



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1105400
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: _____



1105400

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 2
Doc ID	1105400

All Electric Logs Run

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



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 03916 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-31-12 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 Hentschel "C" #2 WELL NO.							
ADDRESS		COUNTY Morton STATE KS							
CITY STATE		SERVICE CREW J. Chavez, Eddie, Sullivan, Victor							
AUTHORIZED BY Sey Bennett J.D.		JOB TYPE: 242 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							8-31-12		600
34726	14	33021	14	19827	14	ARRIVED AT JOB	8-31-12	AM	700
		19883	1	19564	1	START OPERATION	8-31-12	AM	700
70897	14					FINISH OPERATION	9-1-12	AM	600
19570	1					RELEASED	9-1-12	AM	900
						MILES FROM STATION TO WELL	75		

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	570	13 95	7951 50
CL100	Calcium Chloride	✓ LB	2001	79	1636 09
CC102	CelloFlake	✓ LB	143	2 78	397 54
CC130	C-51	✓ LB	87	18 75	1631 25
E101	Heavy Equipment Mileage	mi	300	5 25	1575 00
CE240	Blending & Mixing Charge	mi	870	1 05	913 50
E113	Truck Delivery Charge	tn	2014	1 20	2416 80
CE207	Depth Charge	EA	1		1125 00
CE504	Plus Container Charge	CA	1		187 50
E100	Picking Mileage	mi	75	3 19	239 25
SC03	Service Supervisor	CA	1		131 25
E724	2" Pop off Rental	hr	1		225 00
CE409	Addition Stage Charge	hr	1		1620 00
CC165	Stop Loss LCM	✓ LB	360	3 94	1418 40
CF253	Guide Shoe	✓ EA	1		285 00
CF1453	Flapper Insert	✓ EA	1		210 00
CF4405	Centralizer	✓ EA	15	108 75	1631 25
CF105	Rubber Plug	EA	1		
CF4109	Stop Collar	✓ EA	1		75 00

SUB TOTAL **35586 48**

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT **Libecap** **D02** **NON D02**
SERVICE & EQUIPMENT % TAX ON \$
LEASEWELL/EAC **Hentschel C-2** % TAX ON \$
MATERIALS % TAX ON \$
MAXIMO / WSM # _____
TASK **0102** ELEMENT **302** TOTAL
PROJECT # **1154363** CAPEX / OPEX - Circle one
SPO / BPA _____ UNSUPPORTED

SERVICE REPRESENTATIVE  THE ABOVE MATERIALS AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY 
SIGNATURE: _____ I certify that I am the well owner, operator, contractor or agent.

FIELD SERVICE ORDER NO. _____

Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>8-31-12</i>		
Lease <i>Hentschel C</i>		Well # <i>R</i>		Service Receipt		
Casing <i>8 5/8</i>	Depth <i>1381</i>	County <i>Norton</i>		State <i>KS</i>		
Job Type <i>242</i>		Formation		Legal Description <i>8-33-42</i>		
Pipe Data			Perforating Data		Cement Data	
Casing size <i>8 5/8 24#</i>		Tubing Size		Shots/Ft		
Depth <i>1390</i>		Depth <i>55, 44</i>		From		
Volume <i>8563</i>		Volume		To		
Max Press <i>1800</i>		Max Press		From		
Well Connection <i>8 5/8</i>		Annulus Vol.		To		
Plug Depth <i>1339</i>		Packer Depth		From		
				To		
				Tail in		
				Lead <i>2955K A-Conv</i>		
				<i>2.4 FT-52 1104 FT-52</i>		
				<i>4.062-52 8-302-52</i>		
				<i>12.1# + 138#</i>		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
<i>2300</i>					<i>Arrive On location</i>	
<i>2330</i>					<i>Safety Meeting - Rig Up</i>	
<i>500</i>					<i>Rig Pump Casing</i>	
<i>900</i>					<i>Circulate w/ Rig</i>	
<i>1050</i>					<i>Haul Up To BCS</i>	
<i>1100</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>	
<i>1110</i>	<i>200</i>		<i>20</i>	<i>4.0</i>	<i>Pump Stop loss Polymer</i>	
<i>1120</i>	<i>300</i>		<i>79</i>	<i>4.0</i>	<i>Pump Lead amt @ 12.1#</i>	
<i>1140</i>	<i>400</i>		<i>32</i>	<i>4.0</i>	<i>Pump Tail amt @ 13.8#</i>	
<i>1155</i>					<i>Drop Plug - Wash Up</i>	
<i>1200</i>	<i>900</i>		<i>85</i>	<i>4.0</i>	<i>Displace COMUD</i>	
<i>1230</i>	<i>1400</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Flood Hold</i>	
<i>1300</i>	<i>850</i>		<i>60</i>	<i>3.0</i>	<i>OPEN DV Tool</i>	
<i>1300</i>			<i>60</i>	<i>3.0</i>	<i>Circulate w/ Rig</i>	
<i>1600</i>					<i>Haul Up To BCS</i>	
<i>1620</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>	
<i>1630</i>	<i>200</i>		<i>118</i>	<i>5.0</i>	<i>Pump amt @ 12.1#</i>	
<i>1655</i>					<i>Drop Plug - Wash Up</i>	
<i>1700</i>	<i>300</i>		<i>43</i>	<i>5.0</i>	<i>Displace</i>	
<i>1710</i>	<i>500</i>		<i>10</i>	<i>3.0</i>	<i>Slow Down - Displace</i>	
<i>1715</i>	<i>1500</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Close DV Tool</i>	
<i>1730</i>					<i>Job Complete</i>	
<i>1800</i>	<i>1500</i>				<i>Tested Casing - OK</i>	
Service Units <i>34726</i>		<i>70697-19570</i>		<i>33021-19883</i>		
		<i>19827-19864</i>				
Driver Names <i>I. Duvare</i>		<i>Eddie</i>		<i>Victor</i>		
		<i>Julian</i>				

