



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1105425
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: _____



1105425

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: 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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BRANSTETTER CHESTER UNIT 408W
Doc ID	1105425

All Electric Logs Run

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



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 03129 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10/19/12	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: BCU 408 W		WELL NO.:				
ADDRESS:		COUNTY: Haskell	STATE: KS				
CITY:	STATE:	SERVICE CREW: Royce, Hector R. Julian					
AUTHORIZED BY: Tyce JRB		JOB TYPE: 242 surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM PM TIME
195888	14.5						01:30
3922337926	14.5					ARRIVED AT JOB	03:00
1952719566	14.5					START OPERATION	02:51
30464 37924	14.5					FINISH OPERATION	05:00
						RELEASED	05:30
						MILES FROM STATION TO WELL	50

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
CL101	A-Con Blend	SK	350	13 02	4557 00
CL110	Premium Plus	SK	245	11 41	2795 45
CC109	Calcium Chloride	Lb	1449	74	1072 20
CC102	Celloflake	Lb	149	2 59	385 90
CC130	C-51	Lb	66	17 50	1155 00
CF253	Guide Shoe	1 EA			266 00
CF453	Flapper Float Valve	1 EA			196 00
CF4405	Centralizer	15 EA		10150	1522 50
CF4556	Cement Basket	1 EA			735 00
CF105	Top Plug	1 EA			157 50
CF4109	Stop Collar	1 EA			70 00
CF3000	Thread lock Kit	12 EA		23 80	285 60
E100	Heavy Equip Mileage	Mi	150	4 90	735 00
CE240	Blending + Mixing Charge	SK	595	98	583 10
E113	Bulk Delivery	TM	1400	1 12	1568 00
CE202	Depth Charge 1001' to 2000'	4hr	1		1050 00
CE504	Plug Container	Job	1		175 00
E100	Pickup Mileage	Mi	50	2 98	149 00
5003	Service Supervisor	EA	1		122 50

SUB TOTAL 21675 80

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. Librap

SERVICE & EQUIPMENT %TAX ON \$ D02 NON D02

MATERIALS LEASE/WELL/FAC %TAX ON \$ BCU 408 W

MAXIMO / WSM # _____

TASK 0102 TOTAL ELEMENT 3023

PROJECT # 1162025 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

AND SERVICE NAME Graham Flagg

SIGNATURE *[Signature]*

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

SERVICE REPRESENTATIVE: *[Signature]*

FIELD SERVICE ORDER NO. _____

THE ABOVE MATERIAL ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>10/19/12 - 10/26/12</i>
Lease <i>BCU</i>	Well # <i>408W</i>	Service Receipt
Casing <i>4 5/8</i>	Depth <i>1804</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>surface</i>	Formation	Legal Description <i>31/27/33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>4 5/8</i>	Tubing Size	Shots/Ft		Lead <i>350 SK A-C @12.1</i>
Depth <i>1812.04</i>	Depth	From	To	
Volume <i>112.62</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 SK P.P. @14.8#</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	<i>1.34 6.33</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10/19 15:00</i>					<i>on loc, spot trucks, R.O., Safety me</i>
<i>10/20 01:20:51</i>	<i>2800</i>				<i>Test Lines</i>
<i>02:55</i>	<i>250</i>		<i>0</i>	<i>5</i>	<i>Start mixing @12.1#</i>
<i>03:26</i>	<i>250</i>		<i>150</i>	<i>5</i>	<i>on tail @14.8#</i>
<i>03:40</i>	<i>Ø</i>		<i>59</i>	<i>Ø</i>	<i>Finished Mixing, Drop Plug</i>
<i>03:45</i>	<i>Ø</i>		<i>0</i>	<i>5</i>	<i>Start Disp, Washup</i>
<i>04:16</i>	<i>920</i>		<i>102</i>	<i>2</i>	<i>Slow Rate</i>
<i>04:16</i>	<i>1220</i>		<i>112.5</i>	<i>Ø</i>	<i>Plug Down</i>
<i>04:20</i>	<i>Ø</i>				<i>Float Held</i>
<i>04:22</i>	<i>2000</i>				<i>Test Csg</i>
<i>04:52</i>					<i>Rel Psi</i>
<i>04:50</i>					<i>Job Complete</i>

Service Units	<i>19446</i>	<i>3972339972</i>	<i>19462719566</i>	<i>304439974</i>
Driver Names	<i>Chinz</i>	<i>Tr. Olds</i>	<i>H. Roten</i>	<i>S. Strickland</i>

