



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1097618
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: _____



1097618

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WIGGAINS 12-8
Doc ID	1097618

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WIGGAINS 12-8
Doc ID	1097618

Tops

Name	Top	Datum
HEEBNER	4328	
TORONTO	4348	
LANSING	4461	
KANSAS CITY	5089	
MARMATON	5202	
PAWNEE	5473	
CHEROKEE	5674	
ATOKA	5890	
MORROW	5975	



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

FIELD SERVICE TICKET
1717 03653 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-20-12 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 Wiggains #12-8 WELL NO.							
ADDRESS		COUNTY Stevens STATE KS							
CITY STATE		SERVICE CREW J. Chana, Eddie, Victor, Hector, Norma							
AUTHORIZED BY Jay Bennett JRB		JOB TYPE: 242 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19820	15	30464	15	30463	15	ARRIVED AT JOB	6-20-12	PM	1:00
		37547	1	37724	1	START OPERATION	6-20-12	AM	7:30
27462	15					FINISH OPERATION	6-21-12	AM	7:00
		33021	8			RELEASED	6-21-12	AM	7:30
		19883	1			MILES FROM STATION TO WELL	20		

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: Jessa Sanfons
(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	450	13 95	6277 50
CL110	Prem Plus Conct	SK	210	12 23	2568 30
CC109	Calcium Chloride	16	2298	79	1815 42
CC102	Cello Flake	16	224	2 78	622 72
CC130	C-51	16	81	18 75	1518 75
CF253	Guide Shoe	EA	1		285 00
CF1403	Insert Float Valve	EA	1		371 25
CF4405	Centralizer 878	EA	15	108 75	1631 25
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CF4556	Con Basket	EA	3	787 50	2362 50
CF405	Two Stage Conct Collar	EA	1		7125 00
CC165	Stoploss Polymer	gal	840	4 50	3780 00
CC166	Stoploss LCM	gal	300	3 94	1182 00
E101	Heavy Equipment Mileage	mi	100	5 25	525 00
CE240	Blendup Mine Charge	SK	895	1 05	939 75
E113	Boill Delivery Charge	tm	843	1 20	1011 60
CC202	Depth Charge	4hrs	1		1125 00
CE409	Additional Stage Charge	chrs	1		1620 00
SUB TOTAL					36024 84

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT JRB D02 NON D02
 LEASE/WELL/FAC Wiggains 12-8 MAX \$ TAX ON \$
 MAXIMO / WSM#
 TASK #0102 ELEMENT 3023 TOTAL
 PROJECT # 11487170 CAPEX OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME Jessa Sanfons
 ORDERED BY CUSTOMER AND RECEIVED BY:
 SIGNATURE: Jessa Sanfons

SERVICE REPRESENTATIVE Ymael Chana

I certify that these services were performed by the OPERATOR, CONTRACTOR OR AGENT

FIELD SERVICE ORDER NO. _____

All actions or royal-
 overriding...
 arising out of...
 tend by BES, this...

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 CONT

TICKET NO. 171903653

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CE504	Plus Container Charge	job	1		187 50
E100	Pickup Mileage	mi	20	3 19	63 80
S003	Service Supervisor	EA	1		131 25
T105	Coment DATA Acquisition Monitor	EA	1		412 50
CE503	Derrick Charge	CA	1		225 00

TAYLOR PRINTING, INC
 (800) 870-710

19:24:09

Customer Oxy USA	Lease No.	Date 6-20-12
Lease Wiggins	Well # 12-8	Service Receipt 3653
Casing 8 5/8	Depth 1740	County Stevens State KS
Job Type 2 1/2 Surface	Formation	Legal Description 12-35-36

Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8 24#	Tubing Size	Shots/Ft		Lead 4505k A-Con
Depth 1747	Depth 55 45'	From	To	2.4ft 3-5k
Volume 1086/5	Volume	From	To	14.6d-5k 12.1#
Max Press 2000	Max Press	From	To	Tail in 2055k A-Con Plus
Well Connection 8 5/8	Annulus Vol.	From	To	1.34ft 3-3k Cmt
Plug Depth 1702	Packer Depth	From	To	6.36d-5k 14.8#

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1330					Arrive On Location
1400					Safety Meeting - Rig Up
1500					Rig Run Casing
1900					Circulate w/ Rig
1920					Hook up To TSES
1925	2500		1.0	1.0	Pressure Test
1930	100		20	4.0	Pump Stop Loss Polymer
1940	100		85	4.0	Pump Lead cmt @ 12.1# 2005k
2005	250		49	4.0	Pump Tail cmt @ 14.8# 2055k
2025					Drop Plug - Unplug Up
2030	300		98	4.0	Displace
2035	1000		10	2.0	Slow Down - Land Plug
2100					Float Held
9:15 PM	800		11	1.1	Open D.V. Tool
9:30 PM					Circulate w/ Rig - Cement Returns
2330					Hookup To TSES
2335	2200		1.0	1.0	Pressure Test
1200	350		107	5.0	Pump cmt @ 12.1# 2505k
1205					Drop Plug
1215	500		40	4.0	Displace
1220	2000		10	4.0	Land Plug - Close Tool
					Cement To Sur Face

