



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1101946
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: _____



1101946

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	SCHNELLBACHER B 4
Doc ID	1101946

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SCHNELLBACHER B 4
Doc ID	1101946

Tops

Name	Top	Datum
HEEBNER	4034	
LANSING	4128	
KANSAS CITY	4576	
MARMATON	4745	
CHEROKEE	4908	
ATOKA	5071	
MORROW	5233	
ST. GENEVIEVE	5322	
ST. LOUIS	5452	
SPERGEN	5572	



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

FIELD SERVICE TICKET
1717 03859 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>7/25/17</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>Schellbacher B 3</u> WELL NO.:
ADDRESS:	COUNTY: <u>Haskell</u> STATE: <u>KS</u>
CITY: STATE:	SERVICE CREW: <u>Santi, Juan, Hector R.</u>
AUTHORIZED BY: <u>Tuce</u>	JOB TYPE: <u>Z42 Surface</u>
EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT# HRS	TRUCK CALLED DATE TIME
<u>19888 11.5</u>	<u>ARRIVED AT JOB AM 5:00</u>
<u>37926 37923 11.5</u>	<u>START OPERATION AM 7:38</u>
<u>33021 37925 11.5</u>	<u>FINISH OPERATION AM 3:51</u>
<u>38750 37824 11.5</u>	<u>RELEASED AM 4:30</u>
	MILES FROM STATION TO WELL: <u>30</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	SK	335	13 95	4673 25
CL110	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1407	79	1111 53
CC102	Colloflake	lb	146	2 78	405 88
CF253	Guide Shoe	EA	1		285 00
CF1403	Flapper Float Valve	EA	1		371 25
CF4405	Centralizer	EA	15	108 75	1631 25
CF105	Top Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CF4556	Basket	EA	1		787 50
E101	Heavy Equip Mileage	MI	90	5 25	472 50
CE240	Blending & Mixing Charge	SK	580	1 05	609 00
E113	Bulk Delivery	TM	819	1 20	982 50
CE202	Depth Charge 1001' to 2000'	4hr	1		1125 00
CE504	Plug Container	Job	1		187 50
E100	Pickup Mileage	MI	30	3 19	95 70
S003	Service Supervisor	EA	1		131 25
T105	Cement Data Acquisition	EA	1		412 50
CE503	Add hrs	EA	7	375 00	2625 00

AP LOCATION/DEPT. Liberal D02 NON D02
LEASE/WELL/FAC Schellbacher B 3 20328 26

SERVICE & EQUIPMENT %TAX ON \$
MATERIALS 0102 %TAX ON \$ 3023

PROJECT # 1152684 CAPEX / OPEX - TOTAL one

SPO / BPA Circle Doc Type UNsupported
PRINTED NAME Jeff Gault

SIGNATURE: [Signature]
THE ABOVE MATERIAL AND SERVICE certify that these services/materials have been received ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE Chad Hinz

FIELD SERVICE ORDER NO.

