



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1093847  
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: \_\_\_\_\_

1093847

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ARBUTHNOT A 7
Doc ID	1093847

Tops

Name	Top	Datum
HEEBNER	4031	
LANSING	4106	
MARMATON	4752	
CHEROKEE	4930	
ATOKA	5096	
MORROW	5220	
CHESTER	5293	
ST. GENEVIEVE	5330	
ST. LOUIS	5507	
SPERGEN	5573	



**BASIC**<sup>SM</sup>  
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 02337 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>5-21-12</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>Arbutnot 'A'</u> # <u>7</u>		WELL NO.					
ADDRESS		COUNTY <u>Haskell</u>		STATE <u>KS</u>					
CITY STATE		SERVICE CREW <u>J. Chavez, Saul, Ramon, Ever</u>							
AUTHORIZED BY <u>Jay Bentz</u> <u>JRB</u>		JOB TYPE: <u>Z42 8 3/8 Surface</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<u>5-21-12</u>	<u>PM</u>	<u>200</u>
<u>19820</u>	<u>6</u>	<u>30463</u>	<u>6</u>	<u>19827</u>	<u>6</u>	ARRIVED AT JOB	<u>5-21-12</u>	<u>AM</u>	<u>400</u>
		<u>37724</u>	<u>1</u>	<u>19566</u>	<u>1</u>	START OPERATION	<u>5-21-12</u>	<u>AM</u>	<u>510</u>
<u>27462</u>	<u>6</u>					FINISH OPERATION	<u>5-21-12</u>	<u>AM</u>	<u>745</u>
						RELEASED	<u>5-21-12</u>	<u>AM</u>	<u>800</u>
						MILES FROM STATION TO WELL	<u>30</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
CL101	A-Cm Blend	SL	355	13 95	4073 25
CL110	Prem Plus Cement	SL	245	12 23	2996 35
CL109	Calcium Chloride	lb	1407	79	1111 53
CL102	CelloFlake	lb	145	2 78	403 10
CL130	C-51	lb	63	18 75	1181 25
CF253	Guide Shoe	EA	1		285 00
CF1403	Flapper Insert Float	EA	1		371 25
CF4405	Centrifugal 8 5/8	EA	8	108 75	870 00
CF4556	Cement Basket 8 5/8	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar 8 5/8	EA	1		75 00
E101	Heavy Equipment Mileage	mi	90	5 25	472 50
CE240	Blending & Mix Charge	SL	580	1 05	609 00
E113	Bulk Delivery Charge	EA	819	1 20	982 50
CE102	Depth Charge	4hrs	1		1125 00
CE564	Plus Container Charge	job	1		187 50
E100	Pickup Mileage	mi	30	3 19	95 70
SC03	Service Supervisor	EA	1		131 25
T105	Cement Data Acquisition	EA	1		412 50

SUB TOTAL 16939 23

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT 020177 D02  NON D02   
 LEASE/WELL/PAC Arbutnot 'A' # 7 TAX ON \$  
 MAXIMO / WSE \$ \_\_\_\_\_ %TAX ON \$  
 TASK 0109 ELEMENT 5026 TOTAL  
 PROJECT # 1147294 CAPEX / OPEX - Circle one  
 SPO / BPA \_\_\_\_\_ UNSUPPORTED

SERVICE REPRESENTATIVE [Signature]

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]  
 I certify that these services and materials have been received.  
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_

16939.23 5/21/12



# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>5-21-12</i>
Lease <i>Arbutnot 'A'</i>	Well # <i>7</i>	Service Receipt <i>02337</i>
Casing <i>8 5/8</i>	Depth <i>1757</i>	County <i>Haskell</i>
Job Type <i>242 Surface</i>	Formation	Legal Description <i>32-30-33</i>
State <i>KS</i>		

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>3355K A Con</i>
Depth <i>1757</i>	Depth <i>55 44</i>	From	To	<i>2.45725K</i>
Volume <i>109</i>	Volume	From	To	<i>1406 d-5K 12.1 #</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>2455K Ann Plus</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34725K</i>
Plug Depth <i>1711</i>	Packer Depth	From	To	<i>6.336 d-5K 14.8 #</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>400</i>					<i>Arrive On Location</i>
<i>410</i>					<i>Safety Meeting - Plug Up</i>
<i>415</i>					<i>Circulating w/ Pig</i>
<i>500</i>					<i>Hook up To TSES</i>
<i>510</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>515</i>	<i>300</i>		<i>180</i>	<i>6.0</i>	<i>Pump Lead amt @ 12.1 #</i>
<i>545</i>	<i>275</i>		<i>60</i>	<i>4.0</i>	<i>Pump Tail amt @ 14.8 #</i>
<i>600</i>					<i>Drop Plug - Wash Up</i>
<i>605</i>	<i>350</i>		<i>99</i>	<i>6.0</i>	<i>Displace</i>
<i>630</i>	<i>600</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>645</i>					<i>Did not send Plug -</i>
					<i>Float Held</i>
					<i>Cement To Surface</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>

Service Units	<i>19820</i>	<i>19829-19566</i>	<i>30463-37724</i>	<i>27462</i>
Driver Names	<i>J. Chavez</i>	<i>Evot</i>	<i>Norman</i>	<i>Saul</i>

