



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1113141  
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: \_\_\_\_\_



1113141

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

<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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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**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 03774 A

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

DATE OF JOB: 10/8/12	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: Stapleton A 1						WELL NO.:	
ADDRESS:		COUNTY: Haskell	STATE: KS					
CITY:		SERVICE CREW: Royce, Calib, Hector R.						
AUTHORIZED BY: Tyce		JOB TYPE: Z42 surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
194886	9							9:00
3722337926	9					ARRIVED AT JOB		11:30
30463 37542	9					START OPERATION		7:20
34750 37775	9					FINISH OPERATION		10:05
						RELEASED		10:30
						MILES FROM STATION TO WELL		25

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	215	11 41	2795 45
CC109	Calcium Chloride	Lb	1407	74	1041 18
CC102	Celloflake	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 Cement	EA	1		735 00
F101	Heavy Equip Mileage	Mi	75	4 90	367 50
FE240	Blending & Mixing Charge	SK	580	98	568 40
F113	Bulk Delivery	Tm	683	1 12	764 96
CE202	Depth Charge 1001 to 2000'	4hr	1		1050 00
CE504	Plug Container	Job	1		175 00
F100	Pickup Mileage	Mi	25	2 98	74 50
S003	Service Supervisor	EA	1		122 50
T105	Cement Data Acq Monitor	EA	1		385 00

AP LOCATION/DEPT. 215-Cap D02  NON D02

LEASE/WELL/FAC Stapleton A1

MAXI SERVICE & EQUIPMENT %TAX ON \$

TAX MATERIALS 01-02 %TAX ON \$

PROJ # 116217 3023 TOTAL

SPO / BPA Circle Doc Type UNSUPP.

PRINTED NAME Cal Wylis

SIGNATURE: *[Signature]*

16,345.82

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: *Chad Hinz*

THE ABOVE MATERIAL AND SERVICE *These Services/Materials have been received*  
ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.







# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>10/8/12</i>
Lease <i>Stapton A</i>	Well # <i>1</i>	Service Receipt
Casing <i>5 5/8</i>	Depth <i>1805'</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>Surface</i>	Formation	Legal Description <i>24-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 5/8</i>	Tubing Size	Shots/Ft		Lead <i>335 SK</i>
Depth <i>1808.917</i>	Depth	From	To	<i>A Cond @ 12.1</i>
Volume <i>112.22</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 SK</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	<i>PP @ 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>13:30</i>					<i>on loc, spot trucks R.O., safety mtg.</i>
<i>19:20</i>	<i>2800</i>				<i>Test Lines</i>
<i>19:22</i>	<i>190</i>		<i>0</i>	<i>5</i>	<i>Start mixing @ 12.1#</i>
<i>19:49</i>	<i>180</i>		<i>144</i>	<i>5</i>	<i>on tail @ 14.8#</i>
<i>19:54</i>	<i>Ø</i>		<i>30</i>	<i>Ø</i>	<i>Tub Packed off shut down Clean</i>
<del><i>20:00</i></del>	<del><i>5200</i></del>		<del><i>Ø</i></del>	<del><i>Ø</i></del>	<i>up Tub.</i>
<i>20:52</i>	<i>560</i>		<i>30</i>	<i>5</i>	<i>Finish mixing tail</i>
<i>20:58</i>	<i>0</i>		<i>58</i>	<i>Ø</i>	<i>Finished mixing, Drop Plug</i>
<i>20:59</i>	<i>410</i>		<i>Ø</i>	<i>5</i>	<i>Start Disp Washup on Plug.</i>
<i>21:23</i>	<i>600</i>		<i>102</i>	<i>2</i>	<i>Slow Rate</i>
<i>21:28</i>	<i>1560</i>		<i>112</i>	<i>Ø</i>	<i>Plug Down</i>
<i>21:33</i>	<i>Ø</i>				<i>Rel Psi Check float (OK)</i>
<i>21:35</i>	<i>1500</i>				<i>Test Csg.</i>
<i>22:05</i>	<i>Ø</i>				<i>Rel Psi</i>
					<i>Job Complete</i>

Service Units	<i>19588</i>	<i>3722337726</i>	<i>3845037725</i>	<i>3046537547</i>
Driver Names	<i>Chinz</i>	<i>R. Olds</i>	<i>Colins</i>	<i>Hector R</i>

