



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1106546
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: _____



1106546

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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	KU B 3
Doc ID	1106546

All Electric Logs Run

CEMENT BOND LOG
COMPENSATED SONIC W/ INTEGRATED TRANSIT TIME
MICRORESISTIVITY
COMPACT PHOTO DENSITY COMPENSATED NEUTRON MICRORESISTIVITY



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 03920 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-9-12 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 KU 'B'		WELL NO. 3					
ADDRESS		COUNTY Stanton		STATE KS					
CITY STATE		SERVICE CREW J. Chmura, Eddie, Sullivan, Jason G							
AUTHORIZED BY Tom Banta		JOB TYPE: Z42 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34720	12	19827	12	30463	12	ARRIVED AT JOB	9-7-12	AM	-845
		19560	1	37547	1	START OPERATION	9-8-12	AM	-500
70897	12					FINISH OPERATION	9-8-12	AM	-700
19570	1					RELEASED	9-8-12	AM	-800
						MILES FROM STATION TO WELL	85		

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-Can Blend	sk	335	13 95	4673 25
CL110	Premier Plus Cement	sk	245	12 23	2996 35
CC109	Calcium Chloride	lb	1409	79	111 53
CC102	Celloflake	lb	140	2 78	405 88
CC130	C-51	lb	63	18 75	1181 25
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Float Valve	EA	1		210 00
CF4405	Centralizer 8 3/4	EA	15	108 75	1631 25
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CF4556	Cement Basket	EA	1		787 50
CF3000	FR Thread UC Nut	EA	12	25 50	306 00
E101	Heavy Equipment Mileage	mi	255	5 25	1338 75
CE240	Blendy + Mix Charge	sk	580	1 05	609 00
E113	Bulk Delivery Charge	tm	2321	1 20	2785 20
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plug Container Charge	job	1		187 50
E100	Pickup Mileage	mi	85	3 19	271 15
E724	POFF Valve Rental	EA	1		225 00
SUB TOTAL					22979 61

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT LIBECAP SERVICE & EQUIPMENT DEICHON 0020
 LEASE/MATERIALS KUB-3 %TAX ON \$ _____
 MAXIMO / WSM # _____ TOTAL _____
 TASK DID2 ELEMENT 3023
 PROJECT # 1160646 CAPEX / OPEX - Circle one _____
 SPO / BPA _____ UNSUPPORTED
 PRINTED NAME Earl Brown
 SIGNATURE: [Signature]
I certify that I am the WELL OWNER, OPERATOR, CONTRACTOR OR AGENT

SERVICE REPRESENTATIVE [Signature]

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

FIELD SERVICE ORDER NO. _____



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>9-8-12</i>
Lease <i>KU 'B'</i>	Well # <i>5</i>	Service Receipt <i>03920</i>
Casing <i>8 5/8</i>	Depth <i>1824'</i>	County <i>Stanton</i> State <i>KS</i>
Job Type <i>242 SURFACE</i>	Formation	Legal Description <i>17-29-41</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>335 slt A Con</i>
Depth <i>1818</i>	Depth <i>5540</i>	From	To	<i>2.4 FT</i>
Volume <i>1136/5</i>	Volume	From	To	<i>14.062 slt 12.1#</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>245 slt Class E</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT 25K</i>
Plug Depth <i>1778</i>	Packer Depth	From	To	<i>6.332 slt 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2045</i>					<i>Arrive On Location</i>
<i>2100</i>					<i>Safety Meeting - Rig Up</i>
<i>1200</i>					<i>Rig Pump Casing</i>
<i>400</i>					<i>Circulate w/ NIS</i>
<i>445</i>					<i>Heal up To BBS</i>
<i>500</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>505</i>	<i>400</i>		<i>58</i>	<i>6.0</i>	<i>Pump Lead amt @ 12.1#</i>
<i>535</i>	<i>200</i>		<i>143</i>	<i>4.0</i>	<i>Pump Tail amt @ 14.8#</i>
<i>555</i>					<i>Drop Plug - Wash Up</i>
<i>600</i>					<i>Displace</i>
<i>625</i>	<i>600</i>		<i>103</i>	<i>5.2</i>	<i>Slow Down Displace</i>
<i>630</i>	<i>1100</i>		<i>10</i>	<i>2.0</i>	<i>Land Plug - Float Held</i>
<i>700</i>	<i>1500</i>		<i>1</i>	<i>1</i>	<i>Test Casing - OK</i>
<i>810</i>					<i>Job Complete</i>
					<i>Cement To Surface</i>
					<i>Thanks For Using Basic Energy Services</i>

Service Units	<i>34726</i>	<i>70897-19570</i>	<i>19829-19544</i>	<i>30463-37547</i>
Driver Names	<i>J. Chaz</i>	<i>Eddie</i>	<i>Susan G</i>	<i>Julian</i>

Kal
 Customer Representative

Jay Berta
 Station Manager

Samuel Ornela
 Cementer

Taylor Printing, Inc.



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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 03946 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-15-12 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 KU "B" WELL NO. 3						
ADDRESS		COUNTY Stanton STATE KS						
CITY STATE		SERVICE CREW Kirby, Ed, Victor, Juan G						
AUTHORIZED BY Tyce Davis		JOB TYPE: 5 1/2 Production 2-42						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 9-14-12 DATE	AM	TIME
				21755	10			1800
				38111	10	ARRIVED AT JOB	AM	2200
				19919	10	START OPERATION	PM	1150
				30463	10	FINISH OPERATION 9-15-12	AM	0800
				37547	10	RELEASED	AM	0200
				30464	18	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: _____
(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	435		
CL103	60/40 Poz	SK	20		
CC113	Gypsum	lb	1830		
CC111	Salt	lb	2674		
CC103	C-15	lb	220		
CC105	C-41P	lb	92		
CC201	Gilsonite	lb	2175		
CF251	Guide Shoe - Reg	EA	1		
CF1451	Flapper Type Insert Float	EA	1		
CF103	Top Rubber Cement Plug	EA	1		
CF4501	Stop Collar	EA	1		
CF4452	Centralizers	EA	25		
CC155	Superflush	Gal	500	115	575.00
SUB TOTAL					18,458. ³²

AP LOCATION/DEPT. **LIBECAP - 002010**
 LEASEWELL/FAC **KU B-3**
 MAXIMO WSM# **0102**
 TARIFF **0102**
 PROJECT # **1160646** CAPEX / OPEX - C
 SPO / BPA **UNSUB**
 PRINTED NAME **Daniel Jander**
 SIGNATURE: _____

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Kirby Huggs	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
---	--

FIELD SERVICE ORDER NO. _____

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

January 03, 2013

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

Re: ACO1
API 15-187-21208-00-00
KU B 3
SE/4 Sec.17-29S-41W
Stanton 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