



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1100850
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: _____



1100850

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ANSHUTZ A 1
Doc ID	1100850

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ANSHUTZ A 1
Doc ID	1100850

Tops

Name	Top	Datum
HEEBNER	4124	
LANSING	4214	
KANSAS CITY	4614	
MARMATON	4739	
CHEROKEE	4890	
ATOKA	5098	
MORROW	5146	
CHESTER	5262	
ST. GENEVIEVE	5386	
ST. LOUIS	5427	



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 03855 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>7/18/12</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>Anshutz A 1</u>						WELL NO.:	
ADDRESS:	COUNTY: <u>Haskell</u>	STATE: <u>KS</u>						
CITY:	SERVICE CREW: <u>Foyce, Julian, Victor</u>							
AUTHORIZED BY: <u>Tyce</u>	JOB TYPE: <u>742 Surface</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>19888</u>	<u>46</u>							<u>7:00</u>
<u>3922339726</u>	<u>46</u>					ARRIVED AT JOB		<u>9:00</u>
<u>3046437925</u>	<u>46</u>					START OPERATION		<u>2:19</u>
<u>3875037547</u>	<u>46</u>					FINISH OPERATION		<u>4:10</u>
						RELEASED		<u>5:00</u>
						MILES FROM STATION TO WELL		<u>45</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: [Signature]
(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	335	13 95	4673 25
CL110	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	Lb	1407	79	1111 53
CC102	Colls Flake	Lb	146	2 78	407 34
CC130	C-51	Lb	63	18 75	1181 25
CF 253	Guide Shoe	EA	1		285 00
CF 1403	Flapper, Float Valve	EA	1		371 25
CF 4405	Centralizer	EA	15	108 75	1631 25
CF 105	Top Plug	EA	1		168 75
CF 4109	Stop Collar	EA	1		75 00
CF 4556	Baskets	EA	1		787 50
CF 3000	Thread Lock	EA	12	25 50	306 00
E101	Heavy Equip Mileage	M	135	5 25	708 75
CE 240	Blending & Mixing Charge	SK	580	1 05	609 00
E113	Bulk Delivery	TM	1228.5	1 20	1474 20
CE 202	Depth Charge 1001 to 2000	4hr	1		1125 00
CE 504	Plug Container	BB	1		187 50
E100	Pickup M. leage	M	45	3 19	143 55
5003	Service SUPERVISOR	EA	1		131 25

SUB TOTAL 18,786 22

CHEMICAL / ACID DATA:	AP LOCATION/DEPT. <u>Liberal</u>	PERMITS & EQUIPMENT	%TAX ON \$
	LEASEWELL/FAC <u>Anshutz A-1</u>	NON D02 <input type="checkbox"/>	%TAX ON \$
	MAXIMO / WSM #		
	TASK <u>010 2</u>	ELEMENT <u>3023</u>	TOTAL
	PROJECT # <u>1150739</u>	CAPEX / OPEX - Circle one	

SERVICE REPRESENTATIVE: <u>Chad Hines</u>	SPO / BPA <input type="checkbox"/>	INSURPTED <input type="checkbox"/>
PRINTED NAME: _____	THE ABOVE MATERIAL AND SERVICES ORDERED BY CUSTOMER AND RECEIVED BY: _____	
SIGNATURE: <u>[Signature]</u>	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO. _____



Cement Report

Customer Oxy USA	Lease No.	Date 7/18/12
Lease Anshutz A	Well # 1	Service Receipt
Casing 4 5/8	Depth 1819	County FASKELL State KS
Job Type Surface	Formation	Legal Description 1-28-33

Pipe Data		Perforating Data		Cement Data
Casing size 4 5/8	Tubing Size	Shots/Ft		Lead 335 SK A-Com
Depth 1823.51	Depth	From	To	@ 12.1#
Volume 113	Volume	From	To	2.40y 14.00 gal
Max Press 1500	Max Press	From	To	Tail in 245 SK 2"
Well Connection P.C.	Annulus Vol.	From	To	@ 14.8#
Plug Depth	Packer Depth	From	To	1.34y 6.33 gal

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
09:00					on loc, spot trucks, R.O., Saturday
14:19	3200				Test Lines
14:22	250		0	5	Start Mixing @ 12.1#
14:45	210		143	4	on tail @ 14.8#
15:04	Ø		58	-	Finished Mixing, Drop Plug
15:06	Ø		0	5	Start Disp, Washup on Plug
15:33	670		103	2	Slow Rate
15:36	1400		113	-	Plug Down (Float Weld)
15:40	1500				Test Csg.
16:10	Ø				Release P&S
					Job Complete

