Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1090616

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of huid disposal if hadred offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:			

	Page Iwo	1090616
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS: Chain important tang of formations paratrated De	tail all aaraa Bapart all final	appiae of drill stome tests giving interval tested time test

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
	CASING RECORD New 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 / SQU	EEZE RECORD			
Purpose:	Depth	Turne of Operation	III On also I land		Turne and D		

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

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			А		ement Squeeze Record d of Material Used)	Depth			
TUBING RECORD:	RECORD: Size: Set At: Packer At: Lin			Liner Ru	in:	No				
Date of First, Resumed	I Producti	ion, SWD or ENHF	} .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ION OF G	AS:	METHOD OF COMPLE		TION:	_	PRODUCTION INT	ERVAL:		
Vented Solo	d 🗌 l	Jsed on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACO	0-18.)		Other (Specify)		,	(<i>Subinii</i> ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SMU 319
Doc ID	1090616

All Electric Logs Run

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

Form	ACO1 - Well Completion		
Operator	OXY USA Inc.		
Well Name	SMU 319		
Doc ID	1090616		

Tops

Name	Тор	Datum
HEEBNER	3785	
LANSING	3853	
MARMATON	4320	
CHEROKEE	4455	
АТОКА	4603	
MORROW	4660	
ST. GENEVIEVE	4736	
ST. LOUIS	4755	

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

FIELD SERVICE TICKET 1717 02877 А

PRE	SSURE PUMPI	NG & WIRELINE					DATE TIC	KET NO	Laborate het
DATE OF JOB 4-25	F/2 DI	STRICT Libera	1#171	7	NEW WELL		PROD INJ		TOMER DER NO.:
CUSTOMER ()	XY US		ilis Vili		LEASE 5	mu			WELL NO.319
ADDRESS					COUNTY	Finne	4	STATE KS	ça — Gieç û di ye.
CITY		STATE			SERVICE C	REW K	iby Ruben	, Eddie, V	etor
AUTHORIZED BY	Type :	Davi's					/ /	Z-42	on contraction we accelt to whe
EQUIPMENT#	HRS	EQUIPMENT#	HRS		JIPMENT#	HRS	TRUCK CALLED	4-24-12	AM TIME PM 0300
21755	15	38111	15	38'		15	ARRIVED AT JOI	В	AM 0800
Petro and with the lot		19919	15	Carl I	725	15	START OPERAT	ION	AM 1900
				304		15	FINISH OPERAT	ION	AM 2115
Reaction to the second of the the				2/2	171	.5	RELEASED	the second second	AM 2200
ne serie series en el an				and a state of the	nd dan segura. NG EDIA		MILES FROM ST	ATION TO WELL	
									the same of the

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 OWN	ER, OPERATOR, CONT	RACTOR OR AGENT)
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
C1.101	A Con Blend	SK	315	SI PESP	
CLIO	Prom Plus	SK	230	GN/ GN/	LO ASE XIN
CC109	Calcium Chlorida	15	1325		NO NO
CCIOZ	Cell6flak	16	137	R Z ^{RA} #	NE TO
CC130	C-51	16	60		SMUT
CE403	Cement Pumper Add, + 'onal Hrs on Le		3	-6	* 6 1
CF253	Regular Ginde Stol	Eh	1		ġ ·
CF1453	Flepper Type Insert Float	EA	1	Ale a	NOR
CF4556	85/8 Canvas Besket	EN	l	1/2 Clark	Ma
CF105	8518 Top Bubber Plue	EA	1	146	A CCe
CF-1109	8518 Stop Collar U	EA	1	CAPEX Service	wo
CF4405	Fer 8518 The Centralizers	EA	15	12 X	P Ja
EIOI	Heavy Equipment Charge	MI	270	Nº 0	ins i ma
CE240	Blending + Mixing Service Charge	Sk	545		MENT H
E/13	Bulk delivery Charge	TM	2313	R R .	
CE202	Depth Charge 1001-2000	4hrs			
<u>CE504</u>	Dug Container Utt. zertion Charge	Job	90		002
E100	Unit Mileage Charge - Pickup	MI	70		
5003	Service Supervisor	EA	/		C all
СН	EMICAL / ACID DATA:			SUB TOTAL	20.538
	SERVICE &	EQUIPMENT	%TA	X ON \$	
	MATERIALS		%TA	X ON \$	CONTRACTOR OF

