



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1093105
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: _____

1093105

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	HYLBOM A 3
Doc ID	1093105

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 3
Doc ID	1093105

Tops

Name	Top	Datum
HEEBNER	3775	
LANSING	3826	
MARMATON	4340	
CHEROKEE	4466	
ATOKA	4628	
MORROW	4700	
ST. GENEVIEVE	4817	
ST. LOUIS	4668	
SPERGEN	4995	



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 02872 A

DATE _____ TICKET NO. _____

DATE OF JOB 5/15/12	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 A-3		WELL NO.						
ADDRESS		COUNTY Finney	STATE KS						
CITY		STATE		SERVICE CREW Zayer, Victor, Scott					
AUTHORIZED BY Tyce JRB		JOB TYPE: <u>Surface 742</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 5/14	AM PM	TIME 9:00
19556	6.5	AP LOCATION/DEPT.	Libcap	D02	NON D02	ARRIVED AT JOB	5/14	AM	10:30
3145	6.5	LEASE/WELL/FAC	Hylbom B-3			START OPERATION	5/15	AM	02:00
30164	6.5	MAXIMO / WSM #				FINISH OPERATION		AM	04:00
33021	6.5	TASK	6102	ELEMENT	3023	RELEASED		AM	05:00
		PROJECT #	1151903	CAPEX / OPEX - Circle one		MILES FROM STATION TO WELL	90	AM	
		SPO / BPA	Daniel Cook	UNSUPPORTED					

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	Acon Blend	SK	315	13 95	4394 25
CL110	Premium Plus Cement	SK	405	12 23	4951 13
CC109	Calcium Chloride	LB	1655	79	1307 45
CC102	Celloflake	LB	137	2 78	380 86
CC160	C-21	EB	60	18 75	1125 00
CF253	Guide Shoe Reg	EA	1		285 00
CF1453	Flapper float Valve	EA	1		210 00
CF4556	Bushset	EA	1		787 50
CF105	Top Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E107	Heavy Equip Mileage	MI	360	5 25	1890 00
CE240	Blending & Mixing Charge	SK	895	1 05	939 75
E113	Bulk Delivery	TM	3798	1 20	4557 60
CE202	Depth Charge	Chg	1		1125 00
CE504	215 Container	Job	1		187 50
E100	Pickup Mileage	MI	90	3 19	287 10
5003	Service Supply	EA	1		131 25
T105	Cement Data Log Monitor	EA	1		412 50
CE503	High Head Charge	EA	1		225 00

SUB TOTAL 27025 64

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>5/15/12</i>
Lease <i>HUL Bom A</i>	Well # <i>A3</i>	Service Receipt
Casing <i>4 5/8</i>	Depth <i>1514</i>	County <i>Finney</i> State <i>KS</i>
Job Type <i>Surface</i>	Formation	Legal Description <i>30-23-34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>4 5/8"</i>	Tubing Size	Shots/Ft		Lead <i>3/55K A-Con</i>
Depth <i>1520</i>	Depth	From	To	@ <i>12.4#</i>
Volume <i>112.46</i>	Volume	From	To	<i>2.40 y 14,000 gal</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>1230 5x CI</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	@ <i>14.8#</i>
Plug Depth	Packer Depth	From	To	<i>1.34 y 6.33 gal</i>

5/14

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
20:30					on loc, spot trucks R.V. safety mtg
02:04	3000				test lines
02:11	260		0	5	start mixing @ 12.4#
02:36	240		135	2	ontail @ 14.8#
02:51	0		55	-	shut down, drop plug
02:53	0		0	5	start dry
03:14	460		90	2	slow rate
03:29	1080		112.5	-	plug down (no returns)
03:32	1500				test csg:
04:02	0				rel. pos. job complete wait on order , wait on order
14:30					run 1"
16:17	70		5	1	@ 350' Est Rate
16:22	70		0	1	start mixing "C" 2% CC @ 13.5#
16:15	40		40	-	finished mixing
17:30					washup PTL job complete.

