



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1107918  
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: \_\_\_\_\_



1107918

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

<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	WIGGAINS 12 9
Doc ID	1107918

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WIGGAINS 12 9
Doc ID	1107918

Tops

Name	Top	Datum
HEEBNER	4320	
TORONTO	4340	
LANSING	4457	
KANSAS CITY	4776	
MARMATON	4851	
CHEROKEE	5672	
ATOKA	5837	
MORROW	5940	
CHESTER	6341	
ST. GENEVIEVE	6665	





1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 03026 A

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

DATE OF JOB <b>9-17-12</b> DISTRICT <b>1717</b>		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 <b>Oxy USA</b>		LEASE <b>Wiggins #12-9</b>		WELL NO.					
ADDRESS		COUNTY <b>Stevens</b>		STATE <b>KS</b>					
CITY STATE		SERVICE CREW <b>J. Chavez, Eddie, Julian, Victor</b>							
AUTHORIZED BY <b>Sej Bent</b>		JOB TYPE: <b>242 Surface 89%</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>19820</b>	<b>4</b>	<b>70897</b>	<b>4</b>	<b>19827</b>	<b>6</b>	ARRIVED AT JOB	<b>9-17-12</b>	AM	<b>400</b>
		<b>19570</b>	<b>1</b>	<b>19566</b>	<b>1</b>	START OPERATION	<b>9-17-12</b>	AM	<b>500</b>
<b>30463</b>	<b>4</b>					FINISH OPERATION	<b>9-17-12</b>	AM	<b>755</b>
<b>37547</b>	<b>1</b>					RELEASED	<b>9-17-12</b>	AM	<b>845</b>
						MILES FROM STATION TO WELL	<b>20</b>		

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	335	13 02	4361 70
CL110	Premix Plus Cement	SK	245	11 41	2795 45
CC109	Calcium Chloride	lb	1407	74	1041 18
CC102	CelloFlake	lb	140	2 59	378 14
CC130	C-51	lb	63	17 50	1102 50
CF253	Guide Shoe	EA	1		266 00
CF1453	Insert Float Valve	EA	1		196 00
CF4405	Centralizer	EA	15	101 50	1522 50
CF105	Rubber Plug	EA	1		157 50
CF4109	Stop Collar	EA	1		70 00
CF4556	Cement Basket	EA	1		735 00
CC165	Stoploss Polymer	gal	420	4 20	1764 00
CC166	Stoploss LCM	lb	200	3 68	736 00
E101	Heavy Equipment Mileage	mi	60	4 90	294 00
CE240	Blending & Mix Charge	SK	580	98	568 40
E113	Bullic Delivery Charge	fm	546	1 12	611 52
CE202	Depth Charge	4hrs	1		1050 00
CE 504	Plus Container Charge	job	1		175 00
E100	Pickup Mileage	mi	20	2 98	59 60
SUB TOTAL					<b>18426 99</b>
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
TOTAL					

AP LOCATION/DEPT. **LIBELAP** **D02**  NON D02  
 LEASEWELL/FAC **Wiggins 12-9**  
 MAXIMO / WSM # \_\_\_\_\_  
 TASK **D102** ELEMENT **3023**  
 PROJECT # **1161848** CAPEX / OPEX - Circle one   
 SPO / BPA Circle Date Type \_\_\_\_\_  
 PRINTED NAME **SEJ BENT**  
 SIGNATURE: (Locality that these Services/Materials have been received)

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








# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date
Lease <i>Wiggins</i>	Well # <i>12-9</i>	Service Receipt <i>3026</i>
Casing <i>8 5/8</i>	Depth <i>1795</i>	County <i>Stevens</i> State <i>KS</i>
Job Type <i>242</i>	Formation	Legal Description <i>12-35-36</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>3355K A-Core</i>
Depth <i>1803</i>	Depth <i>55 41'</i>	From	To	<i>2.4 FT 3.5K</i>
Volume <i>112615</i>	Volume	From	To	<i>14.06d-5K 12.1#</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>245sk Class</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT 3.5K</i>
Plug Depth <i>1759</i>	Packer Depth	From	To	<i>6.06d-5K 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1600</i>					<i>Arrive On Location</i>
<i>1610</i>					<i>Safety Meeting - Rig Up</i>
<i>1730</i>					<i>Hook up To BES</i>
<i>1740</i>	<i>1900</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1745</i>	<i>400</i>		<i>10</i>	<i>4.0</i>	<i>Pump Stoploss Polymer</i>
<i>1800</i>	<i>350</i>		<i>143</i>	<i>5.0</i>	<i>Pump Lead cement @ 12.1#</i>
<i>1835</i>	<i>250</i>		<i>58</i>	<i>5.0</i>	<i>Pump Tail cement @ 14.8#</i>
<i>1840</i>					<i>Drop Plug - Wash Up</i>
<i>1845</i>	<i>300</i>		<i>102</i>	<i>3.5</i>	<i>Displace</i>
<i>1910</i>	<i>700</i>		<i>10</i>	<i>2.0</i>	<i>Stop Pump - Displace</i>
<i>1915</i>	<i>1200</i>		<i>11</i>	<i>11</i>	<i>Land Plug - Float Hold</i>
<i>1930</i>	<i>1500</i>				<i>Test Casing - Oil</i>
					<i>Cement To Surface</i>
					<i>Job Complete</i>

Service Units	<i>19820</i>	<i>30463</i>	<i>37547</i>	<i>70897-19570</i>	<i>19827-19564</i>
Driver Names	<i>J. Chvorz</i>	<i>Viktor</i>		<i>Eddie</i>	<i>Sullivan</i>

 Customer Representative     
  Station Manager     
  Cementer

Taylor Printing, Inc.



