



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1094208
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: _____

1094208

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY U 2
Doc ID	1094208

All Electric Logs Run

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



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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

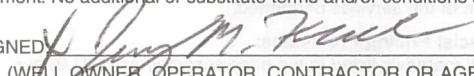
FIELD SERVICE TICKET
1717 03505 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5/27/12	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 O/A		LEASE: Garden City U #2				WELL NO.:			
ADDRESS:		COUNTY: Finney		STATE: KS					
CITY:		STATE:		SERVICE CREW: Royce, Victor, Scott					
AUTHORIZED BY: Tyce JRB		JOB TYPE: 242 Surface 85/8							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
194864	6.5								11:00
37223	6.5					ARRIVED AT JOB		AM/PM	4:30
30463	6.5					START OPERATION		AM/PM	7:25
30464	6.5					FINISH OPERATION		AM/PM	9:20
						RELEASED		AM/PM	10:00
						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-Con Blend	SK	340		
CL110	Premium Plus	SK	245		
CC109	Calcium Chloride	lb	1422		
CC102	Celloflake	lb	147		
CC130	C-51	lb	69		
CF253	Guide Shoe Reg	EA	1		
CF1453	Flapper Float Valve	EA	1		
CF4556	Cement Baskets	EA	1		
CF105	Top Plug	EA	1		
CF4109	Step Collar	EA	1		
E101	Heavy Equip Mileage	Mi	270		
CE240	Blending & Mixing Charge	SK	555		
E113	Bulk Delivery	TM	2480		
CE202	Depth Charge Tool to 2000'	4hr	1		
CE504	Plug Container	Sub	1		
E100	Pickup Mileage	Mi	90		
S0053	Service Supervisor	EA	1		
T105	Cement Data Acq. Monitor	EA	1		
S0056	Field Personnel	EA	4		

SUB TOTAL 19,481.14

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.



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>5/27/12</i>
Lease <i>Garden City "U"</i>	Well # <i>#2</i>	Service Receipt
Casing <i>4 5/8</i>	Depth <i>11820'</i>	County <i>Finney</i> State <i>KS</i>

Job Type <i>surface</i>	Formation	Legal Description <i>26-23-34</i>
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Pipe Data		Perforating Data		Cement Data	
Casing size <i>4 5/8</i>	Tubing Size	Shots/Ft		Lead <i>340 5x A-601</i>	
Depth <i>1423.76</i>	Depth	From	To	<i>@ 12.1# 2% CC 14# Cellulose</i>	
Volume <i>113.19</i>	Volume	From	To	<i>2.40 14.00</i>	
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 5x C</i>	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	<i>@ 14.8# 2% CC 14# Cellulose</i>	
Plug Depth	Packer Depth	From	To	<i>1.34 6.33</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>16:30</i>					<i>on loc, spot trucks, R.O. Safety Mtg</i>
<i>19:25</i>	<i>2400</i>				<i>Test Lines</i>
<i>19:28</i>	<i>160</i>		<i>0</i>	<i>5</i>	<i>Start Mixing @ 12.1#</i>
<i>19:58</i>	<i>160</i>		<i>145</i>	<i>5</i>	<i>on tail @ 14.8#</i>
<i>20:10</i>	<i>0</i>		<i>56</i>	<i>-</i>	<i>Finished Mixing, Drop Plug</i>
<i>20:14</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>Start Disp Washup on Plug</i>
<i>20:38</i>	<i>560#</i>		<i>103</i>	<i>2</i>	<i>Slow Rate</i>
<i>20:43</i>	<i>1060</i>		<i>113</i>	<i>-</i>	<i>Plug Down</i>
<i>20:45</i>	<i>0</i>				<i>Rel. Psi, Float Held</i>
<i>20:48</i>	<i>1500</i>				<i>Test Csg.</i>
<i>21:20</i>	<i>1430-0</i>				<i>Rel. Psi Job Complete</i>

Service Units	<i>19866</i>	<i>3922337726</i>	<i>3046337725</i>	<i>3046437724</i>
Driver Names	<i>C. Hinz</i>	<i>R. Olds</i>	<i>V. Vasquez</i>	<i>S. Boeck</i>

Jeremy Customer Representative *Jerry Bonnett* Station Manager *Chad Hinz* Cementer

