



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090616
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: _____

1090616

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	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	Top	Datum
HEEBNER	3785	
LANSING	3853	
MARMATON	4320	
CHEROKEE	4455	
ATOKA	4603	
MORROW	4660	
ST. GENEVIEVE	4736	
ST. LOUIS	4755	



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 02877 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-25-12	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 SMU	WELL NO. 319							
ADDRESS	COUNTY Finney	STATE KS							
CITY	STATE	SERVICE CREW Kirby, Ruben, Eddie, Victor							
AUTHORIZED BY Tyce Davi's	JOB TYPE: 8 5/8 Surface 2-42								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21755	15	38111	15	38750	15	4-24-12		PM	0300
		19919	15	37725	15	ARRIVED AT JOB		PM	0800
				30464	15	START OPERATION		PM	1900
				37547	15	FINISH OPERATION		PM	2115
						RELEASED		PM	2200
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
CL101	A Con Blend	SK	315		
CL110	Prem Plus	SK	230		
CC109	Calcium Chloride	lb	1325		
CC102	Cellulose	lb	137		
CC130	C-51	lb	60		
CE403	Cement Pumper Additional Hrs on Loc.	hrs	3		
CE253	Regular Guide Shoe	EA	1		
CF1453	Flepper Type Insert Float	EA	1		
CF456	8 5/8 Canvas Basket	EA	1		
CF105	8 5/8 Top Rubber Plug	EA	1		
CF4109	8 5/8 Stop Collar	EA	1		
CF4405	8 5/8 Centralizers	EA	15		
E101	Heavy Equipment Charge	MI	270		
CE240	Blending + Mixing Service Charge	SK	545		
E113	Bulk delivery Charge	TM	2313		
CE202	Depth Charge 1001-2000	4hrs	1		
CE501	Plug Container Utilization Charge	Job	1		
E100	Unit Mileage Charge - Pickup	MI	90		
S003	Service Supervisor	EA	1		
SUB TOTAL					20,538.46
SERVICE & EQUIPMENT				%TAX ON \$	
MATERIALS				%TAX ON \$	
TOTAL					

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE

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

FIELD SERVICE ORDER NO.



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 02868 A

DATE _____ TICKET NO. _____

DATE OF JOB: 4/29/12	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: SMU	319	WELL NO.						
ADDRESS:	COUNTY: Finney	STATE: KS							
CITY:	STATE:	SERVICE CREW: Saul, Scotti							
AUTHORIZED BY: Tyce	JRB	JOB TYPE: 742 5 1/2 L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: 4/28	AM/PM: PM	TIME: 10:00
194555	6.5					ARRIVED AT JOB	4/29	AM/PM: PM	3:30
39223	6.5	39926	6.5			START OPERATION		AM/PM: PM	7:51
35750	6.5	37925	6.5			FINISH OPERATION		AM/PM: PM	9:24
						RELEASED		AM/PM: PM	10:00
						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:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CC104	50/50 P02	SK	240		
CC113	Gypsum	lb	1010		
CC111	Salt	lb	1496		
CC103	C-15	lb	122		
CC105	C-41P	lb	51		
CC201	Gilsonite	lb	1200		
CF251	Guide shoe Reg.	EA	1		
CF1451	Flapper Float Valve	EA	1		
CF103	Top Plug	EA	1		
CF4105	Stop Collar	EA	1		
CF4452	Centralizers	EA	25		
CC155	Superplush II	gal	500		
E101	Heavy Equip Mileage	MI	180		
CE240	Blend & Mix Charge	SK	240		
E113	Bulk Delivery	TM	909		
CE205	Depth Charge 4001 to 5000'	4hr	1		
CE504	Plug Container	500	1		
E100	Pickup Mileage	MI	90		
SM3	Service SUPERVISOR	EA	1		
SUB TOTAL					12,671.74
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
TOTAL					

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE:	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
FIELD SERVICE ORDER NO.:	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer Oxy USA	Lease No.	Date 4/29/12
Lease SMLU	Well # 319	Service Receipt
Casing 5 1/2	Depth 4977	County Finney State KS
Job Type L.S.	Formation	Legal Description 22-23-34

Pipe Data		Perforating Data		Cement Data
Casing size 5 1/2	Tubing Size	Shots/Ft		Lead 2405x 50/50
Depth 4997.52	Depth	From	To	70E @ 13.5#
Volume 114.48	Volume	From	To	1.584 7.30 gal
Max Press 2500	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
07:30					on loc, spot trucks, R.O. Safety Mt.
07:51	3300				psi test
07:55	200		85	4	H2O
07:59	200		12	4	super flush
08:03	200		5	4	H2O
08:04	200		0	5	start mixing
08:18	0		108	-	Finished Mixing
08:20					washup
08:26	0		0	5	Start Disp
08:45	700		104	2	slow Rate
08:50	1600		114	-	Plug Down
08:52					Release psi, float held
08:54	2530		-	-	Test Cg
09:24	0				Release Psi
					Job Complete

Service Units	194588	3722339926	3879037725
Driver Names	C. Hinz	S. Rodriguez	S. Chavez

Jeremy Kuehl
Customer Representative
Sally Bennell
Station Manager
Cheryl Hite
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 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