



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1092827
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: _____

1092827

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	STOOPS B 1
Doc ID	1092827

Tops

Name	Top	Datum
HEEBNER	4028	
TORONTO	4051	
LANSING	4106	
KANSAS CITY	4582	
MARMATON	4736	
CHEROKEE	4917	
ATOKA	5091	
MORROW	5195	
ST. GENEVIEVE	5337	
ST. LOUIS	5385	
SPERGEN	5460	



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 02929 A

DATE _____ TICKET NO. 2929 A

DATE OF JOB <u>5-12-12</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</u>		LEASE <u>STOOPS</u> <u>B-1</u> WELL NO.				
ADDRESS		COUNTY <u>HASKEL</u> STATE <u>Ks</u>				
CITY STATE		SERVICE CREW <u>LIBERAL TOM RICH SANTIAGO RAMER</u>				
AUTHORIZED BY <u>Bennett</u> <u>JRB</u>		JOB TYPE: <u>8 5/8</u> <u>242</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>5-12-12</u> DATE <u>AM</u> TIME <u>12:00</u>
<u>39878</u>	<u>15</u>	<u>30463</u>	<u>15</u>	<u>30463</u>	<u>15</u>	ARRIVED AT JOB <u>AM</u> <u>1:30</u>
<u>38119</u>		<u>377024</u>		<u>377024</u>		START OPERATION <u>AM</u> <u>3:40</u>
<u>19919</u>		<u>LOCATION/DEPT. <u>Lib. CAP</u> D02 <input type="checkbox"/> NON D02 <input type="checkbox"/></u>				FINISH OPERATION <u>AM</u> <u>12:53</u>
<u>30464</u>		<u>LEASE/WELL/FAC. <u>STOOPS B-1</u></u>				RELEASED <u>AM</u> <u>1:15</u>
<u>37547</u>		<u>MAXIMO / WSM #</u>				MILES FROM STATION TO WELL <u>30</u>
		<u>TASK <u>01-02</u> ELEMENT <u>3023</u></u>				
		<u>PROJECT # <u>1146957</u> CAPEX / OPEX - Circle one</u>				

SPO / BPA UNSUPPORTED
 CONTRACTOR CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).
 PRINTED NAME Tom Rich
 SIGNATURE [Signature]
 of Basic Energy Services LP. Materials have been received

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	245	12 23	2996 35
CC109	Calcium CHLORIDE	lb	1407	79	1111 53
CC102	CELLOFLAKE	lb	145	2 78	403 10
CC130	C-51	lb	63	18 75	1181 25
CF 253	GUIDE SHOE Reg <u>8 5/8</u>	EA	1		285 00
CF 1903	ISE VALVE <u>8 5/8</u>	EA	1		371 25
CF 4405	CENTRALIZERS <u>8 5/8</u>	EA	7	108 75	761 25
CF 4556	CMT BSKT <u>8 5/8</u>	EA	1		787 50
CF 105	TOP Rubber Plug <u>8 5/8</u>	EA	1		168 75
CF 4109	TOP COLLAR <u>8 5/8</u>	EA	1		75 00
E 101	HEAVY Veh Mileage	mi	90	5 25	472 50
CE 240	Blending & Mixing SERVICE CHARGE	SK	583	1 05	609 00
E 113	PROPANT & BULK DELIVERY CHARGE	TM	819	1 20	982 80
CE 202	DEPTH CHARGE 1001-2000	4hrs	1		1125 00
CE 504	Plug Cont CHARGE	JOB	1		187 50
E 100	Unit Mileage CHARGE	mi	30	3 19	95 70
S 003	SERVICE SUPERVISOR	EA	1		131 25
CF3000	Cement I.R. Threadlock Kit	EA	31	25 50	790 50
SUB TOTAL					<u>17208 48</u>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Tom Rich</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO. _____



Cement Report

Customer Oxy USA	Lease No.	Date 5-12-12
Lease STOOPS	Well # B-1	Service Receipt 2929A
Casing 8 5/8	Depth 1820.19	County Haskell State Ks
Job Type 8 5/8 242	Formation	Legal Description 23-30S 34W

Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8	Tubing Size	Shots/Ft		Lead 3355x
Depth 1820.19	Depth	From	To	A-CON
Volume 113.27	Volume	From	To	12.1 1/4 GAL 2.40 FT³
Max Press 3000	Max Press	From	To	Tail in
Well Connection 8 5/8 PL	Annulus Vol.	From	To	245 x
Plug Depth 1781.05	Packer Depth	From	To	14.8 1/4 GAL 1.34 FT³

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					called out
1:30					on Loc / Hold SAFETY MTG
					Rig up tck's
					Run 36 ft's 8 5/8 24" CSG
					Req G. SHOT: APU insert 1st: 3214
					Cent 1-3-6-A-22-30-40 CMT BSKT 40
3:40					START CSG
9:20					CSG on Bottom
9:38					Hook up to CSG & Break Circ wiring
10:42	3000				PSI TEST Line
10:44	200			5	START Pumping H ₂ O
10:46			10		START MIX 3355x A-CON LEAD
					12.1 1/4 GAL 2.40 FT ³
11:20			143		START MIX 245 x (annulus) TAIL
					14.8 1/4 GAL 1.34 FT ³
11:36			58		SHUT DOWN Release SW 8 5/8 Plug
11:45	200			5	START Disp
	700		80		LEFT CMR
12:12	1600		112		Plug down
12:15					RELEASE + HELP
12:17	1500				PSI TEST CSG
12:53	1500				HELD
					RELEASE

Thanks
Tom Ruben Santiago
Roman PLEASE
CALL
APR 11

Service Units	39878	38119	19919	30969/35817	30963	37724
Driver Names	Tom	Ruben		Roman	Santiago	

Col Willie
Customer Representative
Jeann Bennett
Station Manager
T. LEAS
Cementer
Taylor Printing, Inc.



