



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1113179
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: _____



1113179

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BRANSTETTER CHESTER UNIT 407
Doc ID	1113179

All Electric Logs Run

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



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 03037 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-10-12 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 BCU # 407W WELL NO.			
ADDRESS				COUNTY Haskell STATE KS			
CITY STATE				SERVICE CREW I. Chavez, Eddie, Julian, Juan L.			
AUTHORIZED BY Jay Beatt				JOB TYPE: 242 8 5/8 Surface			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 10-10-12 AM 9:00 TIME
19820	10	30463	8	19827	8	ARRIVED AT JOB	10-10-12 AM 1:40 PM
		37547	1	19566	1	START OPERATION	10-10-12 AM 5:00 PM
19570	1					FINISH OPERATION	10-10-12 AM 7:00 PM
70897	8					RELEASED	10-10-12 AM 8:00 PM
						MILES FROM STATION TO WELL	50

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	350	13 02	4557 00	
CL110	Premix Plus Cement	SK	245	11 41	2795 45	
CC109	Calcium Chloride	lb	1449	74	1072 26	
CC102	Cello Flake	lb	149	2 59	385 91	
CC130	C-51	lb	66	17 50	1155 00	
CF253	Guide Shoe	EA	1		266 00	
CF1453	Flapper Insert Valve	EA	1		196 00	
CF4405	Centralizer 8 5/8	EA	15	101 50	1522 50	
CF4556	Cement Basket	EA	1		735 00	
CF105	Rubber Plug	EA	1		157 50	
CF4109	Stop Collar	EA	1		70 00	
CF3000	IR Thread Lock Kit	EA	12	23 80	285 60	
E101	Heavy Equipment	mi	150	4 90	735 00	
CE240	Blending & Mix Charge	SK	595	98	583 10	
E113	Bulk Delivery Charge	tn	1400	1 12	1568 00	
CE202	Depth Charge	4hrs	1		1050 00	
CE504	Plug Container Charge	job	1		175 00	
E100	Pickup Mileage	mi	50	2 98	149 00	
S003	Service Super 0150	EA	1		122 50	
SUB TOTAL					18000	82

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. **Libcap** D02 NON D02

SERVICE & EQUIPMENT **BCU** %TAX ON \$ **BCU 407W**

LEASE/WELL/FAC. **BCU** %TAX ON \$

MATERIALS **MAXIMO / WSM #** %TAX ON \$

TASK **0102** ELEMENT TOTAL **3023**

PROJECT # **1161958** CAPEX / OPEX - Circle one

SPO / BPA **UNSUPPORTED**

PRINTED NAME **Graham Fleeg**

CUSTOMER AND RECEIVED BY: **[Signature]**

(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</i>	Lease No.	Date <i>10-10-12</i>
Lease <i>TBCU</i>	Well # <i>407W</i>	Service Receipt <i>3037</i>
Casing <i>8 7/8</i>	Depth <i>1800</i>	County <i>Haskell</i>
Job Type <i>242 8 Surface</i>	Formation	Legal Description <i>31-27-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 7/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>3505K ACW</i>
Depth <i>1809</i>	Depth <i>SS 41</i>	From	To	<i>2.4FT 35K</i>
Volume <i>112 bbls</i>	Volume	From	To	<i>1406d-5K 12.1#</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>2455K Class C</i>
Well Connection <i>8 7/8</i>	Annulus Vol.	From	To	<i>1.34FT 35K</i>
Plug Depth <i>1761</i>	Packer Depth	From	To	<i>6.336d-5K 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>140</i>					<i>Arrive On location</i>
<i>200</i>					<i>Safety Meeting Rig Up</i>
<i>140</i>					<i>Rig Run Casing</i>
<i>430</i>					<i>Circulate w/ Rig</i>
<i>500</i>					<i>Hook Up To TRES</i>
<i>505</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>510</i>	<i>300</i>		<i>150</i>	<i>3.5</i>	<i>Pump Lead cmt @ 12.1#</i>
<i>540</i>	<i>200</i>		<i>58</i>	<i>40</i>	<i>Pump Tail cmt @ 14.8#</i>
<i>555</i>					<i>Drop Plug Wash Up</i>
<i>600</i>	<i>300</i>		<i>102</i>	<i>5.0</i>	<i>Displace</i>
<i>625</i>	<i>800</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>630</i>	<i>1300</i>		<i>11</i>	<i>11</i>	<i>Land Plug Float Held</i>
<i>700</i>	<i>1500</i>				<i>TEST Casing OIL</i>
<i>800</i>					<i>Job Complete</i>
					<i>Cement To Surface</i>
					<i>Thanks For Using Basic Energy Services</i>

Service Units	<i>19820</i>	<i>70897-19570</i>	<i>30463-37547</i>	<i>19827-19566</i>	
Driver Names	<i>J. Chaoz</i>	<i>Eddie</i>	<i>SumL</i>	<i>Julie</i>	

Gene
Customer Representative
Serg Best
Station Manager
Samuel Davis
Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