Jeff KAL

Customer Representative

Tony Burt

Station Manager

Paul Rowe

Cementer



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 03756 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>9/4/12</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-2</u>						WELL NO.:			
ADDRESS:		COUNTY: <u>Morton</u>	STATE: <u>KS</u>							
CITY:	STATE:	SERVICE CREW: <u>Royce, Julian</u>								
AUTHORIZED BY: <u>Tyler</u>		JOB TYPE: <u>PTA 242</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19888</u>	<u>4</u>									<u>1:00</u>
<u>3922339426</u>	<u>4</u>					ARRIVED AT JOB				<u>4:30</u>
<u>34643947</u>	<u>6</u>					START OPERATION				<u>5:50</u>
						FINISH OPERATION				<u>12:30</u>
						RELEASED				<u>1:00</u>
						MILES FROM STATION TO WELL				

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: [Signature]
(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
CC101	Calcium Chloride	Lb	320	79	252 80
E101	Heavy Equip Mileage	Mi	140	5 25	735 00
CE240	Blending & Mixing Charge	SK	190	1 05	199 50
E115	Bulk Delivery	Tm	544	1 20	688 80
CE202	Depth Charge 1001' to 2000'	4/hr	1		1125 00
E100	Pickup Mileage	Mi	70	3 19	223 30
S003	Service Supervisor	EA	1		131 25
T105	Cement Data Acq.	EA	1		412 50
AP LOCATION/DEPT. <u>LIBECAP</u> D02 <input type="checkbox"/> NON D02 <input type="checkbox"/> LEASE/WELL/FAC. <u>Hentschel C-2</u> MAXIMO / WSM # _____ TASK <u>0102</u> ELEMENT <u>3023</u> PROJECT # <u>1154363</u> CAPEX / OPEX - Circle one SPO / BPA _____ UNSUPPORTED <input type="checkbox"/> <small>Circle Doc Type</small> PRINTED NAME <u>EARLY ZIDN</u> SIGNATURE: <u>[Signature]</u> <small>I certify that these Services/Materials have been received.</small>					

SUB TOTAL: 5540.47

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: [Signature]
 FIELD SERVICE ORDER NO. _____
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>8-4-12</i>
Lease <i>Hartschel C</i>	Well # <i>7</i>	Service Receipt
Casing	Depth	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	Shots/Ft		Lead <i>1905x</i>
Depth	Depth	From	To	<i>60/40 POZ @ 13.5</i>
Volume	Volume	From	To	<i>1.50 7.50</i>
Max Press	Max Press	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
04:30					on loc, spot trucks, R.V., Safety net
05:50		110	10	4	H2O spacer @ 1434'
06:01		110	0	4	St mix 1005x 60/40 POZ 3% CC @ 13.5
06:06		0	27	4	H2O
06:12			14		shot down, T00H
10:31		1020			Psi test
10:46		0			Rel Psi
11:02		110	10	4	H2O @ 390'
11:04		110	0	4	Mix 505x @ 13.5#
11:09		0	14		Finished mixing, on H2O
11:10			2		shot down, T00H
11:58		40	5		Plug at 60'
12:07		10	5		Plug mouse
12:12					Washup to P, F
12:30					Job Complete

Service Units	<i>199868</i>	<i>37223</i>	<i>39926</i>	<i>30464</i>	<i>39549</i>
Driver Names	<i>Chine</i>	<i>R. Olds</i>		<i>S. Grijalva</i>	

Catharine
 Customer Representative

Verry Bennett
 Station Manager

Chris Adams
 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 15-129-21941-00-00
HENTSCHEL C 2
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