



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1113380
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: _____



1113380

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY I 1
Doc ID	1113380

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
DUAL SPACED NEUTRON SPECTRAL DENSITY
MICROLOG
BOREHOLE COMPENSATED SONIC ARRAY
ANNULAR HOLE VOLUME PLOT

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY I 1
Doc ID	1113380

Tops

Name	Top	Datum
HEEBNER	3772	
TORONTO	3792	
LANSING	3857	
KANSAS CITY	4208	
MARMATON	4316	
CHEROKEE	4448	
ATOKA	4567	
MORROW	4647	
ST. GENEVIEVE	4724	
ST. LOUIS	4809	



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 03230 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-15-13 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 Garden City I WELL NO. 1		
ADDRESS		COUNTY Finney STATE KS		
CITY STATE		SERVICE CREW Kirby, Ed M, Hector R, Juan L		
AUTHORIZED BY Tyce Davis		JOB TYPE: 8 5/8 Surface 2-42		
EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 1-15-13 DATE AM PM TIME 0900
		21755	14	ARRIVED AT JOB AM PM 0500
		38119-19919	14	START OPERATION AM PM 1050
		30464-37724	14	FINISH OPERATION AM PM 1300
		30463-37547	14	RELEASED AM PM 1330
				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
CL101	A Con Blend	SK	350	13 95	4882 50
CL110	Premium Plus Cement	SK	245	12 23	2996 35
CC109	Calcium Chloride	LB	1449	79	1144 71
CC102	CelloFlake	LB	149	2 78	414 22
CC130	C-51	LB	66	18 75	1237 50
CF253	Guide Shoe - Regular	EA	1		285 00
CF1453	Flapper Type Insert Float	EA	1		210 00
CF4405	Centralizers	EA	15	108 75	1631 25
CF4556	Cement Basket	EA	1		787 50
CF105	Top Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
LOCATION/DEPT. _____ DOZ <input type="checkbox"/> NON DOZ <input type="checkbox"/> LEASE/WELL/FAC <u>GARDEN CITY I</u> MAXIMO / WSM # _____ TASK <u>0102</u> ELEMENT <u>3023</u> PROJECT # <u>1162957</u> CAPEX / OPEX - Circle one SPO / BPA _____ UNSUPPORTED <input type="checkbox"/> Circle Doc Type PRINTED NAME <u>Mark A. Bowden</u> SIGNATURE: <u>Mark A. Bowden</u> <small>I certify that these Services/Materials have been received.</small>					

SUB TOTAL **20,031.78**

CHEMICAL / ACID DATA:			

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

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



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 03237 A

DATE _____ TICKET NO. _____

DATE OF JOB ^{2A} 1-19-13		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 Garden City "I"				WELL NO. /	
ADDRESS				COUNTY Finney		STATE KS			
CITY STATE				SERVICE CREW Kirby, Ed M, Ed B					
AUTHORIZED BY Tyce Davis TD				JOB TYPE: PTA 2-42					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				21755	39		1-19-13	PM	1630
				38119-19919	39	ARRIVED AT JOB		AM	2000
				14355-19883	39	START OPERATION		AM	2200
						FINISH OPERATION	1-21-12	AM	0800
						RELEASED		AM	0830
						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
CL103	60/40 Poz	✓ SK	270		
CC200	Cement Cel	- LB	466		
CC109	Calcium Chloride	✓ LB	852		
CL110	Premium Plus Cement	✓ SK	200		
E101	Heavy Equipment Mileage	MI	380		
CE240	Blending + Mixing Service Charge	SK	470		
E113	Bulk Delivery Charges	TM	1504		
CE202	Depth Charge 100F 2000	4hrs	1		
E100	Unit Mileage Charge - Pickup	MI	75		
S003	Service Supervisor	EA	3		
CE403	Cement Pumpers Additional hrs on location	HR	30		

