



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1102070
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: _____



1102070

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	HENSELMANN A 5
Doc ID	1102070

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	HENSELMANN A 5
Doc ID	1102070

Tops

Name	Top	Datum
HEEBNER	3748	
TORONTO	3766	
LANSING	3848	
KANSAS CITY	4128	
MARMATON	4265	
PAWNEE	4353	
CHEROKEE	4398	
ATOKA	4512	
MORROW	4594	
ST. GENEVIEVE	4657	
ST.LOUIS	4784	
SPERGEN	4902	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HENSELMANN A 5
Doc ID	1102070

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4682-4690 ST. GENEVIEVE	72 BBL 15% HCL FE FLUSH 65 BBL 2% KCL	4567-4690
4	4567-4579 ATOKA		
4	4490-4504, 4396- 4401 CHEROKEE	64 BBL ACID FLUSH 85 BBL	4353-4504
4	4378-4388, 4353- 4359 PAWNEE		
6	4318-4326, 4285- 4293 MARMATON	59 BBL HCL MCA FLUSH 70 BBL 2% KCL	4285-4326
6	4131-4138 KANSAS CITY	12 BBL 15% MCA FLUSH 25 BBL 2% KCL	4131-4138
6	4027-4031, 3997- 4004, 3900-3905 LANSING	9.5 BBL 15% MCA FLUSH 23 BBL 2% KCL	4027-4031
		16.5 BBL 15% MCA FLUSH 23 BBL 2 % KCL	3997-4004
		12 BBL 15% MCA FLUSH 23 BBL 25 KCL	3900-3905



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 03581 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-27-12	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 Henselmann "A" #5						WELL NO.	
ADDRESS		COUNTY Finney			STATE KS				
CITY		STATE		SERVICE CREW J. Chance, Eddie, Julian, Hector					
AUTHORIZED BY Jay Benth		JOB TYPE: 242 Surface 8 5/8							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 7-27-12	AM 6:00	TIME
19820	10	38750	10	30463	10	ARRIVED AT JOB	7-27-12	AM 9:00	
		37725	1	37724	1	START OPERATION	7-27-12	AM 1:20	
27462	10					FINISH OPERATION	7-27-12	AM 2:35	
						RELEASED	7-27-12	AM 3:00	
						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
CL101	A-Con Blend	SK	345	13 95	4812 75
CL110	Premier Plus Cement	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1437	79	1135 23
CC102	CelloFlake	lb	148	2 78	411 44
CC130	C-51	lb	65	18 75	1218 75
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Plug Valve	EA	1		210 00
CF4405	Centralizer 9 5/8	EA	15	108 75	1631 25
CF4556	Cement Basket	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CF3000	IRL Thread Lock Kit	EA	12	25 50	306 00
E101	Heavy Equipment Mileage	mi	210	5 25	1102 50
CE240	Blending Mixer Charge	SK	590	1 05	619 50
E113	Boiler Delivery Charge	tm	1946	1 20	2335 20
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plus Container Charge	job	1		187 50
E100	Pickup Mileage	mi	70	3 19	223 30
S003	Service Supervisor	EA	1		131 25
SUB TOTAL					20849 77

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE
Ismael Chavez

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Orly USA</i>	Lease No.	Date <i>7-27-12</i>
Lease <i>Henselmann "A"</i>	Well # <i>5</i>	Service Receipt <i>03581</i>
Casing <i>8 5/8</i>	Depth <i>1816</i>	County <i>Finney</i>
Job Type <i>242</i>	Formation	Legal Description <i>34-22-34</i>
State <i>KS</i>		

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>3455k A-Con</i>
Depth <i>1827</i>	Depth <i>5545</i>	From	To	<i>2.4ft 2.5k</i>
Volume <i>113 b/s</i>	Volume	From	To	<i>14.06 gal - 514 12.1 #</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>2455k Class C</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.74 ft 3-5k</i>
Plug Depth <i>1782</i>	Packer Depth	From	To	<i>6.33 gal 5k 14.8 #</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:00</i>					<i>Arrive On Location</i>
<i>9:10</i>					<i>Safety Meeting - Rig Up</i>
<i>9:00</i>					<i>Rig Pumping Casing</i>
<i>11:00</i>					<i>Circulate w/ Rig</i>
<i>11:30</i>					<i>Hook Up To BES</i>
<i>11:40</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>11:45</i>	<i>200</i>		<i>147</i>	<i>4.0</i>	<i>Pump Lead amt @ 12.1 #</i>
<i>12:15</i>	<i>100</i>		<i>58</i>	<i>4.0</i>	<i>Pump Tail amt @ 14.8 #</i>
<i>12:30</i>					<i>Drop Plug - Wash Up</i>
<i>12:35</i>	<i>200</i>		<i>103</i>	<i>5.8</i>	<i>Displace</i>
<i>12:55</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1:00 PM</i>	<i>1500</i>		<i>.1</i>	<i>.1</i>	<i>Land Plug - Float Held</i>
<i>1:30 PM</i>	<i>1500</i>				<i>TEST Casing - OK</i>
					<i>Cement To Surface</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>
					<i>2 Guns in Derrick per safety guy - Josh</i>

Service Units	<i>19820</i>	<i>27462</i>	<i>38750-37725</i>	<i>30463-37724</i>
Driver Names	<i>J. Chavez</i>	<i>Eddie</i>	<i>Julian</i>	<i>Hector</i>

Kal
Customer Representative
Jay Benth
Station Manager
James Chavez
Cementer
Taylor Printing, Inc.

