



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1105138
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: _____



1105138

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

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	HENTSCHEL C 3
Doc ID	1105138

All Electric Logs Run

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



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 03624 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8-20-12 DISTRICT: Liberal		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: Hentschel "C" # 7 WELL NO. 3							
ADDRESS:		COUNTY: Morton STATE: KS							
CITY: STATE:		SERVICE CREW: Kirby, Eddie, Santiago, Julian							
AUTHORIZED BY: Tyce Davis TRB		JOB TYPE: 8 5/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
		37725	9	21755	9	ARRIVED AT JOB	8-20-12	AM	0400
				10276	9	START OPERATION		AM	0800
				19919	9	FINISH OPERATION		AM	1015
				30464	9	RELEASED		AM	1100
				37724	9	MILES FROM STATION TO WELL			
				38750	9				

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 Buidier	Sk	240	13 95	3348 00
CL110	Premium Plus Cement	Sk	245	12 23	2996 35
CC109	Calcium Chloride	Tb	1140	79	900 60
CC102	Celloflake	lb	122	2 78	339 16
CC130	C-51	lb	46	18 75	862 50
CF253	Regular Glides	EA	1		285 00
CF1453	Flapper Type Insert Float Valve	EA	1		210 00
CF4405	Centralizers	EA	15	108 75	1631 25
CF105	Top Rubber Cement Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CF4556	Cement Basket	EA	1		787 50
E101	Heavy Equipment Mileage	MI	225	5 25	1181 25
CE240	Blending + mixing Service Charge	SK	485	1 05	509 25
E113	Bulk Delivery Charges	Tm	1714	1 20	2056 80
CE202	Depth Charge 1001-2000'	EA	1		1125 00
CE504	Plug Container Utilization Charges	Sub	1		187 50
E100	Unit Mileage Charge - Pickup	MI	75	3 19	239 25
S003	Service Supervisor	EA	1		131 25
E724	2" Pop-Off Valve Rental	EA	1		225 00
SUB TOTAL					17,259 41

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT: 020177 SERVICE & EQUIPMENT D0251000030
 LEASE/WELL: Hentschel # 7 MATERIALS % TAX ON \$
 MAXIMO / WSM # _____
 TASK: 0102 ELL NT: 3023
 PROJECT #: 1154364 C. Y. COEX - Circle one
 SPO / EPA _____ UN-SUPPORTED

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Adem
 SIGNATURE: _____ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

SERVICE REPRESENTATIVE: Budykory

FIELD SERVICE ORDER NO. _____

\$ 17,259.41 8/20/12



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 03751 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>8/23/12</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>Oxy USA</u>	LEASE: <u>Hentschel C 3</u>						WELL NO.:
ADDRESS:	COUNTY: <u>Morton</u>	STATE: <u>Ks</u>					
CITY:	STATE:	SERVICE CREW: <u>Juan G. Santiago</u>					
AUTHORIZED BY: <u>Tyce</u>	<u>TRB</u>	JOB TYPE: <u>PTA 242</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE
<u>19555</u>	<u>10</u>						<u>8:00</u>
<u>39223 39926</u>	<u>10</u>					ARRIVED AT JOB	<u>1:40</u>
<u>38750 39926</u>	<u>10</u>					START OPERATION	<u>3:05</u>
						FINISH OPERATION	<u>11:20</u>
						RELEASED	<u>12:30</u>
						MILES FROM STATION TO WELL	<u>70</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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL103	60/40 Poz	SK	190	9.00	1710.00
CC200	Cement Gel	Lb	328	19	62.32
CC109	Calcium Chloride	Lb	258	79	203.82
E101	Heavy Vehicle Mileage	Mi	140	5.25	735.00
CE240	Blending + Mixing Charge	SK	190	1.05	199.50
E113	Bulk Delivery	Ton	594	1.20	688.80
CE202	Depth Charge 1001 to 2000'	4hr	1		1125.00
E100	Pickup Mileage	Mi	70	3.19	223.30
3003	Service Super Visor	EA	1		131.25
T105	Cement Data Acquisition	EA	1		412.50

AP LOCATION/DEPT: Liberal D02 | NON D02 |
 LEASE/WELL/FAC: Hentschel C-3
 MAXIMO / WSM # _____
 TASK: 0102 ELEMENT: 3023
 PROJECT #: 1154364 CAPEX / OPEX - Circle one
 SPO / BPA _____ UNSUPPORTED
 PRINTED NAME: Jeff Gill
 SIGNATURE: _____ (5491.49)

SUB TOTAL 5491.49

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Chadline
 FIELD SERVICE ORDER NO. _____

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>8/23/12</i>
Lease <i>Heutschel C</i>	Well # <i>3</i>	Service Receipt
Casing <i>8 5/8</i>	Depth <i>1519'</i>	County <i>Morton</i> State <i>KS</i>
Job Type <i>PTA</i>	Formation	Legal Description <i>8-33-42</i>

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size <i>4 1/2</i>	Shots/Ft		Lead <i>1905x 60/40</i>
Depth	Depth <i>1519'</i>	From	To	<i>102 @ 13.5</i>
Volume	Volume	From	To	<i>1.50 7.50</i>
Max Press	Max Press <i>200</i>	From	To	Tail in
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>01:30</i>					<i>on loc, spot trucks, R.V. South</i>
<i>03:05</i>	<i>90</i>		<i>10</i>	<i>5</i>	<i>H2O @ 1519'</i>
<i>03:09</i>	<i>40</i>		<i>27.5</i>	<i>5</i>	<i>Mix 1005x 60/40 @ 13.5#</i>
<i>03:16</i>	<i>50</i>		<i>14</i>	<i>5</i>	<i>H2O</i>
<i>03:19</i>					<i>Shot Down, TOOTH</i>
<i>07:31</i>	<i>675</i>				<i>Test Plug, Pumped DIP. out of hole</i>
<i>07:50</i>					
<i>08:34</i>	<i>50</i>		<i>5</i>	<i>4</i>	<i>Pump 5666 H2O</i>
<i>08:41</i>	<i>1050</i>				<i>Test Plug</i>
<i>08:56</i>	<i>0</i>				<i>Release PSI</i>
<i>09:15</i>	<i>40</i>		<i>10</i>	<i>5</i>	<i>H2O</i>
<i>09:19</i>	<i>40</i>		<i>13.3</i>	<i>3.5</i>	<i>Mix 205x @ 13.5# @ 390'</i>
<i>09:23</i>	<i>0</i>		<i>2</i>	<i>3.5</i>	<i>H2O</i>
					<i>TOOK #</i>
<i>11:00</i>	<i>20</i>		<i>5.3</i>	<i>3</i>	<i>Plug @ 60'</i>
<i>11:10</i>	<i>20</i>		<i>5.3</i>	<i>3</i>	<i>Plug Mouse</i>
<i>11:15</i>					<i>Washed</i>
<i>11:30</i>					<i>Job Complete</i>

Service Units	<i>19468</i>	<i>3922339926</i>	<i>38950</i>	<i>39925</i>
Driver Names	<i>C. Hinz</i>	<i>Dwan G.</i>	<i>S. Chavez</i>	

Jeff Gill
Customer Representative

Jerry Bennett
Station Manager

Chad H.
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 17, 2012

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

Re: ACO1
API 15-129-21942-00-00
HENTSCHEL C 3
NE/4 Sec.08-33S-42W
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