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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 03553 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: Stoops B #1	WELL NO.:									
ADDRESS:	COUNTY: Haskell	STATE: KS									
CITY:	CITY: _____	STATE: _____									
AUTHORIZED BY: J. Bennett JRB	SERVICE CREW: E Mendoza, S Rodriguez										
EQUIPMENT#		HRS		EQUIPMENT#		HRS		TRUCK CALLED	DATE	ATV PM	TIME
34726		8							5-18-12		1:00
27808		2						ARRIVED AT JOB		3:00	
19553		6						START OPERATION		7:00	
19827		2						FINISH OPERATION		10:00	
19566		6						RELEASED		11:00	
								MILES FROM STATION TO WELL	75 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
CL104	50/50 Poz	sk	290	8.25	2392.50
CC113	Gypsum	lb	1220	56	683.20
CC111	Salt	lb	1783	38	677.54
CC103	C-15	lb	147	9.38	1378.86
CC105	C-41P	lb	61	3.00	183.00
CC201	Gilsonite	lb	1450	50	725.00
<p>AP LOCATION/DEPT. 020177 D02 <input type="checkbox"/> NON D02 <input type="checkbox"/></p> <p>LEASE/WELL/FAC Stoops B-1</p> <p>MAXIMO / WSM # _____</p> <p>TASK 0102 ELEMENT 3023</p> <p>PROJECT # 1146597 CAPEX / OPEX <input type="checkbox"/> one</p> <p>TYPE BPA <input type="checkbox"/> UNSUPPORTED <input type="checkbox"/></p> <p>NAME Derek Adam</p> <p>SURE: _____</p> <p><i>I certify that these services/materials have been received.</i></p> <p>#15, 11.69 5/18/12</p>					

SUB TOTAL **\$13,776.10**

CHEMICAL / ACID DATA:			

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

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



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ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET CONT.

TICKET NO. 03503

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CF251	5 1/2" Regular Guide Shoe ✓	ea	1		187 50
CF1401	Flapper Type Insert ✓		1		161 25
CF103	Top Bubbler Plug ✓		1		78 75
CF4105	Stop Collar ✓		1		63 00
CF445a	Turbolizers ✓	↓	20	56 25	1125 00
CC155	Superflush ✓	gal	500	1 15	575 00
E101	Heavy Equipment Mileage	mi	150	5 25	787 50
CE240	Blending + Mixing Service	sk	290	1 05	304 50
E13	Proppant + Balls Delivery	ton/mi	915	1 20	1098 00
CE206	Pump Depth: 5001-6000'	4hr	1		2160 00
CF504	Plug Container	ea	1		187 50
E100	Unit Mileage	mi	75	3 19	239 25
S003	Service Supervisor	ea	1		131 25
T105	Cement Data Acquisition	ea	1		412 50
CF503	High Head 8'	ea	1		225 00



Cement Report

Customer Oxy		Lease No.		Date 8-18-12					
Lease Stoop S		Well # B1		Service Receipt 03553					
Casing 5 1/2" 17# Depth		County Haskell		State KS					
Job Type 242 5 1/2" Production		Formation		Legal Description 23-30-34					
Pipe Data			Perforating Data			Cement Data			
Casing size 5 1/2" 17#	Tubing Size		Shots/Ft			Lead			
Depth 5685.90'	Depth		From	To		Tail in 290 st 50/50 Poz			
Volume 131.2 bbl	Volume		From	To					
Max Press 2500#	Max Press		From	To					
Well Connection 70-5702'	Annulus Vol.		From	To					
Plug Depth 51-43.53'	Packer Depth		From	To					
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log				
3:00					on loc-site assessment				
3:30					spot trucks - rig up				
7:00					start ESG on 4m, break circ				
8:00					safety meeting / ISA				
8:05					pressure test 3000#				
8:45	200		5	4	pump 5 bbl H ₂ O spacer				
8:47	200		12	4	pump 12 bbl superflush				
8:52	200		5	4	pump 5 bbl H ₂ O spacer				
8:55	200		81.6	5	mix + pump 290 st 50/50 poz @ 13.5 ppg - 1.58 ft/sec - 7.36 gal/sk				
8:45					finish cut, wash lines				
8:50	0		0	5	drop plug, disp ESG				
9:00			50	3	slow rate leak @ collar				
9:25			120	2	slow rate lost 10 bbl of disp				
9:30			131.5	0	float held, plug didn't land job complete				
					didn't psi test ESG, collar leak				
Service Units		34776		27808-19553		19837-19846			
Driver Names		A Owen		B Mulvaney		S Rodriguez			

Derek
Customer Representative
Si Bennett
Station Manager
A Owen
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 15-081-21983-00-00
STOOPS B 1
SW/4 Sec.23-30S-34W
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