



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1096071
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: _____



1096071

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BIRNEY TRUST B 1
Doc ID	1096071

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BIRNEY TRUST B 1
Doc ID	1096071

Tops

Name	Top	Datum
HEEBNER	4102	
TORONTO	4144	
LANSING	4187	
KANSAS CITY	4602	
MARMATON	4725	
CHEROKEE	4931	
ATOKA	5140	
MORROW	5215	
ST. GENEVIEVE	5475	
ST. LOUIS	5527	



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

FIELD SERVICE TICKET
1717 03608 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-9-12	DISTRICT: Liberal #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: Birney Trust "B"		WELL NO. 1			
ADDRESS:		COUNTY: Haskell		STATE: KS			
CITY:		SERVICE CREW: Kirby-Rubben-Smom-Saul-Calib		JOB TYPE: 8 5/8 Surface 2-42			
AUTHORIZED BY: Tyce Davis JRB							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 6-9-12 DATE PM 830 TIME	
21755	17	38711	17	14354	17	ARRIVED AT JOB 6-9-12 PM 1100	
		19919	17	19578	17	START OPERATION AM 2230	
				30464	17	FINISH OPERATION 6-10-12 AM 0030	
				37547	17	RELEASED AM 0100	
						MILES FROM STATION TO WELL	

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.

Birney Trust B-1
T: 01-02, E: 3023, 1145955

SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL 101	A-Con Blend	SK	345	13.95	4812.75
CL 110	Premium Plus Cement	SK	245	12.23	2996.35
CC 109	Calcium Chloride	LB	1437	.79	1135.23
CC 102	Celloflake	LB	148	2.78	411.44
CC 130	C-51	LB	65	18.75	1218.75
CF 253	Guide Shoe Regular 8 5/8 "Blue"	ea.	1		285.00
CF 1403	Flapper Type Insert Float Valve 8 5/8	ea.	1		371.25
CF 4405	Economizer Hinged Welded Standard	ea.	6	108.75	652.50
CF 4556	Cement Basket Canvas 8 5/8	ea.	1		787.50
CF 105	Top Rubber Cement Plug 8 5/8	ea.	1		168.75
CF 4109	Stop Collar 8 5/8	ea.	1		75.00
E 01	Heavy Equipment Mileage	mi	90	5.25	472.50
CE 240	Blending & Mixing Service Charge	SK	590	1.05	619.50
E 113	Proppant and Bulk Delivery Charge	tm	834	1.20	1000.80
CE 202	Depth Charge 1001-2000	4hrs	1		1125.00
CE 504	Plug Container Utilization Charge	job	1		187.50
E 100	Unit Mileage Charge - Pickup	mi	30	3.19	95.70
S 003	Service Supervisor - First 8 hrs on loc	ea.	1		131.25
T 10	Location Dept Data Acquisition Monitor	ea.	0		

LEASE/WELL/FAC	SUB TOTAL	16,516.75
MAXIMUM MONTHLY / ACID DATA	SERVICE & EQUIPMENT	%TAX ON \$
TASK	MATERIALS	%TAX ON \$
PROJECT #	TOTAL	
SPG / EPA		
PRINTED NAME		
SIGNATURE: _____	I certify that these Services/Materials have been received	

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

FIELD SERVICE ORDER NO. _____

arising out of and
 caused by BFC



Cement Report

Customer Oxy USA	Lease No.	Date 6-9-12
Lease Birney Trust "B"	Well # 1	Service Receipt
Casing	Depth	County Haskell State KS

8 1/2" Surface	Formation	Legal Description Sec 24-T29-R33
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Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8	Tubing Size	Shots/Ft		Lead 3 1/5 sk A-Con 3% CC, 1/4 # Poly .2% LCAI
Depth 1805.2	Depth	From	To	
Volume 112	Volume	From	To	
Max Press 1500	Max Press	From	To	Tail in 2 1/5 sk Prem Plus 2% CC, 1/4 # Poly
Well Connection	Annulus Vol.	From	To	
Plug Depth 1761.35	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1100					On Loc / Spot Rig up
2100					Csg on bottom - Break Circ.
2130					Safety Meeting
2235		2000			Pressure Test
2237	400		147	5	Start Mixing 345 sk "A-Con at 12.1 ppg
2305	400		58	5	Start Mixing 245 sk Premium Plus 14.8 ppg
2318					Shut Down - Drop Top Plug
2320	300		0	5	Start Disp fresh water
2340	600		102	2	Slow Rate
2344	700-1200		112		Bump Plug
2346	1200-0				Release Pressure - Float Held
0000	1500				Pressure Test Csg
0035	1500-0				Release Pressure
					Circulated cement to pH

60					
Service Units	81755	38111 19419	34064 37547	14354 19578	
Driver Names	Kirby	Ruben	Scott/Calib	Saw	

Customer Representative: _____ Station Manager: Jerry Bennett Cementer: Kirby Harper
 Taylor Printing, Inc.

