



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1127577  
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: \_\_\_\_\_



1127577

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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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM B 1
Doc ID	1127577

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM B 1
Doc ID	1127577

Tops

Name	Top	Datum
HEEBNER	3780	
TORONTO	3799	
LANSING	3828	
KANSAS CITY	4176	
MARMATON	4340	
PAWNEE	4420	
CHEROKEE	4466	
ATOKA	4599	
MORROW	4689	
ST GENEVIEVE	4807	
ST. LOUIS	4952	



**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 02650 A

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

DATE OF JOB <u>11-28-12</u> DISTRICT <u>Liberal 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>Hylbom "B"</u> WELL NO. <u>1</u>		
ADDRESS		COUNTY <u>Hearny</u> STATE <u>KS</u>		
CITY STATE		SERVICE CREW <u>Kirby, Edm, Hector R, Calib</u>		
AUTHORIZED BY <u>Tyce Davis</u>		JOB TYPE: <u>8 5/8 Surface 2-42</u>		
EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>11-27-12</u> DATE AM PM TIME
		<u>21755</u>	<u>18</u>	ARRIVED AT JOB AM PM <u>1730</u>
		<u>38111-19919</u>	<u>18</u>	START OPERATION <u>11-28-12</u> AM PM <u>0130</u>
		<u>38750-37725</u>	<u>18</u>	FINISH OPERATION AM PM <u>0400</u>
		<u>19827-19566</u>	<u>18</u>	RELEASED AM PM <u>0500</u>
				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 02	4557 00
CL110	Premium Plus Cement	SK	245	11 41	2795 45
CC109	Calcium Chloride	LB	1449	74	1072 26
CC102	Celloflake	LB	149	2 59	385 91
CC130	C-51	LB	66	17 50	1155 00
CF253	Guide Shoe - Regular	EA	1		266 00
CF1453	Flapper Type Insert Float	EA	1		196 00
CF4405	Centralizers	EA	15	101 50	1522 50
CF4556	Cement Basket	EA	1		735 00
CF105	Top Rubber Cement Plug	EA	1		157 50
CF4109	Stop Collar	EA	1		70 00
CC165	Stop Loss Polymer	Gal	420	4 20	1764 00
CC166	Stop Loss LCM	LB	120	3 68	441 60

AP LOCATION/DEPT. LibCap D02  NON D02

LEASE/WELL/FAC Hylbom B-9

MAXIMO / WSM #

TASK C102 CHEMICAL / ACID DATA

ELEMENT 3023

SUB TOTAL

23,177.22

PROJECT # 1151902 CAPEX / OPEX - Circle

SERVICE & EQUIPMENT

%TAX ON \$

SPO / BPA

Circle Doc Type

PRINTED NAME Phill Barnett

UNSUPPORTED

MATERIALS

%TAX ON \$

TOTAL

SIGNATURE: [Signature]

I certify that these services/materials have been received

SERVICE REPRESENTATIVE [Signature]

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



**BASIC**<sup>SM</sup>  
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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FIELD SERVICE TICKET CONT.

TICKET NO. 1717-02650

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E101	Heavy Equipment + Mileage	MI	255	4 90	1249 50
CE240	Blending + Mixing Service Charge	SK	595	98	583 10
E113	Bulk Delivery Charges	Tm	2380	1 12	2665 60
CE202	Depth Charge 1001-2000	4hrs	1		1050 00
CE504	Plug Container Utilization Charge	EA	1		175 00
E100	Unit Mileage Charge - Pickup	MI	85	2 98	253 30
S003	Service Supervisor	EA	1		122 50
E724	2" Pop off Valve Rental	EA	1		—
CE503	Cement Pumper Additional hrs on Location	HR	5	350 00	1750 00
CE403	High Head Charge	EA	1		210 00



Cement Report

Customer	Oxy USA	Lease No.		Date	11-28-12
Lease	Hylbom B	Well #	1	Service Receipt	
Casing		Depth		County	Keamee
				State	KS
Job Type	8 3/4 Surface	Formation		Legal Description	
Pipe Data			Perforating Data		Cement Data
Casing size	8 3/4 24"	Tubing Size	Shots/Ft		Lead 350 sk A Con 3% CC, 1/4# Polyflake .2% WCA
Depth	1793 ft	Depth	From	To	
Volume	111.44 BBL	Volume	From	To	Tail in 245sk Prem Plus 2% CC, 1/4# Poly
Max Press		Max Press	From	To	
Well Connection		Annulus Vol.	From	To	
Plug Depth	1752.33 ft	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1800					On Location - Spot & Rig up
1230					Casing on Bottom - Break Circ
0130					Safety Meeting
0150	2500				Pressure test
0154	150		10	4	Pump 10 BBL Stop Loss Spacer
0158	150		5	4	Pump 5 BBL Fresh Water
0201	150		150	4	Mix 350 sk A Con @ 12.1 PPG
0248	150		58	4	Mix 245sk Premium Plus @ 14.4 PPG
0312					Shut Down - Drop top plug
0318	100		0	4	Start D. placing
0348	700		101	2	Slow Rate
0354	700-1200		111		Bump Plug
0359	1200-0				Release Pressure
					<del>Release Pressure</del>
					<del>Release Pressure</del>
					Circulate Cement to the pit

