

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1108250

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 #		API No. 15				
Name:		Spot Description:				
Address 1:		SecTwpS. R 🔲 East 🗌 West				
Address 2:		Feet from North / South Line of Section				
City: State: Zip: _	+	Feet from _ East / _ West Line of Section				
Contact Person:		Footages Calculated from Nearest Outside Section Corner:				
Phone: ()		□NE □NW □SE □SW				
CONTRACTOR: License #		GPS Location: Lat:, Long:				
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84				
Purchaser:		County:				
Designate Type of Completion:		Lease Name: Well #:				
☐ New Well ☐ Re-Entry	Workover	Field Name:				
□ Oil □ WSW □ SWD	SIOW	Producing Formation:				
☐ Gas ☐ D&A ☐ ENHR	SIGW	Elevation: Ground: Kelly Bushing:				
☐ OG ☐ GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet				
Operator:		If Alternate II completion, cement circulated from:				
Well Name:		feet depth to:w/sx cmt.				
Original Comp. Date: Original Tota	l Depth:					
☐ Deepening ☐ Re-perf. ☐ Conv. to ENH	IR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Conv. to GSW	Conv. to Producer	(Data must be collected from the Reserve Pit)				
Commingled Permit #:		Chloride content: ppm Fluid volume: bbls				
_		Dewatering method used:				
SWD Permit #:		Location of fluid disposal if hauled offsite:				
☐ ENHR Permit #:		Operator Name				
GSW Permit #:		Operator Name: License #:				
	Completion Date or	QuarterSecTwpS. R EastWest				
Recompletion Date	Recompletion Date	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 III Approved by: Date:							

Page Two



Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East \	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	☐ No		_		on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	No		Nam	е		Тор	Da	tum
Cores Taken Electric Log Run		Yes Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
		1				ermediate, product		T	_	
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used	Type and Percent Additives				
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20110										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to								p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemical c	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - I					cture, Shot, Cement		d	Depth
						,		,		
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef		ducing Meth Flowing	od:	g 🗌	Gas Lift (Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. 0	as-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		N/	1ETHOD OF	COMPLE	TION:		PRODUCTION)N INTER\/^	1.
Vented Sold		Open I	_	Perf.	Dually	Comp. Cor	mmingled	THODOCTIC	ZIN IIN I ERVA	L.
	bmit ACO-18.)	Other	(Specific)		(Submit)		mit ACO-4)			

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ATKINS J 5
Doc ID	1108250

Tops

Name	Тор	Datum
HEEBNER	4021	
LANSING	4108	
KANSAS CITY	4347	
MARMATON	4650	
CHEROKEE	4791	
ATOKA	5000	
MORROW	5056	
CHESTER	5144	
ST. GENEVIEVE	5170	
ST LOUIS	5392	



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

FIELD SERVICE TICKET 1717 03328 A

Phone 620-624-2277 PRESSURE PUMPING & WIRELINE DATE TICKET NO. DATE OF JOB ☐ CUSTOMER ORDER NO.: PROD WDW DISTRICT WELL NO. CUSTOMER LEASE STATE S **ADDRESS** COUNTY STATE SERVICE CREW CITY **AUTHORIZED BY** JOB TYPE: / HRS EQUIPMENT# HRS **EQUIPMENT#** HRS **EQUIPMENT#** TRUCK CALLED 7:00 ARRIVED AT JOB AM (1)490x 0 START OPERATION **FINISH OPERATION** RELEASED 6 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. QUANTITY UNIT **UNIT PRICE** MATERIAL, EQUIPMENT AND SERVICES USED \$ AMOUNT Per 96 50 101 70 735 23 80 285 90 808 98 44 1050 Per 150 98 63 122 SUB TOTAL OZ Less CHEMICAL / ACID DATA: SERVICE & EQUIPMENT, Libecap STAX DAZ NON DOZ MATERIAL SNIDEPT. ASE/WELL/F/ MAXIMO / WSM # 0/02 ELEMENT 3023 PROJECT# 1150934 **OPEX - Circle one** SERVICE THE ABOVE STATE BLALLAND SERVICE

USTOMER AND RECEIVED BY

(WELLOWNER OPERATOR CONTRACTOR OR AGENT)

aterials have been received

ORDERED BY

CLOUD LITHO - Abilene, TX

REPRESENTATIVE

FIELD SERVICE ORDER NO.



