



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1104018  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_



1104018

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
--	---

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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	MINGENBACK D 1
Doc ID	1104018

All Electric Logs Run

DUAL SPACED NEUTRON SPECTRAL DENSITY
ARRAY COMPENSATED TRUE RESISTIVITY
MICROLOG
CEMENT BOND LOG
BOREHOLE COMPENSATED SONIC ARRAY
ANNULAR HOLE VOLUME PLOT

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	MINGENBACK D 1
Doc ID	1104018

Tops

Name	Top	Datum
HEEBNER	3953	
LANSING	4046	
KANSAS CITY	4356	
MARMATON	4703	
CHEROKEE	5050	
ATOKA	5352	
MORROW	5508	
KEYES	5992	
ST. GENEVIEVE	6144	
ST. LOUIS	6247	
SPERGEN	6409	





**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 03868 A

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

DATE OF JOB: <u>8/11/12</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>Qy USA</u>		LEASE: <u>Mingenbeck D 1</u>					WELL NO.:	
ADDRESS:		COUNTY: <u>Morton</u>			STATE: <u>Ks</u>			
CITY:		SERVICE CREW: <u>Royce, Santos, Julian</u>		JOB TYPE: <u>Surface 242</u>				
AUTHORIZED BY: <u>Tyce</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>19485</u>	<u>3.5</u>							<u>AM 9:00</u>
<u>37223 37926</u>	<u>3.5</u>					ARRIVED AT JOB		<u>AM 2:30</u>
<u>38450 37925</u>	<u>3.5</u>					START OPERATION		<u>AM 3:32</u>
<u>30463 37924</u>	<u>3.5</u>					FINISH OPERATION		<u>AM 8:23</u>
						RELEASED		<u>AM 8:00</u>
						MILES FROM STATION TO WELL		<u>50</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 blend	SK	335	13 95	4673 25
CL110	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	Lb	1407	79	1111 53
CC107	Celloflake	Lb	146	2 78	405 88
CC130	C-51	Lb	63	18 75	1181 25
CF253	Guide Shoe	EA	1		285 00
CF1453	Flapper Float Valve	EA	1		210 00
CF4405	Centralizers	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	150	5 25	787 50
CE240	Danding & Mixing Charge	SK	580	1 05	609 00
E113	Bulk Delivery	Tm	1365	1 20	1638 00
CE202	Depth Charge 1001' to 2000'	4hr	1		1125 00
CE504	Plug Container	Sub	1		187 50
E100	Pickup Mileage	Mi	50	3 19	159 50
5003	Service Supervisor	EA	1		131 25
T105	Cement Data. Acc.	EA	1		412 50

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. 02017 0201 NON D0213 SUB TOTAL

LEASE/WELL/FAC Mingenbeck D-1 18,801.01

MAXIMO / WSM # \_\_\_\_\_ SERVICE & EQUIPMENT %TAX ON \$

TASK 0102 MATERIALS ELEMENT 5023 %TAX ON \$

PROJECT # 1155260 CAPEX / OPEX - Circle one TOTAL

SPO / BPA \_\_\_\_\_ UNSUPPORTED

Circle Doc Type

PRINTED NAME Deak Adair

SERVICE REPRESENTATIVE: <u>Checkline</u>	SIGNATURE: <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICES/MATERIALS have been received	\$18,801.01
FIELD SERVICE ORDER NO. _____	ORDERED BY CUSTOMER AND RECEIVED BY: <u>8/12/12</u>	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	





# Cement Report

Customer <b>OXY USA</b>	Lease No.	Date <b>8/11/12</b>
Lease <b>Mingenback D</b>	Well # <b>1</b>	Service Receipt
Casing <b>8 5/8</b>	Depth <b>1820</b>	County <b>Morton</b> State <b>MO</b>
Job Type <b>Surface</b>	Formation	Legal Description <b>22-34-4</b>

Pipe Data		Perforating Data		Cement Data
Casing size <b>4 5/8</b>	Tubing Size	Shots/Ft		Lead <b>335 SX A-67</b>
Depth <b>1826.52</b>	Depth	From	To	<b>@12.1#</b>
Volume <b>113.3</b>	Volume	From	To	<b>2.40 14.00</b>
Max Press <b>1500</b>	Max Press	From	To	Tail in <b>245 SX Front</b>
Well Connection <b>P.C.</b>	Annulus Vol.	From	To	<b>@14.8#</b>
Plug Depth	Packer Depth	From	To	<b>1.34 6.33</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
14:30					on log, spottrucks, R.O. Safety Mtg
15:32	2400				Test Lines
15:36	200		0	5	Start Mixing @ 12.1#
15:59	200		143	5	on tail @ 14.8#
16:22	Ø		558	-	Finished Mixing
16:24	Ø		0	5	Start Disp, Washup on Plug
16:43	1670		103	2	Slow Rate
16:45	1400		113	-	Plug down (Float held)
16:52	1500				Test Csg.
17:23	Ø				Release Psi
					Job Complete