*Cal Wylie*  
Customer Representative
*Jerry Bennett*  
Station Manager
*Chad Chinz*  
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 03039 A

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

DATE OF JOB <b>10-11-12</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>Stapleton "A" #1</b> WELL NO.							
ADDRESS		COUNTY <b>Haskell</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>J. Chavez, Eddie, Juan L.</b>							
AUTHORIZED BY <b>Terry Beath</b> <b>JRB</b>		JOB TYPE: <b>242 Plus Whipstock</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>30464</b>	<b>4</b>		<b>10-11-12</b>		<b>300</b>
		<b>19570</b>	<b>1</b>	<b>37724</b>	<b>1</b>	ARRIVED AT JOB	<b>10-11-12</b>	AM	<b>400</b>
						START OPERATION	<b>10-11-12</b>	AM	<b>900</b>
						FINISH OPERATION	<b>10-11-12</b>	AM	<b>1100</b>
						RELEASED	<b>10-12-12</b>	AM	<b>1200</b>
						MILES FROM STATION TO WELL			<b>25</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
CL100	Premium Cement	SK	205	11.20	2296.00
CL112	CFR	lb	97	4.20	407.40
CL109	Calcium Chloride	lb	386	.74	285.64
SY152	ProGel 250	gal	567	.18	102.06
E101	Heavy Equipment Mileage	mi	50	4.90	245.00
CE240	Blending & Mixing Charge	SK	205	.98	200.90
E115	Bulk Delivery Charge	ton	241	1.12	269.92
CE203	Depth Charge	4hrs	1		1260.00
E100	Pickup Mileage	mi	25	2.98	74.50
5003	Service Supervisor	EA	1		122.50

AP LOCATION/DEPT. LIBECAP D02  NON D02

LEASE/WELL/FAC. Stapleton A-1


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

TASK D102 ELEMENT 3023

PROJECT # 1162177 CAPEX / OPEX - Circle one

SPO / BPA \_\_\_\_\_ UNSUPPORTED

PRINTED NAME EARLY ZION

SIGNATURE:  Certify that these Services/Materials have been received

SUB TOTAL **5263.92**

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.





# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>10-11-12</i>
Lease <i>Stapleton 'A'</i>	Well # <i>1</i>	Service Receipt <i>3039</i>
Casing <i>4 1/2 DP</i>	Depth <i>2480</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>242 Plug</i>	Formation	Legal Description <i>24-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>4 1/2 D.P.</i>	Tubing Size	Shots/Ft		Lead
Depth <i>2480</i>	Depth	From	To	Tail in <i>2055K Class H</i> <i>1.0773-5K</i> <i>3.77 Gals/K 17.0#</i>
Volume <i>28615</i>	Volume	From	To	
Max Press <i>1500</i>	Max Press	From	To	
Well Connection <i>1502</i>	Annulus Vol.	From	To	
Plug Depth <i>2480</i>	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>4:55 PM</i>					<i>Arrive On Location</i>
<i>5:00</i>					<i>Safety Meeting - Rig Up</i>
<i>9:00</i>					<i>Rig Runny in Drill Pipe</i>
<i>10:15</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>10:20</i>	<i>400</i>		<i>10</i>	<i>3.5</i>	<i>Pump Gel Spacer</i>
<i>10:25</i>	<i>300</i>		<i>36.5</i>	<i>3.5</i>	<i>Pump cmt @ 17.0#</i>
<i>10:40</i>	<i>600</i>		<i>3</i>	<i>3.5</i>	<i>Pump Gel Spacer</i>
<i>10:50</i>	<i>1400</i>		<i>24</i>	<i>3.5</i>	<i>Pump Mud Displacement</i>
<i>11:00</i>					<i>Shut Down</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>

Service Units <i>19820</i>	<i>70897-19570</i>	<i>30464-37724</i>		
Driver Names <i>L. Chao</i>	<i>Eddie</i>	<i>Joan L</i>		

*Earl H*
*Sam Bett*
*James Chao*  
 Customer Representative                      Station Manager                      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

February 01, 2013

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

Re: ACO1  
API 15-081-21997-00-00  
STAPLETON A 1  
SE/4 Sec.24-30S-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