Old Code	New Code	Material, Equipment & Services Used	Unit	Quantity	\$ Amount	Discount	DISC PRICE	CORRECT DISC PRICE
CL101	10777	A-Con Blend	SK	335	\$ 6,231.00	\$ 13.95	\$ 4,673.25	\$ 4,673.25
CL110	10795	Premium Plus	SK	245	\$ 3,993.50	\$ 12.23	\$ 2,995.13	\$ 2,996.35
					\$ -	\$ -	\$ -	
					\$ -	\$ -	\$ -	
CC109	10296	Calcium Chloride	lb	1407	\$ 1,477.35	\$ 0.79	\$ 1,108.01	\$ 1,111.53
CC102	10289	Celloflake	lb	146	\$ 540.20	\$ 2.78	\$ 405.15	\$ 405.88
CC130	10317	C-51	lb	63	\$ 1,575.00	\$ 18.75	\$ 1,181.25	\$ 1,181.25
					\$ -	\$ -	\$ -	
E101	10357	Heavy Equipment Mileage	mi	90	\$ 630.00	\$ 5.25	\$ 472.50	\$ 472.50
CE240	10258	Blending & Mixing Service Charge	mi	580	\$ 812.00	\$ 1.05	\$ 609.00	\$ 609.00
E113	10360	Proppant and Bulk Delivery Charge	mi	819	\$ 1,310.40	\$ 1.20	\$ 982.80	\$ 982.80
CE207	10242	Depth Charge;	ea	1	\$ 1,500.00	\$ 1,125.00	\$ 1,125.00	\$ 1,125.00
CE504	10270	Plug Container Charge	ea	1	\$ 250.00	\$ 187.50	\$ 187.50	\$ 187.50
E100	10356	Pickup	mi	30	\$ 127.50	\$ 3.19	\$ 95.63	\$ 95.70
S003	10354	Service Supervisor Charge	ea	1	\$ 175.00	\$ 131.25	\$ 131.25	\$ 131.25
T105	10797	CEMENT DATA	ea	1	\$ 550.00	\$ 412.50	\$ 412.50	\$ 412.50
CE503	10269	High Head Charge	ea		\$ -	\$ 225.00	\$ -	\$ -
CE403	10263	Cement Pump, Additional hrs on location	hr	7	\$ 3,500.00	\$ 375.00	\$ 2,625.00	\$ 2,625.00
E724	10946	2" POPOFF VALVE RENTAL	hr	0	\$ -	\$ -	\$ -	\$ -
			ft	0	\$ -	\$ -	\$ -	\$ -
			ea		\$ -	\$ -	\$ -	\$ -
		SUBTOTAL			\$ 22,671.95		\$ 17,003.96	\$ 17,009.51
		Less - 25% Discount			\$ (5,667.99)		\$ -	\$ -
		Total on Pressure Pumping Service			\$ 17,003.96		\$ -	\$ -
		Float Equipment		Quantity				
CF253	10402	GUIDE SHOE REG. BLUE 8 5/8	EA	1	\$ 380.00	\$ 285.00	\$ 285.00	\$ 285.00
CF1403	10524	FLAPPER TYPE INST. FLT VLV.	EA	1	\$ 495.00	\$ 371.25	\$ 371.25	\$ 371.25
CF4405	10883	ECONIMIZER HINGED CENTRALIZER	EA	15	\$ 2,175.00	\$ 108.75	\$ 1,631.25	\$ 1,631.25
CF105	10369	TOP RUBBER PLUG	EA	1	\$ 225.00	\$ 168.75	\$ 168.75	\$ 168.75
CF4109	10842	STOP COLLAR	EA	1	\$ 100.00	\$ 75.00	\$ 75.00	\$ 75.00
CF4556	10915	CEMENT BASKETS	EA	1	\$ 1,050.00	\$ 787.50	\$ 787.50	\$ 787.50
			EA		\$ -	\$ -	\$ -	\$ -
							\$ 3,318.75	\$ 3,318.75
					\$ -			
		Subtotal for Float Equip			\$ 4,425.00			
		Less - 25% Discount			\$ (1,106.25)			
		Total on Float Equip			\$ 3,318.75		\$ -	
		Total For Entire Job - original price			\$ 20,322.71		\$ 20,322.71	\$ 20,328.26
					BID AMT		DISC AMT	ADJ DISC AMT

(THIS PRICE GOES ON TICKET)



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 03861 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7/31/12	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: Schnellbacher B-3					WELL NO.:			
ADDRESS:		COUNTY: Haskell			STATE: KS					
CITY:		STATE:		SERVICE CREW: Royce, Hector R.						
AUTHORIZED BY: Tyce		JOB TYPE: 742 L.S.								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19585	10.5						7:30			2:10:30
3722337426	10.5					ARRIVED AT JOB				2:30
3046337424	10.5					START OPERATION				10:23
						FINISH OPERATION				12:20
						RELEASED				1:00
						MILES FROM STATION TO WELL				70

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 Poe	SK	255	8 25	2103 75
CC103	Gypsum	lb	4075	56	60200
CC111	Sulf	lb	1571	38	596 98
CC103	C-15	lb	129	9 38	1210 02
CC105	C-41P	lb	54	3 00	162 00
CC201	Gilsonite	lb	1,295	50	637 50
CF251	Guide shoe	EA	1		187 50
CF1401	Flapper Float Valve	EA	1		277 50
CF4452	Centralizer	EA	25	56 25	1406 25
CF3000	Thread lock kit	EA	+		
CF103	Top Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CC155	super riser tool	SK	10000		
E101	Heavy Equip Mileage	Mi	70	5 25	367 50
CE240	Blending & Mixins Charge	SK	255	1 05	267 75
E113	Bulk Delivery	JM	376.25	1 20	451 50
CE206	Depth Charge 500' to 6000'	4hr	1		2160 00
CE504	Plug Container	Sub	1		187 50
E100	Service Super Visor	EA	1		131 25