Cement Report

Liberal, Kansas					rement neport			
Customer OXIA 1854		Lease No.	Date 11-16-12					
Lease AFRING	Well #5			Gervice Receipt 03328				
Casing 85/11 Outpepth 8 2	18	County	Men	State KS				
Job Type 741 - Surface Formation Gegal Description 33 26-33								
Pipe D			Perforatin	g Data	Cement Data			
Casing size 85 11 34#	Tubing Size		Shots	/Ft	Lead 350 SK			
Depth 18391	Depth		From	То	A-Can			
Volume [146]	Volume		From					
Max Press 1500#	Max Press		From	То	Tail in 245 SK			
Well Connection D-1839	Annulus Vol.		From	То	Prem, Plus			
Plug Depth 44 ST	Packer Depth		From	То				
Casing Tubing Time Pressure Pressure	Bbls. Pumbed	Rate		Service Log				
9130			on loc- six	assesmen	<u> </u>			
(0 60			Spot trudes	- ng up				
3:00			safety nee	the /53/				
3-30			pressure tes					
3130 170	75	5	Mix & Dum	p lead (cut @ 12.1 ppg			
400			pump wen	t down-	che cout out			
7:00		-	mele-up pu	up ante				
7:30			Safety neutile (JSA					
7:35			pressure to	10 30005	#			
800 300	150	5	Mys & pump	lead cu	ot e DI pps			
8736 300	60	5	Sustell to to	ail aust	C14.8ppg			
8140 50	0	6	drop Due	- disp	CSC			
81:08 900	104	2	Slow rate	last 1	0 681 g dso			
9 200 1400	114	0	and plug	, Stoat h	old of			
9:30 (500			psi test	CSg C10	700# for 30 m/			
Service Units	Service Units							
Driver Names								



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

FIELD SERVICE TICKET

1717 03668 A

PRESSURE PUMPING & WIRELINE						DATE TICKET NO						
DATE OF 11-24-12 DISTRICT 1717					NEW ♥ OLD □ PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:							
CUSTOMER OXY USA					LEASE Atkins "5" 5 WELL NO.							
ADDRESS				COUNTY Figurey STATE 15								
CITY STATE					SERVICE C	REW	Chaur.	Eddie, He	ctor	anxall		
AUTHORIZED B	Y 30	~	Rentt	on university	de politique	JOB TYPE: 742 OTA						
EQUIPMENT				UIPMENT#	HRS	TRUCK CALL	ED DA		ME			
12200	e a maneral per allocar proprieta de la casa de la casa Se 1975, como fina de la casa de la				with a service	12 AM 40						
19820	of the line	10	70897	10	3040	14	10	START OPERATION 11-24-12 AM-C				
es que moiten-t-hat a		less 25	19570	1/	577	24	1	FINISH OPER	RATION 11-75	10 AM 100		
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products, and/or sup	oplies incl	rized to e ludes all	FRACT CONDITIONS: (This execute this contract as an a of and only those terms and the written consent of an of	agent of the conditions ap	customer. A	As such, the unden the front and ba	ersigned agr ick of this do	ees and acknowle cument. No additi	edges that this contrac	s and/or condition	ns shall	
ITEM/PRICE REF. NO.	DESIGN ON	M	IATERIAL, EQUIPMENT	AND SERV	VICES US	SED	UNIT	QUANTITY	UNIT PRICE	\$ AMOU	NT	
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7005	Par	14 1	Acquistion Mus	nitor	WOLL	id Date	EA	/	and the street ages	385		
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ACT COLUMN TO THE	100 68	100 000	20.70	i gar				7.	TOTAL	16 M 49 In	W. 1919	

	The state of the s
SERVICE REPRESENTATIVE ISMAEL (MAN)	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

	i, Kansas		Lease No.						
CXY BA			Lease No. Date 1/-24-17				-24-12		
Atkins S			5			Service Receipt			
41266 1817			County	1-10124					
Job Type	42 P	TA	Formation			egal Description	33-26-	33	
		Pipe D		6		Perforating		Cement Data	
Casing size			Tubing Size 4/2	P.P.		Shots/	Ft	Lead 75516 Class E 1,5493-516 POZ	
Depth			Depth 1819		From			1,549735K	
Volume			Volume 236/5		From		То	7.596N-511 3.8#	
Max Press			Max Press)	From		То	Tail in 905/2 60-40	
Well Connec	tion		Annulus Vol. 1009	15	From		То	1,5F+3-511 POR	
Plug Depth			Packer Depth		From		То	7.561-5K 13,5#	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate			Service Log		
1530						Ar	rive On.	Lexation	
1600						Sort	ch Mee	ty-AKUP	
1810		1500	,(16		Pre	ssure le	51	
1825		306	6	4.0		fum	n Water 5	goen	
1830		200	21	4.0		Pum	Comt Co	13.5#	
2885	1.	100	2	4.0	-,	Pin	m Warken :	Spacer 1819'	
2230		700	22,5	4.0		Pum	mud !	Disglacement	
2300		200	13	4.0	77	Pin	omto	15.5# @ 943°	
215		150	9	4.0		Pin	m mud d.	50 lacent	
1230	- 5-	100	5.3	4.0		Pinn	cont @ 1.	5,5#C 60'	
100		50	5,3	2.0		P	lug Mes	e Hole	
135				Job Complete				efe	
						Than	ts Far Using	Basic Eny Seurces	
2200				Pi	essure	Test Hel	100PS1		
				David of	277711				
Service Units	//00		70897-19570	30-16-4- Heeto)1169		,		
Driver Names Chang Edit			Edvic	Heeto	rl				

Customer Representative

Se JSe III

Cementer

Taylor Printing, Inc.

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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

January 16, 2013

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

Re: ACO1 API 15-055-22185-00-00 ATKINS J 5 SW/4 Sec.33-26S-33W Finney 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