Service Units	<i>19858</i>	<i>379233972</i>	<i>33021</i>	<i>379724</i>	<i>30464</i>	<i>379597</i>
Driver Names	<i>C. Hinz</i>	<i>R. Olds</i>	<i>S. Boeck</i>	<i>N. Vasquez</i>		

Daniel Customer Representative Jerry Bennett Station Manager Chad Hinz 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 02874 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>5/19/12</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>Hylbom A-3</u>				WELL NO.:	
ADDRESS:		COUNTY: <u>Finney</u>		STATE: <u>Ks</u>			
CITY:		SERVICE CREW: <u>Royce, Sawl</u>					
AUTHORIZED BY: <u>Tyce</u>		JOB TYPE: <u>PTA 242</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: <u>5/18/12</u> AM/PM: <u>9:00</u>
<u>19888</u>	<u>14.5</u>					ARRIVED AT JOB	<u>5/18/12</u> AM/PM: <u>11:15</u>
<u>39723 39724</u>	<u>14.5</u>					START OPERATION	<u>5/19/12</u> AM/PM: <u>1:15</u>
<u>30463 39724</u>	<u>14.5</u>					FINISH OPERATION	<u>5/19/12</u> AM/PM: <u>2:30</u>
						RELEASED	<u>5/19/12</u> AM/PM: <u>3:00</u>
						MILES FROM STATION TO WELL	<u>90</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
CL103	60/40 Poz	SK	320	9.00	2880.00
CC200	Cement Gel	lb	550	19	104.50
CC109	Calcium Chloride	lb	258	79	203.82
E101	Heavy Equip Mileage	Mi	290	5.25	1417.50
CE240	Blending & Mixing Charge	SK	320	1.05	336.00
E113	Bulk Delivery	Tmc	1861	1.20	2233.44
CE202	Depth Charge 1001 to 2000'	1	4hr		1125.00
E100	Pickup Mileage	Mi	90	3.19	287.10
5003	Service Super Visor	EA	1		131.25
T105	Data Acq. Monitor	EA	1		412.50
CE504	Acid hrs	EA	10	375.00	3750.00

AP LOCATION/DEPT. Libcap D02 NON D02

LEASE/WELL/FAC Hylbom A-3

MAXIMO / WSM # _____

TASK 30102 ELEMENT 3023

PROJECT # 1151903 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

Circle Doc Type

PRINTED NAME Seferny Kneese

SIGNATURE: [Signature]

I certify that these Services/Materials have been received

SUB TOTAL 12881.11

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>Chad Hinz</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 5/19/12
Lease Hylboom	Well # A-3	Service Receipt
Casing	Depth 1940'	County Finney State KS
Job Type PTA	Formation	Legal Description 30-23-34

Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8	Tubing Size 4 1/2 D.P	Shots/Ft		Lead
Depth 1816'	Depth 1940'	From	To	
Volume	Volume	From	To	
Max Press	Max Press	From	To	Tail in
Well Connection Drill Pipe	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5/18 23:15					on log spot trucks, R.U., satisfactory
01:15	150		15	4	H2O @ 1940'
01:21	160		27.5	5	Mix 100sx 60/40 P.O.Z @ 13.5#
01:29	40		3	4	H2O
01:32			17	5	Mud
05:30					Bitest (Failed) Did Not Tag
06:24	150		15	4	H2O @ 1850' 1850'
06:31	180		27.5	5	Mix 100sx 60/40
06:42	80		3	4	H2O
06:43	60		16	5	Mud
06:50					
13:04	100		10	11	H2O @ 1850' 990'
13:07	40		13.5 5	5	Mix 50sx 60/40
13:13	40		2	5	H2O
13:39	100		10	4	H2O @ 450'
13:42	80		13.5	5	Mix 50sx 60/40
13:48	40		2	5	H2O
4:09			6		Mix 20sx @ 63' Job Complete

Service Units	19588	39723, 39722, 3046, 3775
Driver Names	Chavez	R. Olds, B. Rodriguez

Jeremy _____ Customer Representative
Jim Bennett _____ Station Manager
Chad 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 10, 2012

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

Re: ACO1
API 15-055-22147-00-00
HYLBOM A 3
NW/4 Sec.30-23S-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