



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1103050  
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: \_\_\_\_\_



1103050

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

<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	BOSWORTH B 2
Doc ID	1103050

Tops

Name	Top	Datum
HEEBNER	3750	
LANSING	3860	
KANSAS CITY	4145	
MARMATON	4279	
CHEROKEE	4415	
ATOKA	4532	
MORROW	4618	
ST. GENEVIEVE	4693	
ST. LOUIS	4738	



**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 03792 A

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

DATE OF JOB: 8-4-12	DISTRICT: Liberal #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: Bosworth "B" #2	WELL NO.:							
ADDRESS:	COUNTY: Finney	STATE: KS							
CITY:	STATE:	SERVICE CREW: Kirby, Calib, Santiago, Juan L							
AUTHORIZED BY: Tyce Davis J.D.	JOB TYPE: 8 5/8 Surface 2-42								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
AP LOCATION/DEPT. <u>Lis-Cap</u>	<u>37724</u>	<u>21755</u>					<u>8-3-12</u>		<u>2200</u>
LEASE/WELL/FAC <u>Bosworth B-2</u>		<u>3811</u>				ARRIVED AT JOB	<u>8-4-12</u>	AM	<u>0200</u>
MAXIMO / WSM #		<u>19919</u>				START OPERATION		AM	<u>0330</u>
TASK <u>01-02</u>		<u>19827</u>				FINISH OPERATION		AM	<u>0500</u>
PROJECT # <u>1155161</u>		<u>19566</u>				RELEASED		AM	<u>0530</u>
SPO / BPA		<u>38117</u>				MILES FROM STATION TO WELL			

Circle Dec Type UNSUPPORTED  
 PRINTED NAME Garrett  
 SIGNATURE [Signature]  
 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 <sup>o</sup> on Blend	SK	345	13 95	4812 75
CL110	Premium 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 Regular	EA	1		285 00
CF1403	Flapper Type Insert Float Valve	EA	1		371 25
CF4405	Centralizers	EA	15	108 75	1631 25
CF4556	Cement Basket, Canvas	EA	1		168 75
CF105	Top Rubber Cement Plug	EA	1		75 00
CF4109	Stop Collar	EA	1		787 50
CC131	Sugar	lb	50	3 75	187 50
E101	Heavy Equipment Mileage	mt	210	5 25	1102 50
CE240	Blending & Mixing Service Charge	SK	590	1 05	619 50
E113	Bulk delivery Charge	Tm	1946	1 20	2335 20
CE202	Depth Charge 1001-2000	4hrs	1		1125 00
CE504	Plug Container Utilization Charge	Job	1		187 50
E100	Unit Mileage Charge - Pickup	MT	78	3 19	223 30
S003	Service Supervisor	EA	1		131 25
SUB TOTAL					<u>20,003 02</u>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>Kirby Hux</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. \_\_\_\_\_





# Cement Report

Customer <i>Oxy Usi</i>		Lease No.		Date <i>8-4-12</i>	
Lease <i>Bosworth</i>		Well # <i>2</i>		Service Receipt	
Casing		Depth		County <i>Finney</i>	
Job Type <i>8 5/8 Surface</i>		Formation		State <i>KS</i>	
Job Type		Formation		Legal Description	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>		Tubing Size		Shots/Ft	
Depth <i>1810</i>		Depth		From	To
Volume <i>112.5</i>		Volume		From	To
Max Press		Max Press		From	To
Well Connection		Annulus Vol.		From	To
Plug Depth		Packer Depth		From	To
				Lead <i>345 sk A Con</i> <i>3% CC, 1/4# Poly</i> <i>.2% WCA-1</i>	
				Tail in <i>245 sk</i> <i>Prem Plus - 3% CC</i> <i>1/4# Poly</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0200</i>					<i>On Location - Spot + Rig up</i>
<i>0315</i>					<i>Safety Meeting</i>
<i>0329</i>	<i>2500</i>				<i>Pressure Test</i>
<i>0331</i>	<i>200</i>		<i>147</i>	<i>5</i>	<i>Mix 345 sk A Con @ 12.1 PPG</i>
<i>0408</i>	<i>200</i>		<i>58</i>	<i>5</i>	<i>Mix 245 sk Prem Plus @ 14.8 PPG</i>
<i>0421</i>					<i>Shut down - Drop top Plug</i>
<i>0423</i>	<i>100 fm</i>		<i>0</i>	<i>5</i>	<i>Start displacing with 112.5 BBL</i>
<i>0449</i>	<i>600</i>		<i>102</i>	<i>2</i>	<i>Slow Rate</i>
<i>0456</i>	<i>600</i>		<i>112.5</i>		<i>Shut down - Didn't land Plug</i>
<i>0458</i>	<i>600-0</i>				<i>Release Pressure - Float Held</i>
Service Units		<i>21755</i>	<i>38111/19919</i>	<i>20001</i>	<i>19829/19566</i>
Driver Names		<i>Calib</i>	<i>Kirby</i>		<i>Juan b</i>

Customer Representative

Station Manager

Cementer

Taylor Printing, Inc.

