



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1105325  
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: \_\_\_\_\_



1105325

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
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<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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	MOODY E 1
Doc ID	1105325

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	MOODY E 1
Doc ID	1105325

Tops

Name	Top	Datum
HEEBNER	3914	
TORONTO	3929	
LANSING	3999	
KANSAS CITY	4408	
MARMATON	4563	
CHEROKEE	4698	
ATOKA	4913	
MORROW	4969	
CHESTER	5046	
ST. GENEVIEVE	5088	
ST. LOUIS	5230	





**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 03927 A

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

DATE OF JOB: 8-22-12	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: Moody E	WELL NO. 1							
ADDRESS:	COUNTY: Haskell	STATE: KS							
CITY:	STATE:	SERVICE CREW: Kirby, Ed, Julian, Hector							
AUTHORIZED BY: Tyce Davis	JOB TYPE: 8 5/8 Surface 2-42								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: 8-22-12	AM/PM	TIME
AP LOCATION/DEPT.	Libcap 21755	102076	12	19919	12	ARRIVED AT JOB	8-22-12	AM/PM	0030
LEASE/WELL/FAC	Moody E-1	27808	12	37547	12	START OPERATION		AM/PM	0500
MAXIMO / WSM #		30464	12	317724	12	FINISH OPERATION		AM/PM	0730
TASK	01-02	ELEMENT: 3023				RELEASED		AM/PM	0830
PROJECT #	1153981	CAPEX / OPEX - Circle one				MILES FROM STATION TO WELL			
SPO / BPA		UNSUPPORTED <input type="checkbox"/>							

**PRINTED NAME:** Jeremy Knese  
**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 the 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	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 - Reg	EA	1		285 00
CF1453	Flapper Type Insect Float	EA	1		210 00
CF445	Centralizers	EA	15	108 75	1631 25
CF4551	Canvas basket	EA	1		787 50
CF105	Top Rubber Cement Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equipment M. lease	MI	150	5 25	787 50
CE240	Blending + mixing Service Charge	SK	590	1 05	619 50
E113	Bulk Delivery Charges	TM	1390	1 20	1668 00
CE202	Depth Charge 1201'-2000'	EA	1		1125 00
CE504	Plug Container Utilization	EA	1		187 50
E100	Unit M. lease Charge - Pickup	MI	50	3 19	159 50
S003	Service Supervisor	EA	1		131 25
SUGAR	Sugar	lb	50		187 50
SUB TOTAL					18,597 77

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE:

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>Oxy USA</i>		Lease No.		Date <i>8-22-12</i>	
Lease <i>Moody E</i>		Well # <i>1</i>		Service Receipt	
Casing <i>8 5/8</i>	Depth <i>1829 ft</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>8 5/8 Surface</i>		Formation		Legal Description <i>14-27-34</i>	
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <i>8 5/8 24#</i>	Tubing Size	<b>Shots/Ft</b>		Lead <i>345 sk A Con</i>	
Depth <i>1829 ft</i>	Depth	From	To	<i>3% CC, 2% Cat</i>	
Volume	Volume	From	To	<i>1/4# Poly</i>	
Max Press	Max Press	From	To	Tail in <i>245 sk Prom Plus</i>	
Well Connection	Annulus Vol.	From	To	<i>3% CC, 1/4# Poly</i>	
Plug Depth <i>1787 ft</i>	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0030</i>					<i>On Location - Spot &amp; Rig up</i>
<i>0430</i>					<i>Casing on bottom - Break Circ.</i>
<i>0515</i>					<i>Safety Meeting</i>
<i>0536</i>	<i>200</i>		<i>147</i>	<i>5</i>	<i>Mix 345 sk A Con @ 12.1 PPG</i>
<i>0605</i>	<i>200</i>		<i>58</i>	<i>5</i>	<i>Mix 245 sk Prom Plus @ 14.8 PPG</i>
<i>0629</i>					<i>Shut down - Drop top plus</i>
<i>0634</i>	<i>200</i>		<i>0</i>	<i>5</i>	<i>Displace</i>
<i>0657</i>	<i>600</i>		<i>103</i>	<i>2</i>	<i>Slow Rate</i>
<i>0700</i>	<i>1200-</i>		<i>113</i>		<i>Bump Plug</i>
<i>0707</i>	<i>1200-0</i>				<i>Release Pressure - Float Held</i>
<i>0708</i>	<i>1500</i>				<i>Pressure test casing</i>
<i>0738</i>	<i>1500-</i>				<i>Release Pressure</i>
					<i>Circulate Cement to the pit</i>
Service Units	<i>21755</i>	<i>10274/19919</i>	<i>27808/37547</i>	<i>30464/37724</i>	
Driver Names	<i>Kirby</i>	<i>Ed</i>	<i>Julian</i>	<i>Hector</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 03753 A