FIELD SERVICE TICKET
1717 03515 A



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

DATE _____ TICKET NO. _____

DATE OF JOB: 6/17/12	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: Day USA	LEASE: Birney Trust B 1						WELL NO.:
ADDRESS:	COUNTY: Haskell	STATE: KS					
CITY:	SERVICE CREW: Saul, Victor						
AUTHORIZED BY: Tyce JRB	JOB TYPE: 5/2 242						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME
194888	7						ARRIVED AT JOB 6:00
37223	7						START OPERATION 4:30
38750	7						FINISH OPERATION 8:40
							RELEASED 10:50
							MILES FROM STATION TO WELL 35

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: X
(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	335	8.25	2763.75
CE113	Gyp sum	lb	1410	56	789.60
CE111	salt	lb	2060	38	782.80
CE103	C-15	lb	170	9.38	1594.60
CE105	C-41P	lb	71	3.00	213.00
CE201	Gilsonite	lb	1675	50	837.50
CE251	Guide shoe	EA	1		187.50
CE1451	Flapper Head Valve	EA	1		161.25
CE103	Top Plug	EA	1		78.75
CE4105	Stop Collar	EA	1		63.00
CE4452	Centralizer	EA	20	56.25	1125.00
CE155	Superwash II	gal	500	1.15	575.00
E101	Heavy Equip Milbag	mi	70	5.25	367.50
CE240	Blending & Mixing Charge	SK	335	1.05	351.75
E113	Bulk Delivery Charge	TM	494	1.20	592.80
CE206	Depth Charge 5000-6000'	4hr	1		2160.00
CE504	Plug Container	job	1		187.50
E100	Pickup Milbag	Mi	35	3.19	111.65
5003	Service Supervisor	EA	1		131.25
SUB TOTAL					13486.76

CHEMICAL / ACID DATA:			

AP LOCATION DEPT. 0701 TAX ON D02 INON D02
 LEASEWELL/FAC. Birney TAX ON S1 13-1
 MAXIMO / WSM # _____ TOTAL _____
 TASK 0102 ELEMENT 5801
 PROJECT # 1145955 CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE: Chad Fine
 THE ABOVE MATERIALS AND SERVICES ORDERED BY CUSTOMER AND RECEIVED BY: Jack Adam
 SIGNATURE: _____ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



TREATMENT REPORT

Customer OKM USA Lease No. _____ Date 6/17/12
 Lease Birney Trust 3 Well # 1
 Field Order # _____ Station Liberal Casing 5 1/2 Depth 3640' County Haskell State KS
 Type Job L.S. Formation _____ Legal Description 29-29-33

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size <u>5 1/2</u>	Tubing Size	Shots/Ft		Acid <u>335 gals @ 50 PPM</u>	RATE <u>13.5 #</u>	PRESS <u>13.5 #</u>	ASIP
Depth <u>3640'</u>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <u>130.8</u>	Volume	From	To	Pad	Min		10 Min.
Max Press <u>2500</u>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <u>P.C.</u>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush <u>Fresh</u>	Gas Volume		Total Load

Customer Representative Derek Adam Station Manager Serry Bennett Treater Chad Hinz
 Service Units 19484 39223 39926 38950 39925
 Driver Names C. Hinz S. Rodriguez V. Vasquez

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
16:30					on loc, spot tracks R.D. safety
20:40	3000				Test Lines
20:43	250		5	5	H ₂ O spacer
20:45	250		12	5	super flush
20:48	250		5	5	H ₂ O
20:49	250		0	5	start mixing @ 13.5 #
21:11	0		94	—	shut down, drop plug, wash;
21:16	0		0	5	start disp
21:44	900		120	2	slow rate
21:48	1500		131	—	plug down float, held
21:55	2500 - 2400				Test Csg, manifold leaks
22:19	2510				Retest Csg,
22:49	0				Release Psi
					Job Complete

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

October 05, 2012

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

Re: ACO1
API 15-081-21977-00-00
BIRNEY TRUST B 1
SW/4 Sec.24-29S-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