
4:10	200		143	5	mix + pump 335 sk A-Cem w/ 3 1/2 cc k ² PF, 2 1/2 WCA-1 @ 121 ppb- 2.40 ft ³ /sk - 14.00 gal/sk
3:00	200				boost pump went down rigged up val connection
3:30	200		585	5	mix + pump 245 sk Premium Plus @ 14.8 ppb - 1.34 ft ³ /sk - @ 3.3 gal/sk
3:45	50		0	5	drop plug disp csg
4:00	600		100	2	slow rate last 10 min of disp
4:15	1100		110	0	land plug float hold job complete
4:30	1500				psi test csg @ 1500# circ cont to surface

Service Units	34726	19553-27808	38750-37725	3046437547
Driver Names	A Rivera	E Mendoza	J. Grijalda	M. Vasquez

 Customer Representative

 Station Manager

 Cementer

Taylor Printing, Inc.



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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 02879 A

DATE _____ TICKET NO. _____

DATE OF JOB	4-27-12	DISTRICT	Liberal #1717	NEW WELL	<input 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	Benson "B"	WELL NO.	2										
ADDRESS		COUNTY	Haskell	STATE	KS										
CITY		STATE		SERVICE CREW	Kirby, Ruben, Santiago										
AUTHORIZED BY	Tyce Davis	IRB		JOB TYPE:	5 1/2 Production 2-420										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	4-27-12	AM	2000	TIME					
21755	6	38111	6	30463	6	ARRIVED AT JOB		AM	0330	PM					
		19919	6	37724	6	START OPERATION		AM	0530	PM					
						FINISH OPERATION		AM	0700	PM					
						RELEASED		AM	0730	PM					
						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, 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	395	8 25	3258 75
CC113	Gypsum	lb	1660	56	929 60
CC111	Salt	lb	2425	38	921 50
CC103	C-15	lb	200	9 38	1876 00
CC105	C-41P	lb	83	3 00	249 00
CS201	Gilsonite	lb	1976	50	988 00
CF251	Guide Shoe - Regular	EA	1		187 50
CF451	Flapper Type Insert Float	EA	1		161 25
CF450	Centralizer	EA	20	56 25	1125 00
CF103	Stop Top Rubber Cement Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CC155	Superflush	Gal	500		575 00
E100	Heavy Equipment Mileage	MT	70	5 25	367 50
CE240	Blending & Mixing Service Charge	SK	395	1 05	414 75
E113	Bulk delivery Charge	TM	581		697 20
CE206	Depth Charge 5001-6000'	4hrs	1		2160 00
CE504	Plug Container Utilization Charge	Job	1		187 50
E100	Unit Mileage Charge - Pickup	MT	30	3 19	111 65
S003	Service Supervisor	EA	1		131 25

SUB TOTAL 14,483.20

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT 020177 D02 NON D02
 LEASE/WELL/AC Benson B2 %TAX ON \$
 MAXIMO / WSM # %TAX ON \$
 TASK 0102 ELEMENT 3023 TOTAL
 PROJECT # 1148954 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED

SERVICE REPRESENTATIVE Kirby Hong

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

FIELD SERVICE ORDER NO. _____



Cement Report

Customer	Oxy USA	Lease No.		Date	4-27-12
Lease	Benson B	Well #	2	Service Receipt	
Casing	5 1/2	Depth		County	Haskell
				State	KS
Job Type	5 1/2 Production	Formation		Legal Description	23-29-33

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2 Production	Tubing Size		Lead 345 sk 50/50 5%W-60, 670C-15 10% Salt, 1/4 #C-41P 5# Gilsomite
Depth	5885 Ft	Depth	From To	
Volume	135.5 BBL	Volume	From To	
Max Press	3000	Max Press	From To	
Well Connection		Annulus Vol.	From To	
Plug Depth	3842 ft	Packer Depth	From To	Tail in

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0330					On location - Spot & Rig up
0420					Casing on Bottom - Break Circ.
0500					Safety Meeting
0515					Plug Rat 130sk + Mouse 4/20sk
0530	3000				Pressure test
0533	400		5	4	Pump 5 BBL fresh water
0534	400		12	4	Pump 12 BBL SuperFlush
0537	400		5	4	Pump 5 BBL fresh water
0538	400		97	6	Mix 345sk 50/50 Poz @ 13.5 PPG
0553					Shut down - Drop top plug - Clean Lines
0558	200		0	6	Start Displacing with fresh water
0613	300		75	6	Displacement Peaches Cement
0619	1000		125	2	Slow Rate
0624	1100-1800		135.5		Bump Plug
0627	1800-0				Release Pressure - Float Held
0630	2500				Pressure test casing
0700	2500-0				Release Pressure

Service Units	21755	3811/19919	30463/37724		
Driver Names	Kirby	Ruben	Santiago		

Customer Representative: _____ Station Manager: Jerry Bennett Cementer: Kirby Harper

Taylor Printing, Inc.

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 14, 2012

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

Re: ACO1
API 15-081-21974-00-00
BENSON B 2
SE/4 Sec.23-29S-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