TOTAL

SERVICE REPRESENTATIVE

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

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Cement Report

Customer		h		Lease No.			Date 4-	25-12
Lease	Jay US	6		Well # <	319		Service Receipt	
Casing	11/1U	Depth			the second s		State 115	
X	2/8		Formation	E.	inney	Legal Descriptio	12-23-	21
83	& Surface	<u> </u>			1			
Caping ging		Pipe D	Tubing Size			Perforating		Cement Data Lead 3155k Alon
Casing size	85/82	4#			From	Shots	To	37.CC, 1/4#Poly;
	826 ft		Depth					-270WCA-1
Volume	113,25	BBL	Volume		From		То	
Max Press			Max Press		From		То	Tail in 230sk Prem Plus - 278CL
Well Connec	ction		Annulus Vol.		From		То	MANFIOS - LYOLL
Plug Depth	1782+	-4	Packer Depth		From		То	1/4#Poly
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate			Service Log	
ORCO					Oni	location	-5007	- FRiqup
1330					Start	Running	Casing	
1830					Casin	ng on I	Bottom -	Break Circ.
1915						ty Meet		
1924	2000					sure te		
1925	200		134	5	Mix	315 sk	ACon @	12.1 PPG
1957	200		54	5	mis	230sk	Prem Plus (@ 14.8PPG
2010					Shut	down	- Drop +	OD PLUG
2013	200		0	5	Disk	place u	174 113 B	BL of Fresh Water
203 L	700		103	2		~ Rate		
2037	800-120	7)	113		-	p plug		
2042	1200-0	0				se Pres	sure = A	Float Held
2043	1500				Press	ine te	st Casina	
2115	1500-0)			Re/e	ase Pre	SSIARP,)
	1500 0							
					Circ	c Cenn	+ to the	prt
				8			/	
Service Unit	ts 2/	755	38111/19919	38750/	37725	30464/35	1547	
Driver Name	es 16	1755 1-64		Feld.	, ,	Victor		
		10	1 - 0211	Land		VICIOI	I	

Jerry Bennett Station Manager

Kirby Warp Cementer

Customer Representative

Taylor Printing, Inc.

(B)	ENE	RGY	SIC P. SERVICES P	00 S. Count O. Box 129 beral, Kans tone 620-624	as 6790				17 028		ет А	
	PRESSUR	re pump	PING & WIRELINE					DATE	TICKET NO			
JOB 4	29/12	C	DISTRICT 1771	4		NEW WELL				[⊥] ÕRD	FOMER ER NO.:	72.03
	DXU	De	5A			LEASE 5	MU	Ĉ	319	V	VELL NO.	
ADDRESS						COUNTY	inne	4	STATE	KS	- 1947 M - 400 A	bat.
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AUTHORIZED I	BYTU	ice	JRB			JOB TYPE:	742	5/2	Lis,	uni adi di	alwight dibor	d 1011 (884)
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products, and/or s become a part of	supplies inc this contra	ludes all ct without	execute this contract as an of and only those terms ar t the written consent of an	nd conditions app officer of Basic	pearing on Energy Se	the front and bac prvices LP.	ck of this do	SIGNED	OPERATOR,	CONTRAC	d/or conditions	ENT)
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CC113	Gul	BUT	n			1	16	1010		O SX X		-
CCIII	Sal	t					Ib	1446			22	0
CC103	C-14	5		a			16	122	RENA	* 5	E	_
CC.105	C-L	IP					16	51			Z	131.0
CC 201	Gils	ont	10				16	1200		74	2 1	10.00
CF251	Goid	les	shoe Roa.				EA			2 P	T	5.60
CF1451	FTa	oper	- Float Valu	P			EA	1		40	INF	
F103	Tor	SP	105				EA		316		New Star	12
CEUIDS	510	Q C	Mar				EA	1	1120		52	
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FIELD SERVICE	U	NO.	C W W W		n en serier	Radig Galeria Notaria			TOR CONTRACT	OR OR A	GENT)	
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	SM
(\mathbf{R})	BASIL
	ENERGY SERVICES
PRI	ESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET CONT.

TICKET NO. 1717	0280	08
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ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	т
T105	Cement Pata Acquisition Monta	en			412	50
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						\square
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	1	1	1	TA	AYLOR PRINTING (800) 870	G, INC. 0-7102

bb Type	z S						
L	2			Well # 3	19	Service Receip	
ob Type L	5	Depth 1G	MAA.	County	MEU	State	
casing size		71	Formation		Legal De	scription 22-2	3-24
asing size		Pipe D)ata		Perfor	ating Data	Cement Data
6	51/2		Tubing Size			nots/Ft	Lead HUSK SO
Depth UC	ant. 1	57.	Depth		From	То	TOZ @ 13,54
olume	14.114		Volume		From	То	1.5561 7.36
Aax Press	51970		Max Press		From	То	Tail in
Vell Connecti	on P.C	-1	Annulus Vol.		From	То	
Plug Depth		*	Packer Depth		From	То	
Time	Casing	Tubing Pressure	Bbls. Pumbed	Rate		Service	Log
Time	Pressure	Pressure	Bbis. Fullibeo	Hate	MIN	Softar	KA ROSAL
0171518	270			1	Pater	4 -	a free agang
07155	2000		\$5	4	HZD	<u> </u>	
07154	200		17	4	SUPPER	Wsh	
94103	200		5	4	420		
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98120					Washo	D	
046126	12		0	5	Start To	NSO1	
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98150	1600		114	-	Plus Do	un	
96152					Release	psi, flo	pat Held
98154	2530		_	_	Test Cs	5	
09:24	0				Release	Pain	
					506 (mplete	5
						1	
Service Units	19468	8	3422339926 S. Rodriguez	387973	11725		

Sevenul Luck Customer Representative

Station Manager

Cementer Cementer

Taylor Printing, Inc.



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 15-055-22139-00-00 SMU 319 SE/4 Sec.22-23S-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