



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1092711
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: _____

1092711

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GUTTRIDGE A 1
Doc ID	1092711

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GUTTRIDGE A 1
Doc ID	1092711

Tops

Name	Top	Datum
HEEBNER	4105	
TORONTO	4125	
LANSING	4192	
KANSAS CITY	4614	
MARMATON	4751	
CHEROKEE	4891	
ATOKA	5120	
MORROW	5176	
CHESTER	5289	
ST. GENEVIEVE	5410	
ST. LOUIS	5523	



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 02331 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-10-12 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 Guttridge "A" #1 WELL NO.							
ADDRESS		COUNTY Haskell		STATE KS					
CITY STATE		SERVICE CREW J. Chavez, Eddie, Julian, Victor							
AUTHORIZED BY Jerry Bentz JRB		JOB TYPE: Z42 Surface 8 5/8							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							5-9-12	PM	1100
19820	13	38750	4	19827	13	ARRIVED AT JOB	5-10-12	AM	130
		37725	1	19560	1	START OPERATION	5-10-12	AM	500
38111	13					FINISH OPERATION	5-10-12	AM	100
19919	2					RELEASED	5-10-12	AM	130
						MILES FROM STATION TO WELL	40		

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	335	13 95	4673 25
CL110	Premium Plus Cement	SK	395	12 23	4830 85
CC109	Calcium Chloride	1b	1659	79	1310 61
CC102	CelloPlace	1b	145	2 78	403 10
CC130	C-51	1b	63	18 75	1181 25
CF253	Guide Shoe	EA	1		285 00
CF1403	Flapper Insert Float Valve	EA	1		371 25
CF4405	Centralizer 8 5/8	EA	15	108 75	1631 25
CF4556	Cement Basket	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Callot	EA	1		75 00
E101	Heavy Equipment Mileage	mi	160	5 25	840 00
CE240	Blending & Mixing Charge	SK	730	1 05	766 50
E113	Bulk Delivery Charge	TM	1344	1 20	1612 80
CE202	Depth Charge	4hrs	1		1125 00
CC504	Plus Container Charge	job	1		187 50
E100	Pickup Mileage	mi	40	3 19	127 60
5003	Service Supervisor	EA	1		131 25
CE403	Additional Hours	EA	1		1875 00
				SUB TOTAL	22608 46

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT: **Liberal** DIVISION: **02331**
 LEAD/WELL/FAC: **Guttridge A-1** SUB TOTAL: **22608 46**
 MAXIMO / WSM # _____
 TASK: **0102** ELEMENT: **3023**
 SERVICE & EQUIPMENT % TAX ON \$: _____
 PROJECT # **1720741** CAPEX / OPEX: **Circle one**
 SPO / BPA _____ UNSUPPORTED TOTAL _____
 PRINTED NAME: **Jerry Bentz**
 SIGNATURE: _____
 I certify that these Services/Materials have been received.

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



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>5-10-12</i>	
Lease <i>Guttridge "A"</i>		Well # <i>1</i>		Service Receipt <i>02331</i>	
Casing <i>8 5/8</i>	Depth <i>1833</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>14-28-33</i>	
Pipe Data			Perforating Data		
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Cement Data	
Depth <i>1840</i>	Depth <i>55.44'</i>	From	To	Lead <i>3355k A-6w</i>	
Volume <i>114615</i>	Volume	From	To	<i>2.4ft 3.5k</i>	
Max Press <i>1800</i>	Max Press	From	To	<i>14.06k 5k 12.1#</i>	
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	Tail in 2455k Class C	
Plug Depth <i>1790'</i>	Packer Depth	From	To	<i>1.34ft 3.5k</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>130</i>					<i>Arrive on location</i>
<i>150</i>					<i>Safety Meeting Rig Up</i>
<i>130</i>					<i>Rig Pumping Casing</i>
<i>430</i>					<i>Circulate w/Rig</i>
<i>445</i>					<i>Hook Up To BSES</i>
<i>450</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>455</i>	<i>350</i>		<i>143</i>	<i>5.4</i>	<i>Pump Lead cmt @ 12.1#</i>
<i>520</i>	<i>250</i>		<i>58</i>	<i>5.0</i>	<i>Pump Tail cmt @ 14.8#</i>
<i>535</i>					<i>Drop Plug - Wash Up</i>
<i>540</i>	<i>300</i>		<i>104</i>	<i>5.2</i>	<i>Displace</i>
<i>600</i>	<i>900</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>605</i>	<i>1400</i>		<i>1</i>	<i>1.1</i>	<i>Lead Plug - Float Hold</i>
<i>610</i>	<i>700</i>				<i>TEST Casing - Bleed OFF</i>
					<i>No Cement To Surface</i>
<i>1100</i>					<i>TOP OUT w/1505k 100ft of</i>
<i>1145</i>					<i>1 inch Cement To Surface</i>
<i>1330</i>					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>
Service Units	<i>104820</i>	<i>3811-1999</i>	<i>19877-19564</i>	<i>38750-37725</i>	
Driver Names	<i>T. Chover</i>	<i>Eric</i>	<i>Julian</i>	<i>Victor</i>	

