



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1092037
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: _____

1092037

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	GARDEN CITY V 2
Doc ID	1092037

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 2
Doc ID	1092037

Tops

Name	Top	Datum
HEEBNER	3765	
LANSING	3814	
MARMATON	4292	
CHEROKEE	4424	
ATOKA	4580	
MORROW	4646	
ST. GENEVIEVE	4726	
ST. LOUIS	4782	



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 02963 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-2-12	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 Garden City V#2		WELL NO.						
ADDRESS		COUNTY Finney	STATE KS						
CITY		SERVICE CREW E. Mendoza, R. Olds, R. Ybarra							
AUTHORIZED BY J. Bennett JRB		JOB TYPE: 242 85/8" Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 5-2-12	AM	TIME
434726	8	19857	4					4:00	
27808	4	19866	4			ARRIVED AT JOB		6:00	
19553	4					START OPERATION		8:00	
30464	4					FINISH OPERATION		10:00	
37547	4					RELEASED		12:00	
						MILES FROM STATION TO WELL	90 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	315	13 95	4394 25
CL110	Premium Plus	SK	230	12 23	2812 90
CC109	Calcium Chloride	lb	1325	79	1046 75
CC102	Cell-flake	lb	137	2 78	380 86
CC130	CEST	lb	60	18 75	1125 00
CF253	85/8" Regular Guide Shoe	ea	1		285 00
CF403	Flapper Type Insert		1		371 25
CF455b	Basket		1		787 50
CF105	Top Rubber Plug		1		168 75
CF4109	Stop Collar		1		75 00
CF4405	Centralizer		15	108 75	1631 25

AP LOCATION/DEPT. Libcap D02 NON D02

LEASE/WELL/FAC. Garden City V2

MAXIMO / WSM # _____

TASK 0102 ELEMENT 3023

PROJECT # 1151661 CAPEX OPEX - Circle one

SPO / BPA UNSUPPORTED

PRINTED NAME Daniel Cook

SUB TOTAL **\$20,212.21**

CHEMICAL / ACID DATA: J. Dan Cook
I certify that these Services/Materials have been received

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

SERVICE REPRESENTATIVE Paul Owen 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	5-2-12
Lease	Garden City V	Well #	2	Service Receipt	02963
Casing	8 5/8" 24" depth 1780'	County	Finney	State	KS
Job Type	242-8 5/8 surface	Formation		Legal Description	27-23-34

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24"	Shots/Ft		Lead 315 sk
Depth	1780'	From	To	A-Con
Volume	Disp-113 bbl	From	To	
Max Press	1500#	From	To	Tail in 230 sk
Well Connection	TD-1825'	From	To	Premium Plus
Plug Depth	ST-42'	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					on loc-site assessment (break circ)
					spot truck-rig up
					safety meeting / JSA
					pressure test 2000#
200			134.6	2	mix + pump 315 sk A-Con w/
					3% Calcium Chloride, 1/4# polyflake
					+ 2% WCA-1 @ 121 pp - 240 #/sk - 14.00 gal/sk
150			54.9	5	switch to tail, 230sk Premium /
					Plus (Class C) w/ 2% Calcium Chloride
					1/4# polyflake @ 14.8 pp - 1.34 #/sk - 6.33 gal/sk
0			0	6	drop plug, disp csg
800			93	2	slow rate last 20 bbl of disp
1300			114	0	land plug w/ 500# over
					circ cement to surface
					test csg @ 1500# for 30 min - ok
					job complete

Service Units	34726	27808-14553	30464-37547	19837-19566	
Driver Names	A Owen	E Mulozza	R Olds	R Yerra	

Daniela _____ Customer Representative
 J. Bennett _____ Station Manager
 A Owen _____ 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 02329 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>5-6-12</u> DISTRICT <u>1717</u>		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 <u>Oxy USA</u>		LEASE <u>Garden City V</u>		WELL NO. <u>2</u>					
ADDRESS		COUNTY <u>Finney</u>		STATE <u>KS</u>					
CITY		STATE		SERVICE CREW <u>J. Chuck, Eddie, Victor</u>					
AUTHORIZED BY <u>Serg Bernth</u>		JOB TYPE: <u>242 Long string</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<u>5-6-12</u>	<u>PM</u>	<u>600</u>
<u>19820</u>	<u>10</u>	<u>38750</u>	<u>10</u>			ARRIVED AT JOB	<u>5-6-12</u>	<u>AM</u>	<u>1000</u>
		<u>37725</u>	<u>1</u>			START OPERATION	<u>5-6-12</u>	<u>AM</u>	<u>110</u>
<u>27462</u>	<u>10</u>					FINISH OPERATION	<u>5-6-12</u>	<u>AM</u>	<u>330</u>
						RELEASED	<u>5-6-12</u>	<u>AM</u>	<u>400</u>
						MILES FROM STATION TO WELL			<u>75</u>