Service Units	21755	3811/1991A	38150/37725	14821/19566	
Driver Names	Kirby	Ed M	Kalib	Hector R	

Customer Representative: \_\_\_\_\_ Station Manager: Jerry Bennett Cementer: Kirby Harper  
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 03673 A

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

DATE OF JOB <b>12-3-12</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>Hylbon "B" #1</b> WELL NO.							
ADDRESS		COUNTY <b>Kearny</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>J. Chavez, Eddie, Santos</b>							
AUTHORIZED BY <b>Ben Bent</b>		JOB TYPE: <b>242 5 1/2 leg stry</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>19820</b>	<b>8</b>	<b>70997</b>	<b>8</b>	<b>30463</b>	<b>8</b>	ARRIVED AT JOB	<b>12-3-12</b>	<b>PM</b>	<b>1:00</b>
		<b>19570</b>	<b>1</b>	<b>19885</b>	<b>1</b>	START OPERATION	<b>12-3-12</b>	<b>AM</b>	<b>2:30</b>
						FINISH OPERATION	<b>12-3-12</b>	<b>AM</b>	<b>5:00</b>
						RELEASED	<b>12-3-12</b>	<b>AM</b>	<b>8:00</b>
						MILES FROM STATION TO WELL	<b>85</b>	<b>PM</b>	<b>8:45</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
CL104	50-50 ADZ	SK	305	7 70	2348 50
CC113	Gyp sum	lb	1285	52	668 20
CC111	Salt	lb	1877	35	656 95
CC103	C-15	lb	155	8 75	1356 25
CC105	C-4HP	lb	65	2 80	182 00
CC201	Gilsonite	lb	1525	47	716 75
CF251	Guide Shoe	EA	1		175 00
CF451	Insert Float Valve	EA	1		150 50
CF4452	Centralizer	EA	25	52 50	1312 50
CF103	Rubber Plug	EA	1		73 50
CF4105	Stop Collar	EA	1		58 80
CC155	Super Flush 11	gal	500	1 07	535 00
CC131	Super	lb	50	3 50	175 00
E101	Heavy Equipment Mileage	mi	170	4 90	833 00
CE240	Blandy & Mixer Charge	SK	305	98	298 90
E113	Bulk Delivery Charge	tn	1092	1 12	1223 04
CE206	Depth Charge	4hrs	1		2016 00
CE504	Plus Contayer Charge	job	1		175 00
E100	Picker Mileage	mi	85	2 97	252 45
SUB TOTAL					<b>13924 84</b>

CHEMICAL / ACID DATA:			

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

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







# Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>12-3-12</i>	
Lease <i>Hylbom "B"</i>		Well # <i>1</i>		Service Receipt <i>3673</i>	
Casing <i>5 1/2</i>	Depth <i>5325</i>	County <i>Kearny</i>		State <i>KS</i>	
Job Type <i>242 Long Strg</i>		Formation	Legal Description <i>25-23-35</i>		
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <i>5 1/2 17.0#</i>	Tubing Size	Shots/Ft		Lead	
Depth <i>5325</i>	Depth <i>55.44</i>	From	To		
Volume <i>123615</i>	Volume	From	To		
Max Press <i>2500</i>	Max Press	From	To	Tail in <i>3055K50-80</i>	
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	<i>1.5877-5K 102</i>	
Plug Depth <i>5282</i>	Packer Depth	From	To	<i>7.366d-5K 13.5#</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1400</i>					<i>Arrive On Location</i>
<i>1400</i>					<i>Safety Meets - Rig Up</i>
<i>1400</i>					<i>Rig Pumping Casing</i>
<i>1750</i>					<i>Circulate w/Rig - Hookup To BES</i>
<i>1830</i>	<i>300</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1835</i>	<i>350</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>1840</i>	<i>325</i>		<i>12</i>	<i>5.0</i>	<i>Pump Super Flush</i>
<i>1845</i>	<i>300</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>1905</i>	<i>250</i>		<i>85</i>	<i>5.0</i>	<i>Pump cement @ 13.5#</i>
<i>1920</i>					<i>Drop Plug - Wash Up</i>
<i>1925</i>	<i>400</i>		<i>112</i>	<i>6.5</i>	<i>Displace</i>
<i>1945</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>1950</i>	<i>1500</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Float Held</i>
<i>2000</i>	<i>2500</i>				<i>Test Casing - OK</i>
<i>Thanks For Using BASIC Energy Services</i>					
Service Units	<i>19870</i>	<i>70897-19570</i>	<i>30463-19883</i>		
Driver Names	<i>J. Chavez</i>	<i>Eddie</i>	<i>Santiago Chavez</i>		

*Gene*

Customer Representative

*Greg Butth*

Station Manager

*Santiago Chavez*

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

March 26, 2013

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

Re: ACO1  
API 15-093-21881-00-00  
HYLBOM B 1  
NE/4 Sec.25-23S-35W  
Kearny 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