



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1108952  
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: \_\_\_\_\_



1108952

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

<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> <i>(Submit ACO-4)</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 10
Doc ID	1108952

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WIGGAINS 12 10
Doc ID	1108952

Tops

Name	Top	Datum
HEEBNER	4326	
TORONTO	4342	
LANSING	4461	
KANSAS CITY	4777	
MARMATON	4849	
CHEROKEE	5674	
ATOKA	5840	
MORROW	5941	
CHESTER	6337	
ST. GENEVIEVE	6640	



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

FIELD SERVICE TICKET  
1717 03770 A

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

DATE OF JOB: <u>9/27/12</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>Wiggins 12-10</u>		WELL NO.:					
ADDRESS:		COUNTY: <u>Stevens</u>	STATE: <u>Ks</u>					
CITY:		STATE:		SERVICE CREW: <u>Royce, J Lopez, Julian</u>				
AUTHORIZED BY: <u>Tyce</u>		<u>JRB</u>		JOB TYPE: <u>242</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>19886</u>	<u>7</u>							<u>AM 11:00</u>
<u>3922337926</u>	<u>7</u>					ARRIVED AT JOB		<u>AM 4:00</u>
<u>19827 19566</u>	<u>7</u>					START OPERATION		<u>AM 8:44</u>
<u>30463 39544</u>	<u>7</u>					FINISH OPERATION		<u>AM 10:40</u>
						RELEASED		<u>AM 11:00</u>
						MILES FROM STATION TO WELL		<u>20</u>

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	335	13 02	4361 70
CL110	Premium Plus	SK	245	11 41	2795 45
CC109	Calcium Chloride	Lb	1407	74	1041 18
CC102	Cellofloc	Lb	146	2 59	378 14
CC130	C-51	Lb	63	17 50	1102 50
CF253	Guide shoe	EA	1		266 00
CF1453	Flapper Float Valve	EA	1		196 00
CF4405	Centralizers	EA	15	101 50	1522 50
CF105	Top Plug	EA	1		157 50
CF4109	Stop Collar	EA	1		70 00
CF4556	Basket	EA	1		735 00
E101	Heavy Equip Mileage	Mi	60	4 90	294 00
CE240	Blending + Mixing Charge	SK	580	98	568 40
E113	Bulk Delivery	Tm	546	1 12	611 52
CE202	Depth Charge 1001' to 2000'	4hr	1		1050 00
CE504	Plug Container	Job	1		175 00
E100	Pickup Mileage	Mi	20	2 98	59 60
S003	Service Supervisor	EA	1		122 50
T105	Cement Data Acq	EA	1		385 00
SUB TOTAL					<u>16311 99</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT MATERIALS 215 Cap %TAX ON \$ 0000  
 AP LOCATION/DEPT Wiggins 12-10 %TAX ON \$ 0000  
 LEASE/WELL/FAC Wiggins 12-10 TOTAL  
 MAXIMO / WSM # \_\_\_\_\_  
 TASK 01-02 ELEMENT 3023  
 PROJECT # 1161984 CAREX / OPI \_\_\_\_\_

SERVICE REPRESENTATIVE: Chad Hinz  
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]  
 PRINTED NAME: \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_ SIGNATURE: \_\_\_\_\_





### Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>9/27/12</i>
Lease <i>Wiggins</i>	Well # <i>17-10</i>	Service Receipt
Casing <i>8 5/8</i>	Depth	County <i>Stevens</i>
Job Type <i>Surface</i>	Formation	State <i>KS</i>
		Legal Description <i>17-35-36</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>335 5x A-Conn</i>
Depth <i>1835.29</i>	Depth	From	To	@ <i>12.1 #</i>
Volume <i>113.9</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 5x PIP</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	@ <i>14.8 #</i>
Plug Depth	Packer Depth	From	To	<i>1.34 6.33</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>16:00</i>					<i>on loc, spot tracks, R.U., Sift, mtg.</i>
<i>20:44</i>	<i>2400</i>				<i>Test Lines</i>
<i>20:46</i>	<i>210</i>		<i>0</i>	<i>5</i>	<i>Start mixing 12.1 #</i>
<i>21:15</i>	<i>230</i>		<i>143</i>	<i>5</i>	<i>Switch to tail @ 14.8 #</i>
<i>21:30</i>	<i>Ø</i>		<i>59</i>	<i>Ø</i>	<i>Finished mixing, Drop Plug</i>
<i>21:33</i>	<i>Ø</i>		<i>0</i>	<i>5</i>	<i>Start disp, Washup on Plug</i>
<i>21:57</i>	<i>580</i>		<i>103</i>	<i>2</i>	<i>Slow Rate</i>
<i>22:03</i>	<i>1200</i>		<i>114</i>	<i>Ø</i>	<i>Plug Down</i>
<i>22:08</i>	<i>Ø</i>				<i>Check float (Held)</i>
<i>22:10</i>	<i>1500</i>				<i>Test Csg.</i>
<i>22:40</i>	<i>Ø</i>				<i>Release Psi</i>
					<i>Job Complete.</i>