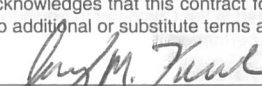
FIELD SERVICE TICKET
1717 03087 A

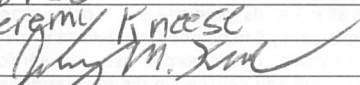
DATE _____ TICKET NO. _____

DATE OF JOB 10-16-12		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 BCU				WELL NO. 407W	
ADDRESS				COUNTY Haskell				STATE KS	
CITY				STATE				SERVICE CREW Kirby, Ed, Juan L.	
AUTHORIZED BY Tyce Davis				JOB TYPE: 5 1/2 Production					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				21755	14	ARRIVED AT JOB	10-15-12	PM	1900
				38111-19919	14	START OPERATION	10-16-12	AM	0945
				10276-19883	14	FINISH OPERATION		PM	1045
						RELEASED		AM	1130
						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.

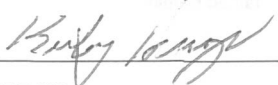

SIGNED: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 Poz Libcap	SK	325	7 70	2502 50
CC113	Gypsum BCU-407W	LB	1365	52	709 80
CC111	Salt 01-02 3023	LB	1994	35	697 90
CC103	C-15 1161958	LB	164	8 75	1435 00
CC105	C-41P Jeremy Knoese	LB	69	2 80	193 20
CC201	Gilsonite 	LB	1625	47	763 75
CF251	Guide Shoe - Regular	EA	1		175 00
CF1451	Flapper Type Insert/Float	EA	1		150 50
CF4452	Centralizers	EA	25	52 50	1312 50
CF103	Top Rubber Plug	EA	1		73 50
CF4105	Stop Collar	EA	1		58 80
CC155	Super Flush II	Gal	500	1 07	535 00
E101	Heavy Equipment Mileage	MI	100	4 90	490 00
CE240	Blending & Mixing Service Charge	SK	325	98	318 50
E113	Bulk Delivery Charges	TM	683	1 12	764 96
CE206	Depth Charge 5081-6000	4hrs	1		206 00
CE504	Plug Container Utilization Charge	EA	1		175 00
E100	Unit Mileage Charge - Pickup	MI	50	2 97	148 50
S003	Service Supervisor	EA	1		122 50

SUB TOTAL 12,642.91

CHEMICAL / ACID DATA:			

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

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



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>10-15-12</i>	
Lease <i>BCU</i>		Well # <i>407W</i>		Service Receipt	
Casing <i>5 1/2</i>	Depth	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>5 1/2 Production</i>		Formation	Legal Description <i>31-27-33</i>		
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>325 sk 50/50</i> <i>5%W-60, 10% Salt,</i> <i>.6% C-15, 1/4# Defoamer,</i> <i>5# Gilsonite</i>	
Depth <i>5734.93ft</i>	Depth	From	To		
Volume <i>132 BBL</i>	Volume	From	To		
Max Press	Max Press	From	To		
Well Connection	Annulus Vol.	From	To	Tail in	
Plug Depth <i>5692.94ft</i>	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2330</i>					<i>On Location - Spot + Rig up</i>
<i>0700</i>					<i>Casing on bottom - Break Circ.</i>
<i>0900</i>					<i>Safety Meeting</i>
<i>0900</i>		<i>3000</i>			<i>Pressure Test</i>
<i>0958</i>	<i>200</i>		<i>5</i>	<i>4</i>	<i>Pump 5 BBL Fresh Water</i>
<i>0900</i>	<i>200</i>		<i>12</i>	<i>4</i>	<i>Pump 500 Gal Superflush II</i>
<i>0904</i>	<i>200</i>		<i>5</i>	<i>4</i>	<i>Pump 5 BBL Fresh Water</i>
<i>0906</i>	<i>200</i>		<i>91</i>	<i>4</i>	<i>Mix 325 sk 50/50 Por @ 13.5 PPG</i>
<i>0932</i>					<i>Shut Down - Clean Lines - Drop Plug</i>
<i>0936</i>		<i>50</i>	<i>0</i>	<i>5</i>	<i>Start Displacing</i>
<i>1002</i>		<i>400</i>	<i>97</i>	<i>5</i>	<i>Displacement Reaches Cement</i>
<i>1008</i>		<i>1000</i>	<i>122</i>	<i>2</i>	<i>Slow Rate</i>
<i>1013</i>		<i>1100-1600</i>	<i>132</i>		<i>Bump Plug</i>
<i>1015</i>		<i>1600-0</i>			<i>Release Pressure - Float Held</i>
<i>1016</i>		<i>2500</i>			<i>Pressure Test Casing</i>
<i>1050</i>		<i>2500-0</i>			<i>Release Pressure</i>
Service Units		<i>21755</i>	<i>3811 / 19919</i>	<i>10276 / 19883</i>	
Driver Names		<i>Kirby</i>	<i>Ed</i>	<i>Juan L</i>	

Customer Representative

Station Manager

Cementer

Taylor Printing, Inc.

Sorry Bennett

Kirby Harper

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 15-081-21998-00-00
BRANSTETTER CHESTER UNIT 407
NE/4 Sec.31-27S-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