*Jerry Bennett*

*Kirby Harper*



**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 03587 A

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

DATE OF JOB: <b>8-7-12</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>Bosworth 'B'</b>		<b>2</b>		WELL NO.				
ADDRESS:		COUNTY: <b>Finney</b>	STATE: <b>KS</b>						
CITY:	STATE:	SERVICE CREW: <b>J. Chace, Eddie, Julian</b>							
AUTHORIZED BY: <b>Tony Bennett</b>		JOB TYPE: <b>242 Long Sky</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>19820</b>	<b>9</b>	<b>27462</b>	<b>9</b>	<b>30463</b>	<b>9</b>	ARRIVED AT JOB	<b>8-7-12</b>	<b>PM</b>	<b>4:30</b>
				<b>37725</b>	<b>1</b>	START OPERATION	<b>8-7-12</b>	<b>AM</b>	<b>7:00</b>
						FINISH OPERATION	<b>8-7-12</b>	<b>AM</b>	<b>9:00</b>
						RELEASED	<b>8-7-12</b>	<b>AM</b>	<b>9:30</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: *Daniel Ready*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50-50 PIZ	✓ SIL	225	8 25	1856 25
CL113	Gypsum	✓ lb	945	56	529 20
CL111	Salt	✓ lb	1381	38	524 78
CL103	C-15	✓ lb	114	9 38	1069 32
CL105	C-41P	✓ lb	48	3 00	144 00
CL201	Gilsonite	✓ lb	1125	50	562 50
CF251	Guide Shoe	✓ SA	1		187 50
CF1451	Insert Foot	✓ SA	1		161 25
CF103	Rubber Plug	✓ SA	1		78 75
CF4103	Stop Collar	✓ SA	1		63 00
CL155	SuperPush II	✓ gal	500	1 15	575 00
E101	Heavy Equipment Mileage	mi	180	5 25	945 00
CE240	Blending & Mixing Charge	SIL	225	1 05	236 25
E113	Bulk Delivery Charge	tm	851	1 20	1021 20
CE205	Depth Charge	4hrs	1		1890 00
CE504	Plus Container Charge	job	1		187 50
E100	Pickup Mileage	mi	90	3 19	287 10
5003	Service Supervisor	SA	1		131 25
T105	Centra Data Acquiring Monitor	SA	1		412 50
SUB TOTAL					<b>15312 35</b>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT APLOCATION DEPT: **LibCap** %TAX ON \$ **002 (NON 002)**  
MATERIALS #TAX ON \$ **19-2**  
LEASE/WELL/FAC: **Bosworth**  
MAXIMO / WSM # \_\_\_\_\_ TOTAL \_\_\_\_\_  
TASK: **0102** ELEMENT: **3023**  
PROJECT # **1155161** CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE: *Yonnel Chace*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Daniel Ready*

FIELD SERVICE ORDER NO. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)  
I certify that these Services/Materials have been received







# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>8-7-12</i>
Lease <i>Rosworth 'B'</i>	Well # <i>2</i>	Service Receipt <i>03587</i>
Casing <i>5 1/2</i>	Depth <i>4995</i>	County <i>Finnoy</i> State <i>KS</i>
Job Type <i>242 Long Stray</i>	Formation	Legal Description <i>27-22-34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2 170#</i>	Tubing Size	Shots/Ft		Lead
Depth <i>4995</i>	Depth <i>42'</i>	From	To	
Volume <i>11565</i>	Volume	From	To	
Max Press <i>2500</i>	Max Press	From	To	Tail in <i>2255/L 50-50</i>
Well Connection <i>.5 1/2</i>	Annulus Vol.	From	To	<i>7.58 #73 SL 102</i>
Plug Depth <i>4948</i>	Packer Depth	From	To	<i>7.366d-sl 13.5#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1700</i>					<i>Arrive On location</i>
<i>1710</i>					<i>Safety Check Rig Up</i>
<i>1700</i>					<i>Rig Running Casing</i>
<i>1825</i>					<i>Circulate 471g</i>
<i>1850</i>					<i>Hook Up To 13ES</i>
<i>1859</i>	<i>2800</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1900</i>	<i>200</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water spacer</i>
<i>1905</i>	<i>200</i>		<i>12</i>	<i>4.0</i>	<i>Pump Super Flush II</i>
<i>1910</i>	<i>200</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water spacer</i>
<i>1920</i>	<i>300</i>		<i>63</i>	<i>5.5</i>	<i>Pump cement @ 13.5#</i>
<i>1930</i>					<i>Wash Up - Pump Plus</i>
<i>1935</i>	<i>300</i>		<i>105</i>	<i>6.0</i>	<i>Displace</i>
<i>1950</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>2000</i>	<i>1500</i>		<i>.1</i>	<i>.1</i>	<i>Lead Plus - Float Held</i>
<i>2030</i>	<i>2500</i>				<i>TEST Casing - OIL</i>
					<i>Sub Complete</i>

Service Units	<i>10820</i>	<i>27462</i>	<i>30463-37725</i>		
Driver Names	<i>D. Chmco</i>	<i>Edette</i>	<i>Julian</i>		

*Daniel* Customer Representative     
 *Tony Best* Station Manager     
 *Samuel Chmco* Cementer

Taylor Printing, Inc.

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 29, 2012

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

Re: ACO1  
API 15-055-22172-00-00  
BOSWORTH B 2  
SW/4 Sec.27-22S-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