Service Units	19446	372337726	3046437725	3525037547
Driver Names	Chinz	R. Olds	J. Grijalva	V. Vasquez

Daniel
Customer Representative

Perry Bennett
Station Manager

Chad Hinz
Cementer



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

FIELD SERVICE TICKET
1717 03857 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7/22/12	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: Anshutz A-1	WELL NO.:							
ADDRESS:	COUNTY: Haskell	STATE: KS							
CITY:	STATE:	SERVICE CREW: Saul, Juan							
AUTHORIZED BY: Tyce	JRB	JOB TYPE: PTA 242							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: 7/21	AM/PM: PM	TIME: 9:30
19885	7.5					ARRIVED AT JOB		AM/PM: PM	TIME: 9:30
37223	7.5					START OPERATION		AM/PM: AM	TIME: 23:00
30463	7.5					FINISH OPERATION		AM/PM: AM	TIME: 4:30
						RELEASED		AM/PM: AM	TIME: 5:00
						MILES FROM STATION TO WELL	45		

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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL103	60/40 Poz	SK	250	9.00	2250.00
CC200	Genoust Gel	Lb	430	19	81.70
CC109	Calcium Chloride	Lb	387	79	305.73
E101	Heavy Equip Mileage	Mi	90	5.25	472.50
CF240	Blending & Mixing Charge	BK	250	1.05	262.50
E113	Bulk Delivery	TM	483.75	1.20	580.50
CF202	Depth Charge 100' to 2000'	EA	4W		1125.00
E100	Pickup Mileage	Mi	45	3.19	143.55
5003	Service Supervisor	EA	1		131.25
CE403	Add Hrs	EA	4	375.00	1500.00
AP LOCATION/DEPT. <u>Lis Cap</u> <input type="checkbox"/> <u>D92</u> <input type="checkbox"/>					
LEASE/WELL/FAC <u>Anshutz A1</u>					
MAXIMO / WSM # _____					
TASK <u>#0102</u> ELEMENT <u>3023</u>					
PROJECT # <u>1150739</u> CAPEX / OPEX - Circle one					
SPO / BPA <u>UNSUPPORTED</u> <input type="checkbox"/>					
PRINTED NAME <u>TESSE JANAM</u>					
SIGNATURE: <i>[Signature]</i> I certify that these Services/Materials have been received					

SUB TOTAL **6852.73**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____

arising out of any
 filed by BES, this



Cement Report

Customer Ox4 USA		Lease No.		Date 7/21/12	
Lease ANSWITE A		Well # 1		Service Receipt	
Casing 4 5/8	Depth	County Haskell		State KS	
Job Type PTA	Formation	Legal Description 1-28-33			

Pipe Data		Perforating Data		Cement Data	
Casing size 4 5/8	Tubing Size	Shots/Ft		Lead 50 sk 60/40	
Depth 1423.51	Depth	From	To	@ 13.5 # 4% Gel 3% CaCl	
Volume	Volume	From	To	1.54 y 7.59	
Max Press 1000	Max Press	From	To	Tail in 100 sk 60/40 @ 13.5 4% Gel	
Well Connection swage	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To	1.50 7.50	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
21:30					on Loc, SPOT tracks, R.U. Safety mtg
23:05	100		10	5	H2O @ 1470'
23:08	800		0	5	Mix 60/40 @ 13.5 50 sk
23:20	60		41	4	H2O
23:22	0		2	-	Shot Down TOOTH to 910'
02:38	1000				Test Plug
02:53	940				Rel. Psi
02:53	100		10	5	H2O @ 910'
02:55	40		0	4	Mix 60/40 @ 13.5 60 sk
03:03	60		16	4	Finish mixing on H2O
03:05	0		2	4	Shot Down TOOTH to 60'
04:04	10		5.3	2	Plug @ 60' 20 SKS
04:13	10		5.3	2	Plug Mouse 20 SKS, Washup
04:30					Job Complete

Service Units	194566	3722337726	3046337724		
Driver Names	CHINZ	S. Rodriguez	S. Garcia		

Jesse
 Customer Representative

Perry 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

November 13, 2012

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

Re: ACO1
API 15-081-21980-00-00
ANSHUTZ A 1
SW/4 Sec.01-28S-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