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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50-50 Poz <u>AP LOCATION/DEPT. Libcap</u> <u>D02</u> <input type="checkbox"/> <u>NON S/C</u>	240	240	8.25	1980.00
CC113	Gypsum <u>LEASE/WELL/FAC Garden City V2</u>	lb	1010	56	565.60
CC111	Salt <u>MAXIMO / WSM #</u>	lb	1332	38	506.16
CC103	C-15 <u>TASK 0102</u> <u>ELEMENT 3012</u>	lb	122	9.38	1144.36
CC105	C-41P <u>PROJECT # 1151661</u> <u>CAPEX / OPEX - Circle one</u>	lb	51	3.00	153.00
CC201	Gilsonite <u>SPO / BPA</u> <u>UNSUPPORTED</u> <input type="checkbox"/>	lb	1199	50	599.50
CF251	Guide Shoe <u>PRINTED NAME Daniel Cook</u>	EA	1		187.50
CF1451	Flapper Insert Flat Valve <u>certify that these Services/Materials have been provided</u>	EA	1		161.25
CF3000	IFC Thread Lock Kit	EA	1		25.50
CF103	Rubber Plug	EA	1		78.75
CC155	Super Flush II	gal	500	1.15	575.00
E101	Heavy Equipment Mileage	mi	150	5.25	787.50
CE240	Blending & Mixing Charge	SLC	240	1.05	252.00
E113	Bulk Delivery Charge	TM	757.5	1.20	909.00
CE200	Depth Charge	4hrs	1		2160.00
CE504	Plus Contingency Charge	job	1		187.50
E100	Pickup Mileage	mi	75	3.19	239.25
5003	Service Supervisor	EA	1		131.25
T105	Connect Data Acquiring Monitor	ea	1		412.50
SUB TOTAL					<u>11055.62</u>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <u>[Signature]</u> (WELL OWNER OPEBATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>5-6-12</i>	
Lease <i>Garden City "V"</i>		Well # <i>2</i>		Service Receipt <i>02329</i>	
Casing <i>5 1/2</i>	Depth <i>5042'</i>	County <i>Finnroy</i>		State <i>KS</i>	
Job Type <i>242 Long String</i>		Formation	Legal Description <i>27-23-34</i>		
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>		Tubing Size	Shots/Ft		Lead
Depth <i>5042'</i>	Depth <i>55, 44'</i>	From	To		
Volume <i>116615</i>	Volume	From	To		
Max Press <i>2500</i>	Max Press	From	To		Tail in 50-50 Poz <i>1.49 FT SK</i>
Well Connection <i>5/2</i>	Annulus Vol.	From	To		
Plug Depth <i>4913</i>	Packer Depth	From	To		<i>6656.65 13.8#</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1000</i>					<i>Arrive On location</i>
<i>955</i>					<i>Safety Meets - Rig Up</i>
<i>1000</i>					<i>Rig Runny Casing</i>
<i>1220</i>					<i>Circulate w/ Rig</i>
<i>1250</i>					<i>Hook up To BES</i>
<i>1255</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1300</i>	<i>300</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>1305</i>	<i>250</i>		<i>12</i>	<i>4.0</i>	<i>Pump Super Flush</i>
<i>1310</i>	<i>225</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>1315</i>	<i>200</i>		<i>64</i>	<i>5.0</i>	<i>Pump cont @ 13.8#</i>
<i>1325</i>					<i>Drop Plug - Wash Up</i>
<i>1330</i>	<i>6000</i>		<i>104</i>	<i>5.9</i>	<i>Displace</i>
<i>1350</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1400</i>	<i>1500</i>		<i>11</i>	<i>1.1</i>	<i>Land Plug - Float Hold</i>
<i>1430</i>	<i>2100</i>				<i>Test Casing - Hold - OK</i>
<i>1545</i>					<i>Job Complete</i>
<i>Thanks For Using Basic Energy Services</i>					
Service Units	<i>19820</i>	<i>27462</i>	<i>38750-37725</i>		
Driver Names	<i>I. Chmel</i>	<i>Edde</i>	<i>Victor</i>		

Donald

Customer Representative

Sean Best

Station Manager

Harold Chmel

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 28, 2012

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

Re: ACO1
API 15-055-22141-00-00
GARDEN CITY V 2
SW/4 Sec.27-23S-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