



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1103947
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: _____



1103947

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	TURRENTINE A 4
Doc ID	1103947

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	TURRENTINE A 4
Doc ID	1103947

Tops

Name	Top	Datum
HEEBNER	3778	
TORONTO	3792	
LANSING	3840	
KANSAS CITY	4170	
MARMATON	4318	
CHEROKEE	4451	
ATOKA	4573	
MORROW	4666	
ST. GENEVIEVE	4778	
ST. LOUIS	4867	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

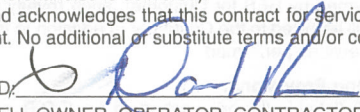
FIELD SERVICE TICKET
1717 03588 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-10-12 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 Turrentine A 4 WELL NO.							
ADDRESS		COUNTY Finney STATE KS							
CITY STATE		SERVICE CREW J. Chack, Eddie, Julian, Ed M							
AUTHORIZED BY Sam Banta		JOB TYPE: 242 & Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19820	8	38111	8	30403	8	ARRIVED AT JOB	8-10-12	AM	100
		19914	1	37724	1	START OPERATION	8-10-12	AM	400
39750	8					FINISH OPERATION	8-10-12	AM	730
37725	1					RELEASED	8-10-12	AM	845
						MILES FROM STATION TO WELL	70		

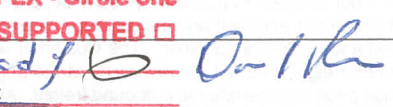
CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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	Prem Plus Cont	SK	245	12 23	2996 35
CC109	Calcium Chloride	16	1437	79	1135 23
CC102	CelloFlatec	16	148	2 78	411 44
CC130	C-51	16	65	18 75	1218 75
CF253	Guide Shoe	EA	1		285 00
CF1403	Insert Float Valve	EA	1		371 25
CF4405	Centralizer 8 7/8	EA	1	108 75	1631 25
CF4556	Cont Basket	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CC131	Suset	16	50	3 75	187 50
E101	Heavy Equipment Mileage	mi	210	5 25	1102 50
CE240	Blends & Misc Charge	SK	590	1 05	619 50
E113	Bulk Delivery Charge	tm	1946	1 20	2335 20
CE202	Depth Charge	4hrs	1		1125 00
CE304	Plus Container Charge	job	1		187 50
E100	Pulling Mileage	mi	70	3 19	223 30
5003	Service Separator				131 25
SUB TOTAL					20030 02

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. **LibCAP** **D02** NON D02
 LEASE/WELL/FAC **TURRENTINE A** **17-4** TAX ON \$
 MATERIALS TAX ON \$
 MAXIMO / WSM # _____
 TASK **0102** ELEMENT **3023** TOTAL _____
 PROJECT # **1153975** CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 Circle Doc type
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **Sam Banta**
 SIGNATURE: 

SERVICE REPRESENTATIVE 

FIELD SERVICE ORDER NO.

I certify that these Services/Materials have been received (WELL OWNER/OPERATOR/CONTRACTOR OR AGENT)



Cement Report

Customer Oxy USA	Lease No.	Date 8-10-12
Lease Turrentine "A"	Well # 4	Service Receipt 03588
Casing 8 5/8	Depth 1816	County Finney
Job Type 242 Surface	Formation	Legal Description 19-22-34

Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8 24.0#	Tubing Size	Shots/Ft		Lead 34.5 sk A con
Depth 1816	Depth 55.42'	From	To	2.4 FT 3-SK
Volume 112.5 bbls	Volume	From	To	14.0 Gd-sk 12.1 #
Max Press 1800	Max Press	From	To	Tail in 245 sk Class
Well Connection 8 5/8	Annulus Vol.	From	To	1.34 FT 3-SK C
Plug Depth 1771	Packer Depth	From	To	6.33 Gd-sk 14.8 #

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
400					Arrive On Location
430					Safety Meeting - Rig Up
400					Rig Running Casing
445					Circulate w/ Mud
520					Hook Up To BES
525	1800		1.0	1.0	Pressure Test
530	300		147	6.0	Pump Lead cont @ 12.1 #
610	200		56	2.0	Pump Tail cont @ 14.8 #
625					Drop Plug - Wash Up
630	300		102	6.0	Displace
655	500		10	2.0	Slow Down - Displace
700	1000		15	1.5	Land Plug - Float Held
730	1500		11	1.1	TEST Casing - OK
					Cement To Surface
					Job Complete
					THANKS FOR USING BASIC ENERGY SERVICES

Service Units	14820	30463-37724	38111-18919	38750-37725
Driver Names	F. Chavez	JULIAN	Eddie	Ed M.

