



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1092457
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
-----------------------------------	-----------------	---

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: _____

1092457

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
--	---

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM B 2
Doc ID	1092457

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
BOREHOLE COMPENSATED SONIC ARRAY
DUAL SPACED NEUTRON SPECTRAL DENSITY
ANNULAR HOLE VOLUME
MICROLOG
CEMENT BOND LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM B 2
Doc ID	1092457

Tops

Name	Top	Datum
HEEBNER	3775	
TORONTO	3796	
LANSING	3883	
KANSAS CITY	4236	
MARMATON	4344	
CHEROKEE	4471	
MORROW	4695	
ST. GENEVIEVE	4785	
ST. LOUIS	4857	



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 02330 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-9-12 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 Hylbom 'B'		2 WELL NO.						
ADDRESS		COUNTY Kearny		STATE KS						
CITY STATE		SERVICE CREW J. Chavez, Eddie, Julian, Royce								
AUTHORIZED BY Sony Benth JRB		JOB TYPE: 242 Surface								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	5-8-12	DATE	AM	TIME
19820	10	38750	10	19827	10	ARRIVED AT JOB	5-8-12		PM	-720
		37725	1	19540	1	START OPERATION	5-9-12		AM	440
38111	10					FINISH OPERATION	5-9-12		AM	630
19919	1					RELEASED	5-9-12		AM	-730
						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
CL101	A-Corn Blend	SLK	315	13 95	4394 25
CL110	Premium Plus Cont	SLK	230	12 23	2812 90
CC109	Calcium Chloride	16	1325	79	1046 75
CC102	CelloFlake	16	137	2 78	380 86
CC130	C-51	16	60	18 75	1125 00
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Float Valve	EA	1		210 00
CF4556	Cement Basket	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CF3000	IR Thread Lock Kit	EA	12	25 50	306 00
E101	Heavy Equipment Mileage	mi	270	5 25	1417 50
CE240	Blending & Mixing Charge	SLK	545	1 05	572 25
E113	Bull Delivery Charge	TR	2313	1 20	2775 60
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plus Container Charge	job	1		187 50
E100	Pickup Mileage	mi	90	3 19	287 10
S003	Service Supervisor	EA	1		131 25
F105					

AP LOCATION/DEPT. **Libcap** D02 NON D02

SUB TOTAL **19313 21**

CHEMICAL / ACID DATA	LEASE/WELL/FAC Garden City Hylbom B-2	SERVICE & EQUIPMENT	%TAX ON \$
	MAXIMO / WSM #	MATERIALS 3523	%TAX ON \$
	TASK 0102	PROJECT # 1152420	TOTAL
	PROJECT # 1152420	CAPEX/OPEX - Circle one	

SPO / BPA UNSUPPORTED
Circle Doc Type
PRINTED NAME **Daniel Cook**

SERVICE REPRESENTATIVE **Daniel Chavez** SIGNATURE:
ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>5-9-12</i>
Lease <i>Hylbom 'B'</i>	Well # <i>2</i>	Service Receipt <i>02330</i>
Casing <i>8 5/8</i>	Depth <i>1820</i>	County <i>Kearny</i> State <i>115</i>
Job Type <i>242 Surface</i>	Formation	Legal Description <i>25-23-35</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>3156k A-Con</i>
Depth <i>1827</i>	Depth <i>S.S. 44</i>	From	To	<i>2.4773-5k Blend</i>
Volume <i>113.3 b/s</i>	Volume	From	To	<i>14.062d-5k 12.1#</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>2305k Class C</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34773-5k</i>
Plug Depth <i>1783'</i>	Packer Depth	From	To	<i>6.336d-5k 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1200					<i>Arrive On Location</i>
1230					<i>Safety Meeting - Rig Up</i>
1200					<i>Rig Running Casing</i>
400					<i>Circulate w/rig</i>
430					<i>Hook up To BES</i>
440	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
445	<i>350</i>		<i>135</i>	<i>6.0</i>	<i>Pump Lead cement @ 12.1#</i>
515	<i>200</i>		<i>55</i>	<i>4.0</i>	<i>Pump Tail cement @ 14.8#</i>
530					<i>Drop Plug - Wash Up</i>
535	<i>300</i>		<i>103</i>	<i>5.5</i>	<i>Displace</i>
555	<i>900</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
600	<i>1400</i>		<i>.1</i>	<i>.1</i>	<i>Land Plug - Float Held</i>
630	<i>1500</i>				<i>Test Casing - Held - OK</i>
					<i>Cement To Surface</i>
					<i>Job Complete</i>
					<i>THANKS FOR USING BASIC ENERGY SERVICES</i>

Service Units	<i>19820</i>	<i>38111-19919</i>	<i>38750-37225</i>	<i>19827-19566</i>	
Driver Names	<i>L. Chavez</i>	<i>Eddie</i>	<i>Royce</i>	<i>Sulian</i>	

