



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1116876  
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: \_\_\_\_\_



1116876

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LONGBOTHAM 9
Doc ID	1116876

All Electric Logs Run

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



**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 03882 A

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

DATE OF JOB <b>10-23-12</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>Longbotham #9</b> WELL NO.							
ADDRESS		COUNTY <b>Haskell</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>J. Chavaz, Eddie, Victor, Santiago</b>							
AUTHORIZED BY <b>Tony Dentt</b>		JOB TYPE: <b>242 8 3/8 Surface</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<b>10-22-12</b>		<b>800</b>
<b>19820</b>	<b>8</b>	<b>19827</b>	<b>8</b>	<b>30464</b>	<b>8</b>	ARRIVED AT JOB	<b>10-22-12</b>	AM	<b>1100</b>
		<b>19566</b>	<b>1</b>	<b>37724</b>	<b>1</b>	START OPERATION	<b>10-23-12</b>	AM	<b>430</b>
<b>70897</b>	<b>8</b>					FINISH OPERATION	<b>10-23-12</b>	AM	<b>630</b>
<b>19570</b>	<b>1</b>					RELEASED	<b>10-23-12</b>	AM	<b>730</b>
						MILES FROM STATION TO WELL	<b>35</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: *[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	350	13 02	4557 00
CL110	Prem Plus Cont	SK	245	11 41	2795 45
CC109	Calcium Chloride	lb	1449	74	1072 26
CC102	CelloFluice	lb	149	2 59	385 91
CC130	C-51	lb	66	17 50	1155 00
CF253	Guide Shoe	EA	1		266 00
CF1453	Insert Float	EA	1		196 00
CF4405	Centralizer 8 3/8	EA	15	101 50	1522 50
CF105	Rubber Plug	EA	1		157 50
CF4109	Stop Collar	EA	1		70 00
CF4556	Cont Basket	EA	1		735 00
E101	Heavy Equipment Mileage	mi	105	4 90	514 50
CE240	Blendy & Mix Charge	SK	595	98	583 10
E113	Bulk Delivery Charge	tm	980	1 12	1097 60
CE202	Depth Charge	4kg	1		1050 00
CE504	Plus Container Charge	job	1		175 00
E100	Pickup Mileage	mi	35	2 98	104 30
5003	Service Supervisor	EA	1		122 50
T105	Cont Data Acquisition Module	EA	1		385 00
SUB TOTAL					<b>17854 62</b>

CHEMICAL / ACID DATA:			

AP ~~LEASING~~ **LIBERATION** ~~EQUIPMENT~~ **LIBERATION** % TAX ~~NON D02E~~ **NON D02E**

LEASING ~~MATERIALS~~ **AC** ~~LONGBOTHAM #9~~ **LONGBOTHAM #9** % TAX ~~ON \$~~ **ON \$**

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

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

PROJECT # **1150921** CAPEX / OPEX - Circle one

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

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY *[Signature]*

SIGNATURE: *[Signature]* (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_







# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>10-23-12</i>
Lease <i>Lansbotham</i>	Well # <i>9</i>	Service Receipt <i>3882</i>
Casing <i>8 5/8</i>	Depth <i>1810</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>242 Surface</i>	Formation	Legal Description <i>3-30-32</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>350512 A-Con</i>
Depth <i>1805</i>	Depth <i>55.45</i>	From	To	<i>2.45735K</i>
Volume <i>112 b/s</i>	Volume	From	To	<i>14.6id-512 12.1#</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>245512 Class C</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.3473-5K</i>
Plug Depth <i>1760'</i>	Packer Depth	From	To	<i>Lo.336d-512 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2300</i>					<i>Arrive On Location</i>
<i>2310</i>					<i>Safety Meetg - Rig Up</i>
<i>1230</i>					<i>Rig Moving Casing</i>
<i>345</i>					<i>Circulate w/ Rig</i>
<i>428</i>					<i>Hook Up To BES</i>
<i>430</i>	<i>2100</i>		<i>11</i>	<i>11</i>	<i>Pressure Test</i>
<i>435</i>	<i>300</i>		<i>150</i>	<i>5.2</i>	<i>Pump Lead cmt @ 12.1#</i>
<i>505</i>	<i>200</i>		<i>58</i>	<i>4.0</i>	<i>Pump Tail cmt @ 14.8#</i>
<i>520</i>					<i>Drop Plug - Wash Up</i>
<i>525</i>	<i>300</i>		<i>102</i>	<i>5.0</i>	<i>Displace</i>
<i>550</i>	<i>850</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Asplace</i>
<i>555</i>	<i>1350</i>		<i>11</i>	<i>11</i>	<i>Land Plug - Float Held</i>
<i>600</i>	<i>1500</i>		<i>11</i>	<i>11</i>	<i>TEST casing - OK</i>
<i>715</i>					<i>Job Complete</i>

*Thanks For Using Basic Energy Services*

Service Units	<i>19820</i>	<i>70897-19570</i>	<i>19827-19566</i>	<i>30464-37724</i>
Driver Names	<i>J. Chavez</i>	<i>Eddie</i>	<i>Vicior</i>	<i>Santiago</i>

*Jeff*  
 Customer Representative

*Jay Bent*  
 Station Manager

*Juan Chavez*  
 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 03047 A

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

DATE OF JOB <b>10-28-12</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>Loringbotham #9</b> WELL NO.							
ADDRESS		COUNTY <b>Haskell</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>J. Chavez, Eddie, Calib</b>							
AUTHORIZED BY <b>Jay Bennett</b> <b>JRB</b>		JOB TYPE: <b>242 Lon Strg</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<b>10-28-12</b>		<b>4:00</b>
<b>19820</b>	<b>12</b>	<b>70897</b>	<b>12</b>	<b>19827</b>	<b>12</b>	ARRIVED AT JOB	<b>10-28-12</b>		<b>7:00</b>
		<b>19570</b>	<b>1</b>	<b>19566</b>	<b>1</b>	START OPERATION	<b>10-28-12</b>		<b>1:30</b>
						FINISH OPERATION	<b>10-28-12</b>		<b>3:30</b>
						RELEASED	<b>10-28-12</b>		<b>4:00</b>
						MILES FROM STATION TO WELL			<b>35</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, material 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	50-50/02	SK	390	7.70	3003.0
CC113	Gypsum	lb	1640	53	869.2
CC111	Salt	lb	2396	35	838.6
CC103	C-15	lb	197	8.75	1723.7
CC105	C-41P	lb	82	2.80	229.6
CC201	Gilsonite	lb	1953	47	917.9
CF251	Guide Shoe	EA	1		175.0
CF1451	Insert Float Valve	EA	1		150.5
CF103	Rubber Plug	EA	1		73.5
CF4105	Stop Collar	EA	1		58.8
CF4452	Centralizer	EA	25	52.50	1312.5
CC155	Super Flosh II	gal	500	1.07	535.0
E101	Heavy Equipment Mileage	mi	70	4.90	343.0
CE240	Blending & Mixing Charge	SK	390	98	382.2
E113	Bulk Delivery Charge	ton	574	1.12	642.8
CE206	Depth Charge	4hrs	1		2016.0
CE504	Plus Contractor Charge	job	1		175.0
E100	Pickup Mileage	mi	35	2.98	104.3
5003	Service Supervisor	EA	1		122.5
SUB TOTAL					<b>14058.2</b>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE:

FIELD SERVICE ORDER NO. \_\_\_\_\_

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)







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 15, 2013

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

Re: ACO1  
API 15-081-21996-00-00  
LONGBOTHAM 9  
SW/4 Sec.03-30S-32W  
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