



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1094781  
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: \_\_\_\_\_

1094781

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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 26, 2012

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

Re: ACO1  
API 15-055-22129-00-00  
CUNDIFF A-2  
NW/4 Sec.10-23S-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



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

FIELD SERVICE TICKET  
1717 03567 A

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

DATE OF JOB <b>6-6-12</b> DISTRICT <b>1717</b>		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 <b>Oxy USA</b>		LEASE <b>Curdiff A#2</b> WELL NO.:						
ADDRESS		COUNTY <b>Finney</b> STATE <b>KS</b>						
CITY STATE		SERVICE CREW <b>E. Mendoza, S. Rodriguez</b>						
AUTHORIZED BY <b>J. Bennett JRB</b>		JOB TYPE: <b>242 PTA</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<b>34726</b>	<b>8</b>						<b>6-6-12</b>	<b>6:00</b>
<b>37808</b>	<b>2</b>					ARRIVED AT JOB		<b>9:00</b>
<b>19553</b>	<b>6</b>					START OPERATION		<b>10:00</b>
<b>30464</b>	<b>2</b>					FINISH OPERATION		<b>5:00</b>
<b>31547</b>	<b>6</b>					RELEASED		<b>6:00</b>
						MILES FROM STATION TO WELL	<b>90 mi</b>	

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
<b>U103</b>	<b>60/40 Poz</b>	<b>SK</b>	<b>325</b>	<b>9 00</b>	<b>2925 00</b>
<b>CC200</b>	<b>Cement Gel</b>	<b>lb</b>	<b>559</b>	<b>19</b>	<b>106 21</b>
<b>E101</b>	<b>Heavy Equipment Mileage</b>	<b>mi</b>	<b>180</b>	<b>5 25</b>	<b>945 00</b>
<b>CE240</b>	<b>Blending or Mixing Service</b>	<b>SK</b>	<b>500</b>	<b>1 05</b>	<b>525 00</b>
<b>E113</b>	<b>Proppant + Bulks Delivery</b>	<b>bu/lin</b>	<b>1935</b>	<b>1 20</b>	<b>2322 00</b>
<b>CE201</b>	<b>Pump Depth 5001-1000'</b>	<b>hr</b>	<b>1</b>		<b>900 00</b>
<b>E100</b>	<b>Unit Mileage</b>	<b>mi</b>	<b>90</b>	<b>3 19</b>	<b>287 10</b>
<b>S003</b>	<b>Cruise Supervisor</b>	<b>ea</b>	<b>1</b>		<b>131 25</b>

AP LOCATION/DEPT. **lib/cap** D021 NOM D021  
 LEASE/WELL/FAC **Curdiff A#2**  
 MAXIMO / WSM # \_\_\_\_\_  
 TASK **D102** ELEMENT **3023**  
 PROJECT # **1112529** CAPEX / OPEX - Circle one  
 SPO / BPA \_\_\_\_\_ UNSUPPORTED   
 PRINTED NAME **John Tinoco** DATE **6-6-12** SUB TOTAL **8141 56**

CHEMICAL / ACID DATA:		SIGNATURE: _____		TOTAL <b>8139.94</b>	
		SERVICE & EQUIPMENT	% TAX ON \$		
		MATERIALS	% TAX ON \$		
				TOTAL	

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

responsibility arising from this report shall be performed by BESS. BESS is not responsible for legal actions or royalties, overriding, or royalty.

# BASIC<sup>SM</sup>

ENERGY SERVICES  
Liberal, Kansas

## Cement Report

Lease No.	Date	6-6-12
Well #	Service Receipt	03567
County	State	KS
Job Type	Formation	Legal Description
242-PTA		10-23-34

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead 325 sk
Depth	Depth	From	To	60/40 POZ
Volume	Volume	From	To	
Max Press	Max Press	From	To	Tail in
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:00					on loc-site assessment
9:05					spot trucks - rig up
9:30					safety meeting / OSA
10:00			10		circ @ 721' w/ mud
10:15			13.4	3	mix + pump 50 sk 60/40 poz @
10:25					13.5 pm - 1.50 ft/sk - 7.50 gal/sk
10:30			7	3	disp balanced plug
					trip out - est. loc @ 1500'
					tag loc @ 442'
5:30			10		circ @ 414.73
6:00			73.5	3	mix + pump 275 sk 60/40 poz
6:00					circ cont to surface
6:30					wait 30 min - didn't fall back
					job complete

Service Units	34726-27808-14553 30464-37947
Driver Names	A Owen E Hernandez Sr Rodriguez

T. Moore  
Customer Representative

J. Bennett  
Station Manager

A Owen  
Cementer