



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090730
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: _____

1090730

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

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 320
Doc ID	1090730

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 320
Doc ID	1090730

Tops

Name	Top	Datum
HEEBNER	3779	-831
TORONTO	3805	-857
LANSING	3870	-922
KANSAS CITY	4217	-1269
MARMATON	4320	-1372
CHEROKEE	4457	-1509
ATOKA	4577	-1629
MORROW	4661	-1713
ST. GENEVIEVE	4789	-1841



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 03777 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-29-12 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 WELL NO: 320
ADDRESS:	COUNTY: Finney STATE: KS
CITY: STATE:	SERVICE CREW: Kirby - Scott - Calib - Royce - Victor
AUTHORIZED BY: Jerry Bennett	JOB TYPE: 8 5/8 Surface 2-42
EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT# HRS	TRUCK CALLED 6-29-12 DATE TIME AM 1500
21755 11 38111 11 4355 38750 11	ARRIVED AT JOB AM 1900
19919 11 14284 11	START OPERATION PM 2315
30463 11	FINISH OPERATION PM 0205
37724 11	RELEASED PM 0235
	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
CL 101	A-Con Blend	sk	345	13 95	4812 75
CL 110	Premium Plus Cement	sk	245	12 23	2996 35
CC 109	Calcium Chloride	lb	1437	79	1135 23
CC 102	Celloflake	lb	148	2 78	411 44
CC 130	C-51	lb	65	18 75	1218 75
CF 253	Guide Shoe Regular 8 5/8"	ea	1		285 00
CF 1403	Flapper type Insert Float Valve 8 5/8	ea	1		371 25
CF 4405	Economizer Hinged Welded Standard	ea	6	108 75	652 50
CF 4556	Cement Baskets Canvas 8 5/8	ea	1		787 50
CF 105	Top Rubber Cement Plug 8 5/8	ea	1		168 75
CF 4109	Stop Collar 8 5/8	ea	1		75 00
E 101	Heavy Equip Mileage	mi	90	5 25	472 50
CE 240	Blending & Mixing Service Charge	sk	590	1 05	619 50
E 113	Proppant & Bulk Delivery Charge	tm	834	1 20	1000 80
CE 202	Depth Charge	4 hrs	1		1125 00
CE 504	Plug Container Utilization Charge	job	1		187 50
E 100	Unit Mileage Charge Pickup	mi	30	3 19	95 70
S 003	Service Supervisor First 8 hrs on loc	ea	1		131 25
T 105	Cement Data Monitor	ea	0		N/A

SUB TOTAL **16,546.77**

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. **Lib-Cp** D02 NON D02

LEASE/WELL/FAC SERVICE & EQUIPMENT **SMU 320** ON \$

MATERIALS %TAX ON \$

MAXIMO / WSM #

TASK **01-02** ELEMENT **3023** TOTAL

PROJECT # **1147541** CAPEX / OPEX - Circle one

SPO / BPA **Can 4/21** UNSUPPORTED

SERVICE REPRESENTATIVE: **Kirby Royce**

PRINTED NAME: **Can 4/21**

ORDERED BY: CUSTOMER AND RECEIVED BY: **P.M.W.**

I certify that these Services/Materials have been received (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. **516541.14**



Cement Report

Customer	Oxy USA	Lease No.		Date	6-29-12
Lease	SMU	Well #	320	Service Receipt	
Casing	8 5/8 24"	Depth	1810.20	County	Finney
Job Type	8 5/8 Surface	Formation		State	KS
				Legal Description	Sec 22-T 23-R 34

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 24"	Tubing Size		Lead A-Con Blend 3% CC 1/4" Polyflake 2% WCA-1
Depth	1810.20	Depth	From To	
Volume		Volume	From To	Tail in Premium Plus 2% CC 1/4" Polyflake
Max Press	2000	Max Press	From To	
Well Connection		Annulus Vol.	From To	
Plug Depth	1767.97	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1900					On loc / Spot : Setup
2245					Csg on bottom - Break Circulation
2255					Safety Meeting
2315	2000				Pressure Test
2318	300		147.5	3.5	Start Mix A Con Blend 12.1 ppg
0022	300		58.5	3.5	Start Mix Premium Plus 14.8 ppg
0044					Shut Down - Drop Plug
0045	350			3.5	Start Displacement
0122	500		102	2.	Slow Rate
0130	1100		112.		Bump Plug
0132					Released Pressure - Float Held
0134	1600				Pressure Csg
0205					Release Pressure
0215					Circulate Cement to Pit

Service Units	21755	3811/19919	38750/14284	30463/37224	
Driver Names	Kirby	Calib-Scott	Royce	Victor	

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



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P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET

1717 03778 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-3-12	DISTRICT Liberal	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. 320								
ADDRESS	COUNTY Finney	STATE KS								
CITY	STATE	SERVICE CREW Kirby, Scott, Hector								
AUTHORIZED BY Tyce Davis	JRB	JOB TYPE: PTA 2-42								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 7-3-12	DATE	AM	PM	TIME
				21755	11	ARRIVED AT JOB				0530
				38111	11	START OPERATION				0900
				19919	11	FINISH OPERATION				1130
				30463	11	RELEASED				1700
				37724	11	MILES FROM STATION TO WELL				1730

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	
CL103	60/40 Poz	Sk	170	9.00	1530.00	
CC200	Cement Gel	lb	294	19	55.86	
CC109	Calcium Chloride	lb	258	79	203.82	
E101	Heavy Equipment Mileage	Mile	180	5.25	945.00	
CE240	Blending & Mixing Service Charge	Sk	170	1.05	178.50	
E113	Bulk Delivery Charge	Ton	661.5	1.20	793.80	
CE202	Depth Charge 1001-2000	4hrs	1		1125.00	
E100	Unit Mileage Charge - Pickup	Mile	90	3.19	287.10	
S003	Service Supervisor	EA	1		131.25	
CE403	Cement Pump Additional hrs on location	HR	4	37500	1500.00	
AP LOCATION/DEPT. <u>Lib. Cap</u> D02 <input type="checkbox"/> NON D02 <input type="checkbox"/> LEASE/WELL/FAC. <u>SMU 320</u> MAXIMO / WSM # <u>-</u> TASK <u>01-02</u> ELEMENT <u>3023</u> PROJECT # <u>114749</u> CAPEX / OPEX - Circle one SPO / BPA UNSUPPORTED <input type="checkbox"/> CHEMICAL / ACID DATA: <u>Calc Ugly</u> PRINTED NAME _____ SIGNATURE: _____ <small>I certify that these Services/Materials have been received</small>					SUB TOTAL	6750.33
				SERVICE & EQUIPMENT	%TAX ON \$	
				MATERIALS	%TAX ON \$	
TOTAL						

SERVICE REPRESENTATIVE Kirby Kirby 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 <i>Oxy USA</i>		Lease No.		Date <i>7-3-12</i>	
Lease <i>SMU</i>		Well # <i>320</i>		Service Receipt	
Casing		Depth		County <i>Finnch</i>	
Job Type <i>PTA</i>		Formation		Legal Description <i>22-23-34</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8</i>		Tubing Size <i>4 1/2 DP</i>		Shots/Ft	
Depth <i>1810</i>		Depth <i>1900 ft</i>		From <i>1900 ft</i>	To <i>100 sk</i>
Volume		Volume		From <i>1183 ft</i>	To <i>50 sk</i>
Max Press		Max Press		From <i>60 ft</i>	To <i>20 sk</i>
Well Connection		Annulus Vol.		From	To
Plug Depth		Packer Depth		From	To
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0900</i>					<i>On location - Spot + Rig up</i>
<i>1100</i>					<i>DP set @ 1900 ft</i>
<i>1120</i>					<i>Safety Meeting</i>
<i>1128</i>		<i>100</i>	<i>10</i>	<i>3</i>	<i>Pump 10 BBL Fresh Water</i>
<i>1131</i>		<i>100</i>	<i>27</i>	<i>3</i>	<i>Mix 100 sk 60/40 @ 13.5 PPG</i>
<i>1143</i>		<i>100</i>	<i>2</i>	<i>3</i>	<i>Pump 2 BBL Fresh Water</i>
<i>1144</i>		<i>100</i>	<i>18</i>	<i>4</i>	<i>Pump 18 BBL Mud</i>
<i>1150</i>		<i>0</i>	<i>-</i>		<i>Shut down - knock loose</i>
<i>1200</i>					<i>Pull DP to 1183 ft - WOC</i>
<i>1545</i>		<i>1000</i>			<i>Test Plug</i>
<i>1604</i>		<i>100</i>	<i>10</i>	<i>4</i>	<i>Pump 10 BBL Fresh Water</i>
<i>1607</i>		<i>100</i>	<i>13</i>	<i>4</i>	<i>Mix 50 sk 60/40 @ 13.5 PPG</i>
<i>1611</i>		<i>0</i>	<i>0</i>	<i>4</i>	<i>Pump 2 BBL fresh Water</i>
<i>1613</i>		<i>0</i>	<i>2</i>	<i>4</i>	<i>Pump 11 BBL Mud</i>
<i>1616</i>		<i>0</i>	<i>13</i>		<i>Shut down - Pull to 60 ft</i>
<i>1700</i>		<i>0</i>	<i>5</i>		<i>Spot 20 sk Plug 60/40 @ 13.5</i>
Service Units		<i>21755</i>	<i>30463/37724</i>	<i>38111/19919</i>	
Driver Names		<i>Kirby</i>	<i>Nectar</i>	<i>Scott</i>	

Col Wylie
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 15, 2012

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

Re: ACO1
API 15-055-22154-00-00
SMU 320
SW/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