



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1100323  
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: \_\_\_\_\_



1100323

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
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<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SMU 318
Doc ID	1100323

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SMU 318
Doc ID	1100323

Tops

Name	Top	Datum
HEEBNER	3766	
TORONTO	3789	
LANSING	3863	
KANSAS CITY	4189	
MARMATON	4291	
CHEROKEE	4419	
ATOKA	4535	
MORROW	4623	
ST. GENEVIEVE	4706	
ST. LOUIS	4798	





**BASIC**<sup>SM</sup>  
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 03692 A

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

DATE OF JOB: <b>7-14-12</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>SMU #318</b>		WELL NO.:						
ADDRESS:		COUNTY: <b>Finney</b>	STATE: <b>KS</b>						
CITY:		SERVICE CREW: <b>E. Mendoza, J. Grijalda, S. Chau</b>		JOB TYPE: <b>242-88" Surface</b>					
AUTHORIZED BY: <b>J. Bennett JRB</b>									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<b>41726</b>	<b>8</b>	<b>33021</b>	<b>4</b>				<b>7-14-12</b>		<b>5:00</b>
<b>27808</b>	<b>4</b>	<b>19883</b>	<b>4</b>			ARRIVED AT JOB			<b>12:00</b>
<b>19553</b>	<b>4</b>					START OPERATION			<b>3:00</b>
<b>19354</b>	<b>4</b>					FINISH OPERATION			<b>4:00</b>
<b>19578</b>	<b>4</b>					RELEASED			<b>5:00</b>
						MILES FROM STATION TO WELL	<b>70</b>		<b>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
CL101	A Con	SK	345	13 95	4812 75
CL110	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1437	79	1135 23
CC102	Gellflake	lb	198	2 78	411 44
CC130	C-51	lb	65	18 75	1218 75
CF253	858" - Regular Guide Shoe	ea	1		285 00
CF1403	Insert Float		1		371 25
CF4405	Centralizer		15	108 75	1631 25
CF4556	Basket		1		787 50
CF105	Top Rubber Plug		1		168 75
CF4109	Stop Collar		1		75 00

AP LOCATION/DEPT. **020177** D032NON D02D

LEASE/WELL/FAC. **SMU 318**

MAXIMO / WSM # \_\_\_\_\_

TASK **0102** ELEMENT **3023**

PROJECT # **1147547** CAPEX / OPEX - Circle one

SPO / BPA \_\_\_\_\_ SERVICE & EQUIPMENT \_\_\_\_\_ % TAX ON \$

PRINTED NAME **STEVE ADAMS** MATERIALS \_\_\_\_\_ % TAX ON \$

SIGNATURE: \_\_\_\_\_ I certify that these Services/Materials have been received

SUB TOTAL **\$19842.52**

TOTAL **\$19836.19** 7/17/12

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE **Neil Overa**

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.





# Cement Report

Customer <b>Oxy USA</b>	Lease No.	Date <b>7-14-12</b>
Lease <b>SMU</b>	Well # <b>318</b>	Service Receipt <b>03692</b>
Casing <b>8 5/8" 24#</b>	Depth <b>1828'</b>	County <b>Finney</b>
Job Type <b>242-8 5/8" Surface</b>	Formation	State <b>KS</b>
Legal Description <b>23-23-34</b>		

Pipe Data		Perforating Data		Cement Data
Casing size <b>8 5/8" 24#</b>	Tubing Size	Shots/Ft		Lead <b>345 SK A-Con</b>
Depth <b>1828.77'</b>	Depth	From	To	
Volume <b>Disp - 113.6 bbl</b>	Volume	From	To	Tail in <b>245 SK Premium Plus</b>
Max Press <b>1500#</b>	Max Press	From	To	
Well Connection <b>TD-1820'</b>	Annulus Vol.	From	To	
Plug Depth <b>ST-4337'</b>	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					on loc-site assessment (runnin csg)
12:15					spot trucks - rig up
2:00					csg on btm - break circ
2:05					safety meeting / JSA
2:40					pressure test 2000#
2:45	200		147.5	5	Mix + pump 345 SK A-Con @
					12.1 ppz - 240 ft <sup>3</sup> /sk - 14.00 gal/sk
3:15	150		58.5	5	switch to tail 245 SK Class C @
					14.8 ppz - 1.34 ft <sup>3</sup> /sk - 6.33 gal/sk
3:30	0		0	5	drop plug, disp csg
3:55	700		103	2	slow rate last 10 bbl of disp
4:00	700		114	0	plug did not land, float hold
					circ cut to surface
					job complete