Dave
Customer Representative
Jerry Bent
Station Manager
Fernando Chavez
Cementer
Taylor Printing, Inc.



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 03796 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8-13-12	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: Turrentine "A"	WELL NO. 4								
ADDRESS:	COUNTY: Finney	STATE: KS								
CITY:	CITY:	STATE:								
AUTHORIZED BY: Tyca Davis	SERVICE CREW: Kirby, Ed, Hector									
JOB TYPE: 5 1/2 Production 2-42										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
				21755	8		8-13-12			0430
				38111	8	ARRIVED AT JOB				0930
				19919	8	START OPERATION				1030
				30463	8	FINISH OPERATION				1235
				37724	8	RELEASED				1300
						MILES FROM STATION TO WELL	90			

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 For	SK	210	8 25	1732 50
CC113	Gypsum	lb	885	56	495 60
CC111	Salt	lb	1293	38	491 34
CC103	C-15	lb	107	9 38	1003 66
CC105	C-41P	lb	45	3 00	135 00
CC201	Gilsonite	lb	1050	50	525 00
CF251	Guide Shoe - Reg	EA	1		187 50
CF1451	Flepper Type Insult Float	EA	1		161 25
CF103	Top Rubber Cement Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizers	EA	25	56 25	1406 25
CC115	Super+Insh II	Gal	500	1 15	575 00
E101	Heavy Equipment Mileage	MT	150	5 25	945 00
CE240	Blending + Mixing Service Charge	SK	210	1 05	220 50
E113	Bulk Delivery Charge	TM	797	1 20	956 40
CE205	Depth Charge 4000-5000	4hrs	1		1890 00
CE504	Plug Container Utilization Charge	Job	1		187 50
E100	Unit Mileage Charge - Pickup	MT	90	3 19	287 10
SC003	Service Supervisor	EA	1		131 25

CHEMICAL / ACID DATA:		

AP LOCATION/DEPT. **LIDCAP** SUB-TOTAL **11,697.60**

LEASE/WELL/FAC **Turrentine A-4**

MAXIMUM SERVICE & EQUIPMENT %TAX ON \$

TASK **FIN 2** ELEMENT **3023**

PROJECT # **1153975** CAPEX / OPEX - Circle one

SPO / BPA **UNSUPPORTED**

PRINT NAME **Daniel Ready**

SIGNATURE _____

SERVICE REPRESENTATIVE **Kirby Kirby**

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer	Oxy USA	Lease No.		Date	8-13-12
Lease	Turrentine "A"	Well #	4	Service Receipt	
Casing	5 1/2 17"	Depth		County	Finney
				State	KS
Job Type	5/2 Production	Formation		Legal Description	19-22-34

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2 17"	Tubing Size		Lead 210 sk 50/50 5% W-LO, 10% Salt, .6% C-15, 1/4" Discman 5# Gilsonite
Depth	4899 ft	Depth		
Volume	112.72 BBL	Volume		Tail in
Max Press	2500	Max Press		
Well Connection		Annulus Vol.		
Plug Depth	4858.49 ft	Packer Depth		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0930					On Location - Spot & Rig up
1030					Safety Meeting
1045					Pressure Test
1047	200		12	5	Pump 500 Gal Superflush
1050	200		5	5	Pump 5 BBL H ₂ O
1052	200		98	5	Mix 210 sk 50/50 @ 13.5 PPG
1113					Shut down - drop top plug - clean lines
1119	100		0	5.5	Start displacing
1140	600		102	2	Slow Rate
1145	800-1400		112		Bump Plug
1150	1400-0				Release Pressure - Float Held
1150	2500				Pressure test casing
1220	2500-0				Release Pressure

Service Units	21755	3811/19919	30463/37724		
Driver Names	Kirby	Ed	Hector		

Customer Representative _____ Station Manager Jerry Bennett _____ Cementer Kirby Harper _____
 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

December 06, 2012

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

Re: ACO1
API 15-055-22171-00-00
TURRENTINE A 4
SW/4 Sec.19-22S-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