Daniel Customer Representative
 Sam Bantz Station Manager
 Samuel Chavez 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 02332 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-12-12 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 Hylbom "B" # 2 WELL NO.							
ADDRESS		COUNTY Neorly STATE KS							
CITY STATE		SERVICE CREW J. Chavez, Eddie, Saul							
AUTHORIZED BY Tony Bando JRB		JOB TYPE: 242 5 1/2 Long Strng							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							5-12-12		1200
19820	9	27462	9	38750	9	ARRIVED AT JOB	5-12-12	AM	350
				37725	1	START OPERATION	5-12-12	AM	645
						FINISH OPERATION	5-12-12	AM	830
						RELEASED	5-12-12	AM	930
						MILES FROM STATION TO WELL			75

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 P02 AP LOCATION/DEPT. Libcap D02 INON D02	SK	240	8 25	1980 00
CC113	Gypsum LEASE/WELL/FAC Hylbom B-2	lb	1010	56	565 60
CC111	Salt MAXIMO / WSM #	lb	1476	38	560 88
CC103	C-15 TASK 0102 ELEMENT 3023	lb	122	9 38	1144 36
CC105	C-41P PROJECT # 1152420 CAPEX / OPEX - Circle one	lb	51	3 00	153 00
CC201	Gilsonite SPO / BPA UN SUPPORTED	lb	1200	50	600 00
CF251	Guide Shoe PRINTED NAME Daniel Cook	EA	1		187 50
CF1451	Insert Plug SIGNATURE: Daniel Cook	EA	1		161 25
CF103	Rubber Plug I certify that these Services/Materials have been received	EA	1		78 75
CF4105	Stag Collar 5 1/2	EA	1		63 00
CF1711	Centralizer's 5 1/2	EA	15	56 25	843 75
CC155	Super Flush 11	gal	500	1 15	575 00
E101	Heavy Equipment Mileage	mi	150	5 25	787 50
CE240	Blending & Mixing Charge	sk	240	1 05	252 00
E113	Bulk Delivery Charge	ton	758	1 20	909 60
CE206	Depth Charge	4hrs	1		216 00
CE504	Plus Container Charge	job	1		187 50
E100	Pickup Mileage	mi	75	3 19	239 25
5003	Service Supervisor	EA	1		131 25

SUB TOTAL **11992 09**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE

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

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>5-12-12</i>	
Lease <i>Hyibom 'B'</i>		Well # <i>2</i>		Service Receipt <i>02332</i>	
Casing <i>5 1/2</i>		Depth <i>5085'</i>		County <i>Kearny</i> State <i>KS</i>	
Job Type <i>242 Long String</i>		Formation		Legal Description <i>25-23-35</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>		Tubing Size		Shots/Ft	
Depth <i>5085</i>		Depth <i>5544'</i>		Lead	
Volume <i>127 b/s</i>		Volume		From	
Max Press <i>2500</i>		Max Press		To	
Well Connection <i>5 1/2</i>		Annulus Vol.		From	
Plug Depth <i>5035</i>		Packer Depth		To	
				Tail in <i>240 sk 5050102</i>	
				<i>1.58 FT 3-SK</i>	
				<i>7.366d-sk 13.5#</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1550</i>					<i>Arrive On Location</i>
<i>1600</i>					<i>Safety Meeting - Rig Up</i>
<i>1600</i>					<i>Rig Primary Casing</i>
<i>1730</i>					<i>Circulate w/rig</i>
<i>1800</i>					<i>Hook Up To TSE5</i>
<i>1810</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1815</i>	<i>375</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>1820</i>	<i>350</i>		<i>12</i>	<i>4.0</i>	<i>Pump Super Flush II</i>
<i>1825</i>	<i>300</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>1830</i>	<i>250</i>		<i>68</i>	<i>5.0</i>	<i>Pump cement @ 13.6#</i>
<i>1855</i>					<i>Drop Plug - Wash Up</i>
<i>1900</i>	<i>350</i>		<i>107</i>	<i>6.0</i>	<i>Displace</i>
<i>1930</i>	<i>900</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1935</i>	<i>1400</i>		<i>11</i>	<i>11</i>	<i>Land Plug - Float Held</i>
<i>2005</i>	<i>2000</i>				<i>Test Casing - OK</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>
Service Units	<i>19820</i>	<i>29412</i>	<i>38750-37725</i>		
Driver Names	<i>J. Chavez</i>	<i>Eddie</i>	<i>Saul</i>		

Daryl
Customer Representative

Sean Burt
Station Manager

Israel Chavez
Cementer
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

September 06, 2012

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

Re: ACO1
API 15-093-21877-00-00
HYLBOM B 2
NE/4 Sec.25-23S-35W
Kearny 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