Service Units				
Driver Names				





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

FIELD SERVICE TICKET  
1717 03854 A

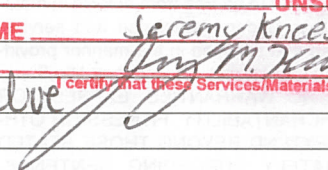
DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: <b>7/18/12</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>SMU 318</b>	WELL NO.:							
ADDRESS:		COUNTY: <b>Finney</b>	STATE: <b>Ks</b>						
CITY:	STATE:	SERVICE CREW: <b>Royce, Solian</b>							
AUTHORIZED BY: <b>Tyler</b>		JOB TYPE: <b>L.S. 742</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<b>194688</b>	<b>5.5</b>						<b>7/17</b>		<b>10:00</b>
<b>39723 37926</b>	<b>5.5</b>					ARRIVED AT JOB	<b>7/18</b>		<b>1:45</b>
<b>14354 14284</b>	<b>5.5</b>					START OPERATION			<b>4:01</b>
						FINISH OPERATION			<b>5:29</b>
						RELEASED			<b>6:00</b>
						MILES FROM STATION TO WELL			<b>90</b>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

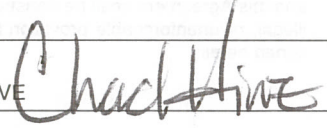
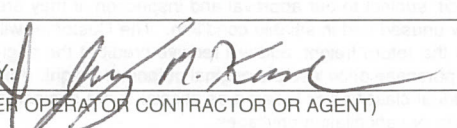
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. 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
CL104	50/50 P03 <b>AP LOCATION/DEPT. L. 624 P D02 INON D02E</b>	SK	160	8 25	1320 00
CL113	Gyp 20m <b>LEASE/WELL/FAC SMU 318</b>	Lb	675	56	378 00
CL111	Salt <b>TASK 01-02</b>	3023Lb	986	38	374 68
CL103	C-15 <b>PROJECT # 1147547 CAPEX / OPEX - Circle one</b>	Lb	81	9 38	759 78
CL105	C-41P <b>SPO / BPA UNSUPPORTED</b>	Lb	34	3 00	102 00
CC201	Gilson <b>PRINTED NAME Jeremy Knese</b>	Lb	800	50	400 00
CF251	Guide Shoe <b>SIGNATURE: </b>	EA	1		187 50
CF1401	Flapper Float Valve <b>I certify that these Services/Materials have been received</b>	EA	1		277 50
CF103	Top Plug	EA	1		78 75
CF405	Stop Collar	EA	1		63 00
CF445Z	Centralizer	EA	20	56 25	1125 00
CF155	Super flush II	gal	500	1 15	575 00
E101	Heavy Equip Mileage	Mi	180	5 25	945 00
CE240	Blending & Mixing Charge	SK	160	1 05	168 00
E113	Bulk Delivery Charge	TM	607.5	1 20	729 00
CE205	Depth Charge 4001 to 5000'	4hr	1		1890 00
CE304	Plug Container	306	1		187 50
E100	Pickup Mileage	Mi	90	3 19	287 10
5003	Service Supervisor	EA	1		131 25
SUB TOTAL					<b>10,391 56</b>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

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







# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>7/18/12</i>
Lease <i>SMU</i>	Well # <i>318</i>	Service Receipt
Casing <i>5 1/2</i>	Depth <i>4871</i>	County
Job Type <i>LS</i>	Formation	Legal Description

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>160 x 50/50 ft</i>  <i>1.584 7.36 gal</i> Tail in
Depth <i>4874.58</i>	Depth	From	To	
Volume <i>112.12</i>	Volume	From	To	
Max Press <i>2500</i>	Max Press	From	To	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>01:45</i>					<i>on loc, spot tracks, R.O., Safety mts</i>
<i>04:01</i>	<i>3500</i>				<i>Test Lines</i>
<i>04:03</i>	<i>210</i>		<i>5</i>	<i>4</i>	<i>H2O</i>
<i>04:05</i>	<i>200</i>		<i>12</i>	<i>4</i>	<i>super flush</i>
<i>04:09</i>	<i>200</i>		<i>5</i>	<i>4</i>	<i>H2O</i>
<i>04:11</i>	<i>180</i>		<i>0</i>	<i>4</i>	<i>start mixing</i>
<i>04:25</i>	<i>10</i>		<i>45</i>	<i>-</i>	<i>Finish mixing, Drop plug, Washup</i>
<i>04:37</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>Start Disp</i>
<i>04:51</i>	<i>620</i>		<i>102</i>	<i>2</i>	<i>slow Rate</i>
<i>04:55</i>	<i>1310</i>		<i>112</i>	<i>-</i>	<i>Plug Down, Float held</i>
<i>04:59</i>	<i>2500</i>				<i>Test Csg</i>
<i>05:29</i>	<i>-</i>				<i>Rel. Psi</i>
					<i>Job Complete</i>

Service Units	<i>194666</i>	<i>3972339976</i>	<i>1135414241</i>
Driver Names	<i>C. WINE</i>	<i>R. Olds</i>	<i>S. Grijalva</i>

Jeremy \_\_\_\_\_ Customer Representative
Jeremy Bennett \_\_\_\_\_ Station Manager
Chack Wine \_\_\_\_\_ 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

November 08, 2012

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

Re: ACO1  
API 15-055-22161-00-00  
SMU 318  
NE/4 Sec.22-23S-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