SUB TOTAL 22,518.⁹²

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Bridley Meyer</i>	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 <i>1-19-13</i>					
Lease <i>Garden City I</i>		Well # <i>1</i>		Service Receipt					
Casing Depth		County <i>Finney</i>		State <i>KS</i>					
Job Type <i>PTA</i>		Formation		Legal Description					
Pipe Data			Perforating Data			Cement Data			
Casing size <i>8 5/8 24#</i>		Tubing Size <i>4 1/2 16.6# DP</i>		Shots/Ft			Lead <i>200sk 60/40</i> <i>4% Gul, 3% CC</i>		
Depth <i>1802 ft</i>		Depth <i>1904</i>		From <i>1904 ft</i>	To <i>100sk</i>				
Volume		Volume		From <i>1904 ft</i>	To <i>100sk</i>		Tail in <i>200 sk Prem Plus</i> <i>2% CC</i>		
Max Press		Max Press		From <i>1860 ft</i>	To <i>200sk</i>				
Well Connection		Annulus Vol.		From	To				
Plug Depth		Packer Depth		From	To				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2000</i>	<i>1-19-13</i>				<i>On Location - Spot & Rig up</i>
<i>2215</i>					<i>Drill Pipe set @ 1904 ft - Safety Meeting</i>
<i>2235</i>		<i>200</i>	<i>10</i>	<i>4</i>	<i>Pump 10 BBL Fresh Water</i>
<i>2238</i>		<i>200</i>	<i>27</i>	<i>4</i>	<i>Mix 100 sk 60/40 @ 13.5 PPG</i>
<i>2244</i>		<i>50</i>	<i>0</i>	<i>4</i>	<i>Pump 2 BBL Fresh Water</i>
<i>2246</i>		<i>50</i>	<i>2</i>	<i>4</i>	<i>Pump 1 BBL Mud</i>
<i>2252</i>		<i>Ø</i>	<i>18</i>		<i>Shut Down - Pull to 1080 ft - WOC</i>
<i>0300</i>	<i>1-20-13</i>	<i>800</i>		<i>2</i>	<i>Pressure test Plug - Test Failed - WOC</i>
<i>0700</i>					<i>Customer ordered 100 sk 60/40 - 4 w/3% CC</i>
<i>1032</i>					<i>Safety meeting - DP set @ 1904 ft</i>
<i>1043</i>		<i>100</i>	<i>27</i>	<i>4</i>	<i>Mix 100 sk 60/40 @ 13.5 PPG</i>
<i>1051</i>		<i>50</i>	<i>0</i>	<i>4</i>	<i>Displace with 18 BBL Fresh Water</i>
<i>1057</i>		<i>Ø</i>	<i>18</i>		<i>Shut Down - Pull to 1080 ft - WOC</i>
<i>1136</i>		<i>800</i>		<i>1</i>	<i>Pressure test Plug - Test Failed - Wait on orders</i>
<i>1900</i>					<i>Customer ordered 200 sk Prem Plus w/2% CC</i>
<i>2000</i>					<i>Tagged Cement @ 1883 ft</i>
<i>2300</i>					<i>DP Set @ 1860 ft - Safety Meeting</i>
<i>2317</i>		<i>100</i>	<i>47</i>	<i>4.5</i>	<i>Pump 200 sk Prem Plus @ 14.8 PPG</i>
<i>2331</i>		<i>50</i>	<i>0</i>	<i>4</i>	<i>Displace with 15 BBL Fresh Water</i>
<i>2336</i>		<i>Ø</i>	<i>15</i>		<i>Shut Down - WOC - Pull to 1090 ft</i>
<i>0550</i>	<i>1-21-13</i>	<i>1000</i>			<i>Pressure test Plug</i>
Service Units		<i>21755</i>	<i>38119/19919</i>	<i>14355/21725</i>	
Driver Names		<i>Kirby</i>	<i>Ed M</i>	<i>Ed B</i>	<i>Santiago</i>

Customer Representative

Jerry Bennett
Station Manager

Kirby Harper
Cementer

Old Code	New Code	Material, Equipment & Services Used	Unit	Quantity	Discount	CORRECT DISC PRICE
CL103	10779	60/40 POZ	SK	270	\$ 9.00	\$ 2,430.00
			SK		\$ -	
CL110	10795	PREMIUM PLUS	lb	200	\$ 12.23	\$ 2,446.00
			SK		\$ -	
CC200	10345	CEMENT GEL		486	\$ 0.19	\$ 88.54
CC109	10296	Calcium Chloride	lb	852	\$ 0.79	\$ 673.08
			lb		\$ -	
			lb		\$ -	
			lb	0	\$ -	
					\$ -	
					\$ -	
E101	10357	Heavy Equipment Mileage	mi	300	\$ 5.25	\$ 1,575.00
CE240	10258	Blending & Mixing Service Charge	mi	470	\$ 1.05	\$ 493.50
E113	10360	Proppant and Bulk Delivery Charge	mi	1504	\$ 1.20	\$ 1,804.80
		Depth Charge	ea	1	\$ 1,125.00	\$ 1,125.00
					\$ -	
E100	10356	Car, Pickup or Van Mileage	mi	75	\$ 3.19	\$ 239.25
S003	10354	Service Supervisor Charge	ea	3	\$ 131.25	\$ 393.75
			ea	0	\$ 412.50	\$ -
CE403	10263	ADDITIONAL HRS ON LOCATIONS	hr	30	\$ 375.00	\$ 11,250.00
		SUBTOTAL				\$ 22,518.92
		Less - 25% Discount				ADJ DISC AMT
		Total For Entire Job				

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 04, 2013

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

Re: ACO1
API 15-055-22193-00-00
GARDEN CITY I 1
NW/4 Sec.26-23S-34W
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