Old Code	New Code	Material, Equipment & Services Used	Unit	Quantity	Discount	Disc Price
CL101	10777	A-Con Blend	SK	340	\$ 13.95	\$ 4,743.00
CL110	10795	Premium Plus	SK	245	\$ 12.23	\$ 2,996.35
					\$ -	\$ -
					\$ -	\$ -
CC109	10296	Calcium Chloride	lb	1422	\$ 0.79	\$ 1,123.38
CC102	10289	Celloflake	lb	147	\$ 2.78	\$ 408.66
CC130	10317	C-51	lb	64	\$ 18.75	\$ 1,200.00
					\$ -	\$ -
E101	10357	Heavy Equipment Mileage	mi	270	\$ 5.25	\$ 1,417.50
CE240	10258	Blending & Mixing Service Charge	mi	585	\$ 1.05	\$ 614.25
E113	10360	Proppant and Bulk Delivery Charge	mi	2479.5	\$ 1.20	\$ 2,975.40
CE207	10242	Depth Charge;	ea	1	\$ 1,125.00	\$ 1,125.00
CE504	10270	Plug Container Charge	ea	1	\$ 187.50	\$ 187.50
E100	10356	Pickup	mi	90	\$ 3.19	\$ 287.10
S003	10354	Service Supervisor Charge	ea	1	\$ 131.25	\$ 131.25
T105	10797	CEMENT DATA	ea	1	\$ 412.50	\$ 412.50
CE503	10269	High Head Charge	ea	0	\$ -	\$ -
CE403	10263	Cement Pumper, Additional hrs on location	hr	0	\$ -	\$ -
E115		Extra Materials Delivery Charge	hr	0	\$ -	\$ -
CF3002		1" Pipe	ft	0	\$ -	\$ -
					\$ -	\$ -
		SUBTOTAL				\$ 17,621.89
		Less - 25% Discount				\$ -
		Total on Pressure Pumping Service				\$ -
						\$ -
		Float Equipment		Quantity		
CF253	10402	GUIDE SHOE REG. BLUE 8 5/8	EA	1	\$ 285.00	\$ 285.00
CF1453	10529	FLAPPER TYPE INST. FLT VLV.	EA	1	\$ 210.00	\$ 210.00
CF4556	10915	CEMENT BASKET CANVAS	EA	1	\$ 787.50	\$ 787.50
CF105	10369	TOP RUBBER CMT PLUG	EA	1	\$ 168.75	\$ 168.75
CF4109	10842	STOP COLLAR	EA	1	\$ 75.00	\$ 75.00
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
		Subtotal for Float Equip				\$ 1,526.25
		Less - 25% Discount				\$ -
		Total on Float Equip				\$ -
						\$ -
		Total For Entire Job - original price				\$ 19,148.14



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 03563 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-31-12	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: Garden City U#2	WELL NO.:							
ADDRESS:	COUNTY: Finney	STATE: KS							
CITY:	STATE:	SERVICE CREW: E. Mendoza, J. Grijalda							
AUTHORIZED BY: J. Bennett	JOB TYPE: 241- 60 PTA								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	8						5-31-12	AM	3:00
27808	2					ARRIVED AT JOB		AM	6:00
19553	6					START OPERATION		PM	7:00
30463	2					FINISH OPERATION		AM	4:00
36547	6					RELEASED		AM	5:00
						MILES FROM STATION TO WELL	90 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
CU03	60/40 Poz	SK	270	9 00	2430 00
CC200	Cement Grt	lb	466	19	88 54
CC109	Calcium Chloride	lb	307	79	305 73
E101	Heavy Equipment Mileage	mi	180	5 25	945 00
CE240	Blending & Mixing Service	slc	270	1 05	283 50
E113	Proppant - Bulk Delivery	ton/mi	1049	1 20	1258 20
CE202	Pump Depth: 1001-2000'	ea	1		1125 00
E100	Unit Mileage	mi	90	3 19	287 10
S003	Service Supervisor	ea	1		131 25
T105	Cement Data	ea	1		412 50

AP LOCATION: **lib/cap** **D02** **NON D02**
 LEASE/WELL/LFA: **GARDEN CITY - U-2**
 MAXIMO / WSM # _____
 TASK: **0102** ELEMENT: **3023**
 PROJECT # **1153023** CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED SUB TOTAL **\$7266 82**
 PRINTED NAME: **Jorge Tinoco**

SIGNATURE: _____
 SERVICE & EQUIPMENT %TAX ON \$ _____
 MATERIALS %TAX ON \$ _____

CHEMICAL / ACID DATA:			

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

FIELD SERVICE ORDER NO. _____



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer Oxy USA	Lease No.	Date 5-31-12
Lease Garden City U	Well # 2	Service Receipt 03563
Casing	Depth	County Finney State KS
Job Type 241-PTA	Formation	Legal Description 28-23-34

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead 150 60/40
Depth	Depth	From	To	3% CC
Volume	Volume	From	To	Tail in 120 60/40
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:00					on loc-site assessment
6:15					spot trucks - rig up
7:00					circ @ 1930'
7:10	100		41	4	mix + pump 150 sk 60/40 Poz w/4% total gel, 3% Calcium chloride @ 13.5 ppz - 1.54 ft ³ /sk - 7.59 gal/sk
7:20	0		20	3	estam disp balanced plug
7:30					woc 4 hr. - pressure test 1000# - ok
12:00					circ @ 1040'
12:15	50		13.7	3	mix + pump 50 sk 60/40 Poz w/4% total gel @ 13.5 ppz
12:30	0		11.3	3	disp balanced plug
1:30					circ @ 500'
2:15	50		13.7	3	mix + pump 50 sk 60/40 Poz @ 13.5*
2:00	0		3.7	3	disp balanced plug
2:30					circ @ 60'
2:45			5.5		mix + pump 20 sk 60/40 Poz @ 13.5*
3:00			2		circ cont to surface job complete

Service Units	34726	27808-14553	30463-37547		
Driver Names	A Rivera	E Mendoza	J. Grijalde		

Jorge Tinoco Customer Representative
 J. Bennett Station Manager
 A Rivera Cementer

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 20, 2012

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

Re: ACO1
API 15-055-22151-00-00
GARDEN CITY U 2
SE/4 Sec.28-23S-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