**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 03030 A

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

DATE OF JOB <b>9-23-12</b> DISTRICT <b>1717</b>		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 <b>Oxy USA</b>		LEASE <b>Wiggins #12-9</b> WELL NO.							
ADDRESS		COUNTY <b>Stevens</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>J. Chace, Eddie, Sullivan</b>							
AUTHORIZED BY <b>Say Perot JRB</b>		JOB TYPE: <b>242 ATA</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>19902</b>	<b>10</b>	<b>70894</b>	<b>10</b>	<b>30464</b>	<b>10</b>	ARRIVED AT JOB	<b>9-23-12</b>	AM	<b>500</b>
		<b>19570</b>	<b>1</b>	<b>19883</b>	<b>1</b>	START OPERATION	<b>9-23-12</b>	PM	<b>300</b>
						FINISH OPERATION	<b>9-24-12</b>	AM	<b>300</b>
						RELEASED	<b>9-24-12</b>	AM	<b>330</b>
						MILES FROM STATION TO WELL <b>20</b>			

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: X Jared Lewton  
(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	180	8 40	1512 00
CC 200	Cement Gel	lb	310	18	55 80
CC109	Calcium Chloride	lb	258	74	190 92
E101	Heavy Equipment Mileage	mi	40	4 90	196 00
CE240	Blending & Mix Charge	SK	190	98	176 40
E113	Ball Delivery Charge	ton	155	1 12	173 60
CE202	Depth Charge	CHRS	1		1050 00
E100	Picking Mileage	mi	20	2 98	59 60
5003	Service Supervisor	CA	1		122 50
CE403	Additional Hours	hr	3	350 00	1050 00

AP LOCATION/DEPT. LIBECAP D02  NON D02

LEASE/WELL/FAC Wiggins 12-9

MAXIMO / WSM # \_\_\_\_\_

TASK 0102 ELEMENT 3023

PROJECT # 1161848 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

Circle Doc Type \_\_\_\_\_

PRINTED NAME JARED LEWTON

SIGNATURE: Jared Lewton  
I certify that these Services/Materials have been received

SUB TOTAL **4586 82**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Samuel Chace

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

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





# Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>9-23-12</i>	
Lease <i>Wiggins</i>		Well # <i>12-9</i>		Service Receipt <i>03030</i>	
Casing <i>4 1/2 P.P</i>	Depth <i>1919</i>	County <i>Stevens</i>		State <i>KC</i>	
Job Type <i>PTA 242</i>		Formation		Legal Description <i>12-35-36</i>	
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size		Tubing Size <i>4 1/2 P.P</i>		Shots/Ft	
Depth		Depth <i>1919</i>		From	To
Volume		Volume <i>236 1/2</i>		From	To
Max Press		Max Press <i>1500</i>		From	To
Well Connection		Annulus Vol. <i>-</i>		From	To
Plug Depth		Packer Depth <i>-</i>		From	To
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>700</i>					<i>Arrive On Location</i>
<i>730</i>					<i>Safety - Meeting - Rig Up</i>
<i>800</i>					<i>Pressure Test</i>
<i>810</i>		<i>250</i>	<i>27</i>	<i>4.0</i>	<i>Pump out @ 13.5# @ 1919'</i>
<i>820</i>		<i>250</i>	<i>21</i>	<i>4.0</i>	<i>Displace</i>
<i>1215</i>		<i>1000</i>	<i>1</i>	<i>1.1</i>	<i>Ann Pressure Test Plus</i>
<i>1230</i>					<i>Held - O/C</i>
<i>120</i>		<i>150</i>	<i>10</i>	<i>3.0</i>	<i>Pump out @ 13.5# @ 750'</i>
<i>125</i>		<i>100</i>	<i>7</i>	<i>3.0</i>	<i>Displace</i>
<i>200</i>		<i>50</i>	<i>5.4</i>	<i>2.0</i>	<i>Pump out @ 13.5 @ 60'</i>
<i>210</i>					<i>Displace</i>
<i>245</i>		<i>25</i>	<i>5.5</i>	<i>2.0</i>	<i>Plus Make Hole</i>
<i>300</i>					<i>Job Complete</i>
Service Units <i>19902</i>		<i>70897-19570</i>		<i>30464</i>	
Driver Names <i>J. Chan</i>		<i>Eddie</i>			

*Sell*

Customer Representative

*Tony Beath*

Station Manager

*Samuel Chace*

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

January 14, 2013

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

Re: ACO1  
API 15-189-22784-00-00  
WIGGAINS 12 9  
SE/4 Sec.12-35S-36W  
Stevens 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