1717 03862 A



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

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 Henselmann A 5			WELL NO.			
ADDRESS		COUNTY Finney		STATE KS			
CITY		STATE		SERVICE CREW Royce, Ed.		JOB TYPE: 5 1/2 242	
AUTHORIZED BY TUCK JRB							

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19888	3.5									1:00
39223	3.5	AP LOCATION/DEPT.	Lib. Cap	D02	NON D02					3:15
39223	3.5	LEASE/WELL/FAC	Henselmann A-5							4:51
38950	3.5	MAXIMO / WSM #								6:20
		TASK	01-02	ELEMENT	3023					7:00
		PROJECT #	1153976	CAPEX / OPEX - Circle one						90
		SPO / BPA		UNSUPPORTED	<input type="checkbox"/>					

CONTINUED FROM PREVIOUS PAGE (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 set forth in the attached contract and back received 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.

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 POZ	SK	205	8 25	1691 25
CC113	Gypsum	Lb	865	56	484 40
CC111	Sulf	Lb	1,264	38	480 32
CC103	C-15	Lb	104	9 38	975 52
CC105	C-41 P	Lb	44	3 00	132 00
CC201	Gilsonite	Lb	1,025	50	512 50
CF251	Guide shoe	EA	1		187 50
CF1401	Flapper Float Valve	EA	1		277 50
CF103	Top Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizer	EA	20	56 25	1125 00
CF155	Superflush II	gal	500	1 15	575 00
F101	Heavy Equip Mileage	Mi	180	5 25	945 00
CE240	Blending & Mixing Chrg.	SK	205	1 05	215 25
E113	Bulk Delivery	Tm	999	1 20	934 80
CE206	Depth Charge 5001 to 6000	4hr	1		2160 00
CE504	Plus Container	job	1		187 50
F100	Pickup Mileage	Mi	90	3 19	287 10
5003	Service SUPERUSO7	EA	1		131 25

SUB TOTAL 11,456.14

SERVICE & EQUIPMENT rig time - 11084 00
MATERIALS %TAX ON \$

TOTAL 10772.14

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: *Chackline*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>7/31/12</i>
Lease <i>Henselmann A</i>	Well # <i>5</i>	Service Receipt
Casing <i>5 1/2</i>	Depth <i>5115'</i>	County <i>Finney</i>
Job Type <i>L.S.</i>	Formation	Legal Description <i>34-22-34</i>
State <i>KS</i>		

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>205 SX</i>
Depth <i>5119.48</i>	Depth	From	To	<i>50/FD POT @ 13.5</i>
Volume <i>117.8</i>	Volume	From	To	
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>15:15</i>					<i>on loc, spot trucks, 2.0, safety mats</i>
<i>16:51</i>	<i>3000</i>				<i>Test Lines</i>
<i>16:52</i>	<i>190</i>		<i>5</i>	<i>5</i>	<i>H2O</i>
<i>16:54</i>	<i>180</i>		<i>12</i>	<i>5</i>	<i>Super Flush</i>
<i>16:57</i>	<i>190</i>		<i>5</i>	<i>5</i>	<i>H2O</i>
<i>16:58</i>	<i>190</i>		<i>0</i>	<i>5</i>	<i>Start Mixing</i>
<i>17:12</i>	<i>0</i>		<i>58</i>	<i>-</i>	<i>shut down washup, Prep Fluo</i>
<i>17:16</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>Start Disp</i>
<i>17:38</i>	<i>520</i>		<i>107</i>	<i>2</i>	<i>Slow Rate</i>
<i>17:43</i>	<i>1360</i>		<i>118</i>	<i>-</i>	<i>Plug Down</i>
<i>17:46</i>	<i>0</i>				<i>Release Polt Float head</i>
<i>17:50</i>	<i>2500</i>				<i>test Csg.</i>
<i>18:20</i>	<i>0</i>				<i>Rel. Psi</i>

Service Units	<i>19886</i>	<i>3722337726</i>	<i>38450</i>	<i>37785</i>
Driver Names	<i>Calint</i>	<i>R. Olds</i>	<i>F. Mendoza</i>	

Cal Wylie
Customer Representative

Gene Bennett
Station Manager

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 20, 2012

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

Re: ACO1
API 15-055-22167-00-00
HENSELMANN A 5
NE/4 Sec.34-22S-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