



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1098568
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: _____



1098568

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	FEIGHT A 7
Doc ID	1098568

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	FEIGHT A 7
Doc ID	1098568

Tops

Name	Top	Datum
HEEBNER	4078	
LANSING	4172	
KANSAS CITY	4601	
MARMATON	4715	
CHEROKEE	4932	
ATOKA	5052	
MORROW	5193	
CHESTER	5311	
ST. GENEVIEVE	5469	
ST. LOUIS	5574	

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5330-5338, 5365-5370, 5382-5387 CHESTER ISOLATED		5330-5387
	CIBP@5280		5280
4	5128-5133 CHEROKEE	1100 GAL 15% DS FE MCA FLUSH 24 BBL 2 % KCL	5128-5218
4	5203-5208, 5212-5218 ATOKA	FRAC 25500# 20/40 209 BBL 4% KCL 373000 SCF N2	5128-5218
4	4790-4795, 4799-4806 MARMATON	1000 GAL 15% HCL FLUSH 23 BBL 2% KCL	4790-4806
4	4665-4673 KANSAS CITY	19 BBL 15% FLUSH 18 BBL 2% KCL	4665-4673
		800 GAL 15% FLUSH 20 BBL 2% KCL	4665-4673



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 03685 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-29-12	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: Feight A #7	WELL NO.:							
ADDRESS:	COUNTY: Haskell	STATE: KS							
CITY:	STATE:	SERVICE CREW: S. Boeck, J. Grijalda, W. Russell							
AUTHORIZED BY: J. Bennett	JOB TYPE: 242- 8 5/8 Surface								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	8	14827	2				6-29-12	9:00	
27808	2	19566	6			ARRIVED AT JOB		12:00	
19553	6					START OPERATION		7:00	
38750	2					FINISH OPERATION		10:00	
37725	6					RELEASED		11:00	
						MILES FROM STATION TO WELL	35 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
CL101	A-Con	sk	335	13 95	4673 25
CL110	Premium Plus	sk	245	12 23	2996 35
CC109	Calcium Chloride	lb	1407	79	1111 53
CC102	Cellulose	lb	146	2 78	405 88
CC130	G-51	lb	63	18 75	1181 25
CF253	8 5/8" Regular Guide Shoe	ea	1		285 00
CF1403	Flapper Type Insert		1		371 25
CF4405	Centralizer		15	108 75	1631 25
CF105	Top Rubber Plug		1		168 75
CF4109	Stop Colbar		1		75 00
CF4856	Basket		1		787 50
E101	Heavy Equipment Mileage	mi	105	5 25	551 25
CE240	Blending & Mixing Service	sk	580	1 05	609 00
E113	Proppant & Bulk Delivery	yard	955.5	1 20	1146 60
CE202	Pump Depth: 1001-2000'	uhri	1		1125 00
BE604	Plug Container	ea	1		187 50
E100	Unit Mileage	mi	35	3 19	111 65
S003	Service Supervisor	ea	1		131 25
SUB TOTAL					7549.26

CHEMICAL / ACID DATA:

SERVICE & EQUIPMENT **Liberal** % TAX ON \$
AP LOCATION/DEPT. **Feight A-7** **DRILLING D02L** % TAX ON \$
MATERIALS
LEASE/WELL/FAC **Feight A-7** TOTAL
MAXIMO / WSM #
TASK **0102** ELEMENT **3023**
PROJECT # **1145962** CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE

Paul Dyer

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED

UNSUPPORTED

FIELD SERVICE ORDER NO.

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

I certify that the above Services/Materials have been received

Cement Report

Customer	Oxy USA	Lease No.		Date	6-29-12
Lease	Feight A	Well #	7	Service Receipt	03685
Casing	8 5/8" 24" 1824'	County	Haskell	State	KS
Job Type	242 8 5/8" surface	Formation		Legal Description	27-29-33

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24"	Tubing Size		Lead 335 sk
Depth	1824'	Depth	From To	A-Con of 3% CE
Volume	113.5 bbl	Volume	From To	1/4" PF, 2% WCA
Max Press	2000	Max Press	From To	Tail in 245 sk
Well Connection	TD-1824'	Annulus Vol.	From To	Class C of 2%
Plug Depth	55-42'	Packer Depth	From To	CE, 1/4" PF

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00					on loc-site assessment (start csg + fe)
1:30					spot trucks - rig up
8:30					Safety meeting / JSA
8:30					csg on btm, break circ
8:55					pressure test 2000#
8:55	300		143	5	mix + pump 335 sk A-Con @ 12.1 pp _g 240 ft ³ /sk
9:25	200		59	5	switch to tail 245 sk Class C @ 14.8 pp _g - 1.34 ft ³ /sk
	0		0	5	drop plug, disp csg
9:40	500		100	2	slow rate
9:45	1000		113	0	land plug - 30 min 1500 ^{psi} - ok circ cont to surface job complete

Service Units	3472	27805-29553	38750-37725	14857-14866
Driver Names	J. Gill	E. Mulon	S. Beck	J. Grijalva

J. Gill
Customer Representative
O. Bennett
Station Manager
A. Orr
Cementer



Cement Report

Customer Oxy USA	Lease No.	Date 7-3-12
Lease Feight A	Well # 7	Service Receipt
Casing 5 1/2	Depth 5639	County Osage State KS
Job Type Liberal	Formation	Legal Description

Pipe Data		Perforating Data		Cement Data
Casing size 5 1/2	Tubing Size	Shots/Ft		Lead 250 SK 5950
Depth 5647.94	Depth	From	To	70 @ 13.5
Volume 129.9	Volume	From	To	1.584 7.36 @ 13.5
Max Press 2500	Max Press	From	To	Tail in 1
Well Connection P.C.	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
18:30					on Loc, spot trucks, R.V., Safety
20:06	3000				Test Linos
20:20	250		5	4	H2O
20:22	250		12	4	Superflush
20:26	250		5	4	H2O
20:28					Plug Mould
20:41	240		0	5	Start Mixing @ 13.5 #
21:07	0		70	-	Shot down, Drop Plug, Washup
21:11	0		0	5	Start Disp
21:35	700		120	2	Slow Rate
21:40	1650		130	-	Plug Down
21:42					Rel Psi, float held
21:45	2500		-		Test Csg.
22:15	0				Rel. Psi
					Job Complete

Service Units	19456	39233992	36750	37925
Driver Names	C. Hinz	R. Olds	V. Vasquez	

Sorco Customer Representative
 Jerry Bennett Station Manager
 Chad Hinz 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 24, 2012

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

Re: ACO1
API 15-081-21984-00-00
FEIGHT A 7
NW/4 Sec.27-29S-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