*Denk* Customer Representative     
 *Ben Burt* Station Manager     
 *Samuel Chavez* Cementer



**BASIC**<sup>SM</sup>  
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 02340 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>5-28-12</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>Arbutnot</u> 'A' # <u>7</u> WELL NO.							
ADDRESS		COUNTY <u>Haskell</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>J. Chacz, Eddie, Julian</u>							
AUTHORIZED BY <u>Tom Bant JR</u> <u>IRB</u>		JOB TYPE: <u>242 Long Stray 5/2</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<u>5-28-12</u>		<u>2:00</u>
						ARRIVED AT JOB	<u>5-28-12</u>	AM	<u>4:00</u>
<u>19920</u>	<u>8</u>	<u>27462</u>	<u>8</u>	<u>19827</u>	<u>8</u>	START OPERATION	<u>5-28-12</u>	AM	<u>8:00</u>
				<u>19564</u>	<u>1</u>	FINISH OPERATION	<u>5-28-12</u>	AM	<u>10:30</u>
						RELEASED	<u>5-28-12</u>	AM	<u>7:00</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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50-50 P02	SK	310	8 25	2557 50
CC113	Gypsum	lb	1305	56	730 80
CC111	Salt	lb	1907	38	724 66
CC103	C-15	lb	157	9 38	1472 66
CC105	C-41P	lb	66	3 00	198 00
CC201	Gilsonite	lb	1550	50	775 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Insert Float Valve	EA	1		16 25
CF103	Rubber Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizer 5 1/2	EA	20	56 25	1125 00
CC155	Super Flush 11	gal	500	1 15	575 00
E101	Heavy Equipment Mileage	mi	150	5 25	787 50
CE240	Blind in & Make Change	SK	310	1 05	325 50
E113	Bull Pulling Charge	tm	978.75	1 20	1174 50
CE206	Depth Charge	4hrs	1		2160 00
CE504	Plug Container Charge	job	1		187 50
E100	Pickup Mileage	mi	75	3 19	239 25
S003	Service Supervisor	EA	1		131 25
SUB TOTAL					15567 12

CHEMICAL / ACID DATA:			

AP LOCATION DEPT. Lib Cap D02K10N D02K  
LEASE/WELL/FAC ARBUTHNOT TAX ON \$  
MAXIMO / WSM # \_\_\_\_\_ TOTAL  
TASK # 0102 ELEMENT 3023  
PROJECT # 1147294 CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE <u>James Chantz</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY _____
--	--

SIGNATURE: \_\_\_\_\_  
I certify that these services/materials have been received.

FIELD SERVICE ORDER NO. \_\_\_\_\_



Customer <i>Ony USA</i>	Lease No.	Date <i>5-28-12</i>
Lease <i>ARbothnot "A"</i>	Well # <i>7</i>	Service Receipt <i>2340</i>
Casing <i>5 1/2</i>	Depth <i>5891</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>242 Long Stag</i>	Formation	Legal Description <i>32-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
<i>5 1/2 17.5</i>		From	To	
Depth <i>5890</i>	Depth <i>55.43</i>	From	To	
Volume <i>13565</i>	Volume	From	To	
Max Press <i>2500</i>	Max Press	From	To	Tail in <i>310sk 50-50</i>
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	<i>1.58 FAP SK 107</i>
Plug Depth <i>5842.0</i>	Packer Depth	From	To	<i>7.36 Gd SK 17.5#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					<i>Yard 200AM</i>
<i>400</i>					<i>Arrive on location</i>
<i>430</i>					<i>Safety Meeting - Rig Up</i>
<i>400</i>					<i>Rig Pumping Casing</i>
<i>730</i>					<i>Circulate w/ris</i>
<i>800</i>					<i>Hook up TD TSES</i>
<i>810</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>815</i>	<i>400</i>		<i>5</i>		<i>Pump WATER Spacer</i>
<i>820</i>	<i>375</i>		<i>12</i>		<i>Pump Super Flush</i>
<i>825</i>	<i>350</i>		<i>5</i>		<i>Pump WATER Spacer</i>
<i>830</i>	<i>300</i>		<i>87</i>	<i>5.0</i>	<i>Pump amt @ 13.5#</i>
<i>855</i>					<i>Wash Up - Drop Plug</i>
<i>900</i>	<i>300</i>		<i>125</i>	<i>6.0</i>	<i>Displace</i>
<i>925</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>930</i>	<i>1500</i>		<i>11</i>	<i>1.1</i>	<i>Land Plug - Float Held</i>
<i>1000</i>	<i>2300</i>				<i>Test Casing - OK</i>
					<i>Job Complete</i>

*Thanks For Using Basic Energy Services*

Service Units	<i>18920</i>	<i>27462</i>	<i>19827-19569</i>
Driver Names	<i>E. Chavez</i>	<i>Edone</i>	<i>Sulian</i>

*Jesse*  
Customer Representative

*Sean Smith*  
Station Manager

*[Signature]*  
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  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 17, 2012

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

Re: ACO1  
API 15-081-21978-00-00  
ARBUTHNOT A 7  
SE/4 Sec.32-30S-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