Service Units	19486	3722337726	3875037725	3846337724
Driver Names	CHINEZ	R. Olds	F. Chavez	J. Grijalva

**Derek Adam** Customer Representative     
 **Derry Bennett** Station Manager     
 **Chad Chinez** Cementer





**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 03913 A

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

DATE OF JOB	8-17-12	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	Mingenback D #1	WELL NO.											
ADDRESS		COUNTY	Morton	STATE KS											
CITY		STATE		SERVICE CREW V. Vasquez, S. Chavez, H. Ritzger											
AUTHORIZED BY	J Bennett JRB	JOB TYPE:		242-5 1/2" Production											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	ARRIVED AT JOB	TIME						
34726	6						8-17-12		8:00						
27462	6								AM 12:00						
30463	2								AM 1:00						
37724	2								AM 4:00						
33021	2								AM 5:00						
19883	4									MILES FROM STATION TO WELL 50 mi					

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
CC104	50/50 Poz	SK	400	8.25	4042.50
CC113	Gypsum	TB	2060	56	1153.60
CC111	SALT		3009	38	1143.42
CC103	C-18		248	9.38	2326.24
CC105	C-41P		103	3.00	309.00
CC201	Gilsonite		2450	50	1225.00
<p>AP LOCATION/DEPT. <u>020177</u> D02 <input type="checkbox"/> NON D02 <input type="checkbox"/></p> <p>LEASE/WELL/FAC. <u>Mingenback D-1</u></p> <p>MAXIMO / WSM # _____</p> <p>TASK <u>0102</u> ELEMENT <u>3023</u></p> <p>PROJECT # <u>1155260</u> CAPEX / OPEX - Circle one</p> <p>SPO / BPA _____ UNSUPPORTED <input type="checkbox"/></p> <p>Circle Doc Type</p> <p>PRINTED NAME <u>Derek Adam</u></p> <p>SIGNATURE: _____</p> <p>I declare that these Services/ Materials have been received</p> <p>8/17/12</p>					
SUB TOTAL					\$ 18567.76
TOTAL					

CHEMICAL / ACID DATA:			

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





# Cement Report

Customer	Oxy USA	Lease No.		Date	8-17-12
Lease	Mingenback 0	Well #	1	Service Receipt	03913
Casing	5 1/2" 17'	Depth		County	Morton
Job Type	242-5 1/2" Production	Formation		State	KS
				Legal Description	22-34-40

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2" 17#	Tubing Size		Lead 470 sk 50/50 sk
Depth	TP-6600'	Depth	From To	
Volume	Disp-152.6 bbl	Volume	From To	Tail in
Max Press	3000#	Max Press	From To	
Well Connection	ID-6597	Annulus Vol.	From To	
Plug Depth	ST-42'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					on loc-site assessment
12:05					spot trucks-rig up
1:00					safety meeting/OJA
1:30					pressure test 3000#
1:45	200		5	4	pump 5 bbl H <sub>2</sub> O spacer
1:50	200		12	4	pump 12 bbl superflush
1:58	200		5	4	pump 5 bbl H <sub>2</sub> O spacer
2:00	50		13	3	mix + pump 20 sk to plug mouse hole
2:00	200		132	5	mix + pump 470 sk 50/50 Poz @13.5 ppz - 1.58 f3/sk - 7.36 gal/sk
2:25					wash hole
2:30	0		0	5	drop plug, disp csg
3:15	1300		140	2	slow rate last 10 bbl of disp
3:20	1800		152	0	land plug, float hold 5 min
3:25	2500				psi test csg - 2500# 30 min
3:55					test ok - job complete

Service Units	34776	37462	30463-37724	33021-19883
Driver Names	A Owers	V Vasquez	S Chavez	K Ryan

Derric  
Customer Representative
A Bennett  
Station Manager
A Owers  
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

December 06, 2012

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

Re: ACO1  
API 15-129-21943-00-00  
MINGENBACK D 1  
NW/4 Sec.22-34S-40W  
Morton 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