Service Units	19820	27462	30464-37547	30463-37724	33021-19883
Driver Names	J. Chavez	Eddie	Victor	Hector	Seth-Norma

Bessie Customer Representative
 Tony Burt Station Manager
 Ismael Chavez Cementer



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 03520 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>6/25/12</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>Wiggins 12-8</u>		WELL NO.:						
ADDRESS:		COUNTY: <u>Stevens</u>		STATE: <u>Ks</u>						
CITY:		SERVICE CREW: <u>Royce, Victor, Santiago</u>								
AUTHORIZED BY: <u>Tyce JRB</u>		JOB TYPE: <u>742 L.S.</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19488</u>										<u>8:00</u>
<u>37723</u>	<u>37726</u>	<u>9</u>				ARRIVED AT JOB				<u>1:00</u>
<u>36950</u>	<u>37725</u>					START OPERATION				<u>6:08</u>
<u>30463</u>	<u>37724</u>					FINISH OPERATION				<u>8:20</u>
						RELEASED				<u>9:00</u>
						MILES FROM STATION TO WELL				<u>20</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: X
(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	310	13 95	4324 50
CL104	50/50 PSE	✓ SK	180	8 25	1485 00
CC113	Gypsum	✓ Lb	760	56	425 60
CC111	Salt	✓ Lb	1111	38	422 18
CC103	C-15	✓ Lb	92	9 38	862 96
CC105	C-41P	✓ Lb	388	3 00	114 00
CC201	Gilsonite	✓ Lb	903	50	451 50
CC102	Celloflake	✓ Lb	78	2 78	216 84
CC109	Calcium Chloride	✓ Lb	584	79	461 36
CF251	Guide shoe	✓ EA	1		187 50
CF1451	Float Valve	✓ EA	1		161 25
CF4452	Centralizer	✓ EA	25	56 25	1406 25
CF3000	Thread Lock Kit	✓ EA	1		25 50
CF103	Top Plug	✓ EA	1		78 75
CF4105	Stop Collar	✓ EA	1		63 00
CF452	Superflush II	✓ EA	500	1 15	575 00
FID1	Heavy Equip Mileage	Mi	60	5 25	315 00
CE240	Blending & Mixing Charge	SK	490	1 05	514 50
E113	Bulk Delivery	TM	444	1 20	532 80
SUB TOTAL					<u>15,848.50</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT %TAX ON \$ _____
 AP LOCATION/DEPT. Liberal %TAX ON \$ _____
 MATERIALS %TAX ON \$ _____
 LEASE/WELL/FAC. Wiggins 12-8 TOTAL
 MAXIMO / WSM # _____
 TASK 0107 ELEMENT 3523
 PROJECT # 1046717 CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE: Chad Hinz

THE ABOVE MATERIALS AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: David I. Reed
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

SIGNATURE: _____
 I certify that these Services/Materials have been received.

expenses arising out of the performance of the work performed by the service or legal actions or royalties; overriding royalty



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

FIELD SERVICE TICKET CONT.

TICKET NO. 1917 03520 A

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CE207	Depth Charge 6000' to 7000'	4hrs	1		2430 00
CE504	Plug Container	Job	1		187 50
E100	Pickup Mileage	Mi	20	3 19	63 80
5003	Service Supervisor	EA	① 1		131 25
T105	Cement Data Acq. Monitor	EA	1		412 50

Customer Oxy USA	Lease No.	Date 6-25-12
Lease Wiggins	Well # 12-8	Service Receipt
Casing 5 1/2	Depth	County Stevens State KS
Job Type	Formation	Legal Description 12-35-36

Pipe Data		Perforating Data		Cement Data
Casing size 5 1/2	Tubing Size	Shots/Ft		Lead 290 SKS
Depth 6852.36	Depth	From	To	A-Con @ 12.1 #
Volume 157.95	Volume	From	To	2.39 13.93
Max Press 2500	Max Press	From	To	Tail in 180 SKS 50/50
Well Connection P.C.	Annulus Vol.	From	To	@ 13.5 #
Plug Depth	Packer Depth	From	To	1.58 7.36

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
13:00					on Loc. Spot trucks, R. U. South
14:08	3000				Test Lines
14:11	210		5	3	H2O
14:13	210		12	5	Superflush
14:17	210		5	3	H2O
14:20					Plug mouse
14:24	320		0	6	Start Mixing A-Con @ 12.1 #
14:48	100		124	4	Start tail @ 13.5 #
19:03	0		51	-	Finished Mixing, Drop Plug, Wash
19:06	0		0	5	Start Disp
19:38	0460		148	2	Flow Rate
19:43	1800		158	-	Plug down
19:48	0				Release Psi, Float held
19:50	2500				Test Csg
20:20	0				Rel. Psi

Service Units	194586	892233792	3046337924	3674037925
Driver Names	C. HINE	R. Olds	V. Vassilov	S. Chavez

Daniel Customer Representative Jerry Bennett Station Manager Chad Hine 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

October 16, 2012

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

Re: ACO1
API 15-189-22775-00-00
WIGGAINS 12-8
NE/4 Sec.12-35S-36W
Stevens 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