SUB TOTAL **16882 55**

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT: **Becep** D02 NON D02

SERVICE & EQUIPMENT: **Schnellbacher B-3** %TAX ON \$

MATERIALS: **Schnellbacher B-3** %TAX ON \$

MAXIMO / WSM # _____

TASK: **0102** TOTAL ELEMENT: **3023**

PROJECT #: **11526824** CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

SERVICE REPRESENTATIVE: **Chad Hinz**

THE ABOVE MATERIALS AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **Jeff G...**
SIGNATURE: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



Cement Report

Customer: <i>Orca USA</i>	Lease No.	Date: <i>7/31-12</i>
Lease: <i>Schne Wacker</i>	Well #: <i>B-3</i>	Service Receipt
Casing: <i>5 1/2</i>	Depth: <i>5481.3</i>	County: <i>Haskell</i> State: <i>KS</i>
Job Type: <i>L.S.</i>	Formation	Legal Description: <i>31-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size: <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead: <i>255 SK</i>
Depth: <i>5481.3</i>	Depth	From	To	<i>50/50 POC @ 15.5#</i>
Volume: <i>133.48</i>	Volume	From	To	<i>1.584 7.369</i>
Max Press: <i>2500</i>	Max Press	From	To	Tail in
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>07:30</i>					<i>on loc, spot trucks, R.I.U., Safety mtg</i>
<i>10:23</i>	<i>3000</i>				<i>Test Lines</i>
<i>10:25</i>	<i>140</i>		<i>20</i>	<i>5</i>	<i>Pump stop loss</i>
<i>10:35</i>	<i>180</i>		<i>3</i>	<i>5</i>	<i>Pump #20</i>
<i>10:37</i>					<i>Plug Mould</i>
<i>10:43</i>	<i>200</i>		<i>0</i>	<i>5</i>	<i>Start Mixing @ 13.5#</i>
<i>10:54</i>	<i>0</i>		<i>66</i>	-	<i>Finished Mixing, Drop Plug, washing</i>
<i>10:59</i>	<i>30</i>		<i>0</i>	<i>5</i>	<i>Start Disp.</i>
<i>11:26</i>	<i>750</i>		<i>123</i>	<i>2</i>	<i>slow Rate</i>
<i>11:31</i>	<i>1480</i>		<i>134</i>	-	<i>Plug Down</i>
<i>11:40</i>	<i>2500</i>				<i>Test Csg.</i>
<i>12:20</i>	<i>0</i>				<i>Release Psi, float held.</i>
					<i>Job Complete</i>

Service Units	<i>194866</i>	<i>3726337920</i>	<i>3046337920</i>
Driver Names	<i>Chinz</i>	<i>R. Olsz</i>	<i>H. Roticepi</i>

Jeff Customer Representative
 Vern Bennett Station Manager
 Chad Chinz 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 03865 A

DATE _____ TICKET NO. _____

DATE OF JOB: <i>4/3/12</i>	DISTRICT: <i>1717</i>	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: <i>Oxy USA</i>	LEASE: <i>Schnellbacher B-3</i> WELL NO.:								
ADDRESS:	COUNTY: <i>Haskell</i> STATE: <i>KS</i>								
CITY:	STATE:								
AUTHORIZED BY: <i>Tyler To</i>	SERVICE CREW: <i>Royce, Juan</i>								
JOB TYPE: <i>742 Top Out</i>									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<i>194886</i>	<i>25</i>								<i>12:00</i>
<i>3422337926</i>	<i>25</i>								<i>2:30</i>
<i>3875057925</i>	<i>25</i>								<i>2:58</i>
									<i>3:30</i>
									<i>4:00</i>
									<i>30</i>

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL110	Premium Plus	SK	200	12.23	2446.00
CC109	Calcium Chloride	Lb	376	.79	297.04
E101	Heavy Equip Mileage	Mi	60	5.25	315.00
CF240	Blending & Mixing Charge	SK	300	1.05	315.00
E113	Bulk Delivery	TM	423	1.20	507.60
CF200	Depth Charge 0'-500'	hr	1		750.00
E100	Pickup Mileage	Mi	30	3.19	95.70
5003	Service SUPERUSOL	EA	1		131.25
	<i>Libecap Schnellbacher B-2 0102 Task 3023 0LBØ1BTD 1152684</i>				

SUB TOTAL *4857.59*

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)
FIELD SERVICE ORDER NO.	

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 19, 2012

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

Re: ACO1
API 15-081-21990-00-00
SCHNELLBACHER B 4
NE/4 Sec.31-30S-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