George

Customer Representative

Ben Burt

Station Manager

T. Chover

Cementer



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 02335 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-18-12 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 Guttridge "A"				WELL NO. 1			
ADDRESS		COUNTY Haskell				STATE KS			
CITY STATE		SERVICE CREW J. Chaz, Eddie, Julian							
AUTHORIZED BY Jay Bant		JOB TYPE: 242 Long Stray							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM-PM	TIME
19820	11	27462	11	38750	10		5-18-12	AM	300
				37725	1		5-18-12	AM	600
							5-18-12	AM	1000
							5-18-12	AM	1000
							5-18-12	AM	100
							5-18-12	AM	230
						MILES FROM STATION TO WELL 35			

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 PDZ	SK	325	8.25	2681.25
CC113	Gypsum	lb	1365	56	764.40
CC111	Salt	lb	1994	38	757.72
CC103	C-15	lb	164	9.38	1538.32
CC105	C-41P	lb	69	3.00	207.00
CC201	Gilsonite	lb	1625	50	812.50
CF251	Guide Shoe	EA	1		187.50
CF1401	Insert Float Valve	EA	1		277.50
CF4452	Centralizer 5/2	EA	20	56.25	1125.00
CF103	Rubber Plug	EA	1		78.75
CF4105	Stop Collar	EA	1		63.00
CC155	SuperFlush	gal	500	1.15	575.00
E101	Heavy Equipment Mileage	mi	70	0.102	367.50
CE240	Blending & Mixing Charge	SK	325		241.25
E113	Bulk Delivery Charge	km	478		573.30
CE206	Depth Charge	lbs	1		216.00
CE504	Plus Container Charge	job	1		187.50
E100	Pickup Mileage	mi	35	3.19	111.65
SG03	Service Supervisor	EA	1		131.25
SUB TOTAL					18432.89

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>5-18-12</i>
Lease <i>Guttridge "A"</i>	Well # <i>1</i>	Service Receipt <i>02335</i>
Casing <i>5 1/2</i>	Depth <i>5772</i>	County <i>Haskell</i>
Job Type <i>24</i>	Formation	State <i>KS</i>
		Legal Description <i>14-28-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>	Tubing Size	Shots/Ft		Lead
Depth <i>5765</i>	Depth <i>5544</i>	From	To	
Volume <i>1326 1/5</i>	Volume	From	To	
Max Press <i>2500</i>	Max Press	From	To	Tail in <i>3 BSK 5050</i> <i>1.58 FT 5/16 PDZ</i>
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	
Plug Depth <i>5721</i>	Packer Depth	From	To	<i>7.30 6d-5/16 13.5</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>600</i>					<i>Arrive on location</i>
<i>630</i>					<i>Safety Meeting - Rig Up</i>
<i>600</i>					<i>Rig Runway Casing</i>
<i>1000</i>					<i>Circulate w/ Rig</i>
<i>1030</i>					<i>Hook up to BES</i>
<i>1040</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1045</i>	<i>325</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>1050</i>	<i>300</i>		<i>12</i>	<i>4.0</i>	<i>Pump Super Flash</i>
<i>1055</i>	<i>250</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>1100</i>	<i>200</i>		<i>77</i>	<i>5.0</i>	<i>Pump cont @ 13.5#</i>
<i>1115</i>					<i>Prog Plug - Wash Up</i>
<i>1120</i>	<i>300</i>		<i>122</i>	<i>6.0</i>	<i>Displace</i>
<i>1140</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1145</i>	<i>1500</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Float Held</i>
<i>1215</i>	<i>2300</i>				<i>Test Carry - OK Held</i>
					<i>Job Complete</i>
<i>Thanks for using Basic Energy Services</i>					
<i>Single & Double were lost.</i>					

Service Units	<i>19820</i>	<i>27462</i>	<i>38750-37725</i>		
Driver Names	<i>J. Chavez</i>	<i>Eddie</i>	<i>Sullivan</i>		

George
Customer Representative
Ben Best
Station Manager
Frank 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 05, 2012

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

Re: ACO1
API 15-081-21981-00-00
GUTTRIDGE A 1
NW/4 Sec.14-28S-33W
Haskell 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