Jeremy Customer Representative *Jeremy Bennett* Station Manager *Chad Hinz* 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 03046 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-26-12 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 BCU		WELL NO. #408W					
ADDRESS		COUNTY Haskell		STATE KS					
CITY STATE		SERVICE CREW J. Chavez, Eddie, Ed B							
AUTHORIZED BY Tony Roth JRB		JOB TYPE: 242 5 1/2 L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							10-26-12		4:00
19820	8	70897	8	19827	8	ARRIVED AT JOB	10-26-12	AM	6:30
		19570	1	19883	1	START OPERATION	10-26-12	AM	1:00
						FINISH OPERATION	10-26-12	AM	5:00
						RELEASED	10-26-12	AM	6:00
						MILES FROM STATION TO WELL			50

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
CL104	50-50 POZ	SK	300	7.70	2310.00
CC113	Gypsum	lb	1260	52	655.20
CC111	Salt	lb	1841	35	644.35
CC103	C-15	lb	152	8.75	1330.00
CC105	C-4HP	lb	43	2.80	176.40
CC201	Gilsonite	lb	1500	47	705.00
CF251	Guide Shoe	EA	1		175.00
CF1451	Insert Float	EA	1		150.00
CF4452	Centralizer	EA	25	52.50	1312.50
CF103	Rubber Plug	EA	1		73.50
CF4105	Stop Collar	EA	1		58.80
CE155	SuperFlush II	gal	500	1.07	535.00
E101	Heavy Equipment Mileage	mi	100	4.90	490.00
CE240	Blandin & Mraz Charge	SK	300	98	294.00
E113	Bull Delivery Charge	tm	630	1.12	705.60
CE206	Depth Charge	hrs	4		2016.00
CE504	Plus Container Charge	job	1		175.00
E100	Pickup Mileage	mi	50	2.97	148.50
S003	Service Supervisor	EA	1		122.50
SUB TOTAL					12462.80

Libcap
BCU 408W
01-02 3023
1162025
Jeremy Kneese
July M. Kneese

CHEMICAL / ACID DATA:			

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

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



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>10-26-12</i>
Lease <i>BCU</i>	Well # <i>408</i>	Service Receipt <i>3046</i>
Casing <i>5 1/2</i>	Depth <i>5690</i>	County <i>Haskell</i>
Job Type <i>242 L.S.</i>	Formation	State <i>KS</i>
		Legal Description <i>31-27-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>	Tubing Size	Shots/Ft		Lead Tail in <i>30051258-10</i> <i>1.58 Ft 3-512 102</i> <i>7.366d-912 13.5#</i>
Depth <i>5687</i>	Depth <i>41</i>	From	To	
Volume <i>131615</i>	Volume	From	To	
Max Press <i>2500</i>	Max Press	From	To	
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	
Plug Depth <i>5646</i>	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>630</i>					<i>Arrive On location</i>
<i>700</i>					<i>Safety Meeting- Rig Up</i>
<i>700</i>					<i>Rig Pumping Casing</i>
<i>1220</i>					<i>Circulate w/ Rig</i>
<i>1300</i>					<i>Hook Up To BES</i>
<i>1310</i>	<i>3000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1315</i>	<i>350</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>1320</i>	<i>300</i>		<i>12</i>	<i>4.0</i>	<i>Pump Super Flush II</i>
<i>1325</i>	<i>250</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>1330</i>	<i>200</i>		<i>84</i>	<i>5.0</i>	<i>Pump cement @ 13.5#</i>
<i>1355</i>					<i>Drop Plug - Wash Up</i>
<i>1400</i>	<i>400</i>		<i>121</i>	<i>6.0</i>	<i>Displace</i>
<i>1425</i>	<i>1050</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>2:30 PM</i>	<i>1550</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Float Held</i>
<i>3:00 PM</i>	<i>2500</i>				<i>Test Casing - OK</i>
<i>1600</i>					<i>Job Complete</i>

Thanks For Using Basic Energy Services

Service Units	<i>19920</i>	<i>70897-19570</i>	<i>19927-19893</i>			
Driver Names	<i>S Chavez</i>	<i>Eddie</i>	<i>EDB</i>			

Jerry
Customer Representative

Fay Booth
Station Manager

Symon Chavez
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 15-081-21999-00-00
BRANSTETTER CHESTER UNIT 408W
NE/4 Sec.31-27S-33W
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