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

DATE OF JOB: 8/25/12	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: Moody E 1		WELL NO.:							
ADDRESS:		COUNTY: Haskell	STATE: KS							
CITY:		STATE:		SERVICE CREW: Royce, Juan L.						
AUTHORIZED BY: Todd JRB		JOB TYPE: 742								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19588	7.5	LEASEWELL/FAC	Moody E-1				8/26			10:00
3422334926	7.5	MAXIMO / WSM #					8/27			2:00
3046339924	7.5	TASK	01-02	ELEMENT	3023					7:09
		PROJECT #	1153981	CAPEX / OPEX - Circle one						8:53
		SPO / BPA		UNSUPPORTED <input type="checkbox"/>						9:30
		PRINTED NAME	Jeremy Kneese							
		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
CL104	50/50 ROZ	SK	240	8.25	1980.00
CC113	Gypsum	Lb	1010	.56	565.60
CC111	Salt	Lb	1,476	.38	560.88
CC103	C-15P	Lb	122	9.38	1144.36
CC105	C-41P	Lb	51	3.00	153.00
CC201	Gilsonite	Lb	1,200	.50	600.00
CF251	Guide Shoe	EA	1		187.50
CF1451	Float Valve	EA	1		161.25
CF103	Top Plug	EA	1		78.75
CF4105	Stop Collar	EA	1		63.00
CF4452	Centralizers	EA	25	56.25	1406.25
CC155	Superflush II	gal	500	1.15	575.00
E101	Heavy Equip Mileage	Mi	100	5.25	525.00
CE240	Blending & Mixing Charge	SK	240	1.05	252.00
F113	Bulk Delivery	TM	505	1.20	606.00
CF206	Plug Container	Job	1		187.50
E100	Pickup Mileage	Mi	50	3.19	159.50
5003	Servita Super 200	EA	1		131.25
T105	Cement Data Acquisition	EA	1		412.50
SUB TOTAL					12,134.34

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE:

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

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







# Cement Report

Customer: <u>Oxy USA</u>	Lease No.	Date: <u>4/29/12</u>
Lease: <u>Moody E</u>	Well #: <u>I</u>	Service Receipt
Casing: <u>5 1/2</u>	Depth: <u>5474</u>	County: <u>Haskell</u> State: <u>KS</u>
Job Type: <u>L.S.</u>	Formation	Legal Description: <u>14/27/34</u>

Pipe Data		Perforating Data		Cement Data
Casing size: <u>5 1/2</u>	Tubing Size	Shots/Ft		Lead: <u>24054</u>
Depth: <u>5463.05</u>	Depth	From	To	<u>50/50 POC @ 13.5</u>
Volume: <u>125.8</u>	Volume	From	To	<u>158 7.36</u>
Max Press: <u>2500</u>	Max Press	From	To	Tail in
Well Connection: <u>P.C.</u>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
02:00					on loc, spottrucks, R.V., 50th mile
07:09	3200				Test Lines
07:25	240		5	4	H2O
07:27	240		12	4	superflush
07:30	250		5	4	H2O
07:31	230		0	5	Start Mixing @ 13.5 #
07:45	0		68	-	Finished Mixing 50 Drop, plug
					Washup
07:53	0		5	5	Start Disp
08:12	9760		15	3	Slow Rate
08:17	1560		125.5		Plug Down
08:22	0				Release Psi Flat Field
08:23	2500		0		Test
08:53	0				Release Psi
					Job Complete

Service Units	<u>1948/4</u>	<u>39223.37970</u>	<u>30063.39720</u>		
Driver Names	<u>Clintz</u>	<u>R Ochs</u>	<u>J. Lopez</u>		

Jeremy Knese Customer Representative     
 Jerry Bennett Station Manager     
 Chad [Signature] 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 19, 2012

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

Re: ACO1  
API 15-081-21993-00-00  
MOODY E 1  
NW/4 Sec.14-27S-34W  
Haskell 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