Service Units	<i>198546</i>	<i>3922337926</i>	<i>19827</i>	<i>19566</i>	<i>30463</i>	<i>39549</i>
Driver Names	<i>C. Hinz</i>	<i>R. Olds</i>	<i>S. Lopez</i>	<i>J. Grijalva</i>		

*Cal Wylie*  
Customer Representative

*Jerry Bennett*  
Station Manager

*Chuck Hinz*  
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 03036 A

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

DATE OF JOB <b>10-4-12</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>Wiggans</b> # <b>12-10</b>		WELL NO.					
ADDRESS		COUNTY <b>Stevens</b>		STATE <b>KS</b>					
CITY STATE		SERVICE CREW <b>J. Chmola, Eddie, Sandy, Juan L</b>							
AUTHORIZED BY <b>Tony Best</b>		JOB TYPE: <b>242 L.S.</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>19820</b>	<b>8</b>	<b>70897</b>	<b>4</b>	<b>30464</b>	<b>4</b>	ARRIVED AT JOB	<b>10-4-12</b>	AM	<b>300</b>
		<b>19570</b>	<b>1</b>	<b>37724</b>	<b>1</b>	START OPERATION	<b>10-4-12</b>	AM	<b>400</b>
						FINISH OPERATION	<b>10-4-12</b>	AM	<b>900</b>
				<b>19827</b>	<b>4</b>	RELEASED	<b>10-5-12</b>	AM	<b>1230</b>
				<b>19566</b>	<b>1</b>	MILES FROM STATION TO WELL	<b>20</b>	PM	

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 P02	SLC	515	7 70	3965 50
CL103	60-40 P02	SLC	20	8 40	168 00
CC113	Gypsum	16	2165	53	1147 45
CC111	Salt	16	3163	35	1107 05
CC103	C-15	16	260	8 75	2275 00
CC105	C-41P	16	109	2 80	305 20
CC201	Gilsonite	16	2575	47	1210 25
CF251	Guide Shoe	EA	1		175 00
CF1451	Insert Float Valve	EA	1		150 50
CF103	Rubber Plug	EA	1		73 50
CF4105	Stop Collar	EA	1		58 80
CF4452	Centralizer 5 1/2	EA	25	52 50	1312 50
CC135	Super Flush 11	gal	500	1 07	535 00
E101	Heavy Equipment Mileage	mi	60	4 90	294 00
CE240	Blending + Mixing Charge	SLC	535	98	524 30
E113	Bulk Delivery Charge	TM	451	1 12	505 12
CE207	Depth Charge	4hrs	1		2268 00
CE504	Plus Container Charge	job	1		175 00
E100	Pickup Mileage	mi	20	2 98	122 50
SUB TOTAL					<b>16042 27</b>

CHEMICAL / ADD DATA	AD LOCATION/DEPT. <b>L-15 Cap</b>	D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>
LEASE/WELL/FAC <b>Wiggans 12-10</b>	SERVICE & EQUIPMENT	%TAX ON \$
MAXIMO / WSM #	MATERIALS	%TAX ON \$
TASK <b>01-02</b>	ELEMENT <b>3023</b>	TOTAL
PROJECT # <b>1161984</b>	CAPEX / OPEX - Circle one	
SPO / BPA	UNSUPPORTED <input checked="" type="checkbox"/>	
PRINTED NAME <b>Craig Wulir</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:	
SERVICE REPRESENTATIVE <b>Samuel Chmola</b>	I certify that these Services/Materials have been received. (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 21, 2013

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

Re: ACO1  
API 15-189-22785-00-00  
WIGGAINS 12 10  
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