



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1128598
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: _____



1128598

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	GRIFFIN C 1
Doc ID	1128598

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GRIFFIN C 1
Doc ID	1128598

Tops

Name	Top	Datum
HEEBNER	4129	
TORONTO	4148	
LANSING	4220	
KANSAS CITY	4633	
MARMATON	4781	
CHEROKEE	4911	
ATOKA	5127	
MORROW	5180	
CHESTER	5311	
ST. GENEVIEVE	5441	
ST. LOUIS	5554	



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 03670 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-29-12	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: Griffin C		# 1		WELL NO.				
ADDRESS:	COUNTY: Haskell	STATE: KS							
CITY:	STATE:	SERVICE CREW: Ismael Chavez, Eddie, Juan L. Santiago							
AUTHORIZED BY: Tony Beatt	JOB TYPE: 242 8 5/8 Surface								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19920	8	19827	8	33021	8	ARRIVED AT JOB	11-28-12	AM	8:00
		19566	1	37547	1	START OPERATION	11-29-12	AM	9:15
70897	8					FINISH OPERATION	11-29-12	AM	10:00
19570	1					RELEASED	11-29-12	AM	3:30
						MILES FROM STATION TO WELL	45		

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-Com Blend	SK	340	13 02	4426 80
CL110	Prem Plus Cast	SK	245	11 41	2795 45
CC109	Calcium Chloride	16	1422	74	1052 28
CC102	CelloFlock	16	147	2 59	390 73
CC130	C-51	16	64	17 50	1120 00
CF253	Guide Shoe	EA	1		266 00
CF1453	Insert Float Valve	EA	1		196 00
CF4405	Centralizer	EA	15	10150	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	135	4 90	661 50
CE240	Blendy + Mizey Charge	SK	585	98	573 30
E113	Bulk Delivery Charge	tm	1240	1 12	1388 80
CE202	Depth Charge	4hrs	1		1050 00
CE504	Plus Container Charge	job	1		175 00
E100	Pickup Mileage	mi	45	2 98	134 10
5003	Service Supervisor	EA	1		122 50
T105	Cost Data Acquisty Monitor	EA	1		385 00
SUB TOTAL					17212 46

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>11-29-12</i>
Lease <i>Griffin "C"</i>	Well # <i>1</i>	Service Receipt <i>3670</i>
Casing <i>8 5/8</i>	Depth <i>1806</i>	County <i>Haskell</i>
Job Type <i>242 Surface</i>	Formation	Legal Description <i>11-28-33</i>
State <i>KS</i>		

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>340 SK A-Com</i>
Depth <i>1810</i>	Depth <i>53.44'</i>	From	To	<i>2.4 FT³-SK</i>
Volume <i>112615</i>	Volume	From	To	<i>14.0 Gal-SK 12.1#</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>245 C1955 C</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT³-SK</i>
Plug Depth <i>1866</i>	Packer Depth	From	To	<i>6.33 Gal-SK 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2100</i>					<i>Arrive On location</i>
<i>2100</i>					<i>Safety Meeting - Rig Up</i>
<i>2100</i>					<i>Rig Pump Casing</i>
<i>1220</i>					<i>Circulate w/ Rig</i>
<i>1250</i>					<i>Hook Up To BES</i>
<i>100</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>110</i>	<i>400</i>		<i>145</i>	<i>5.5</i>	<i>Pump lead out @ 12.1#</i>
<i>140</i>	<i>300</i>		<i>59</i>	<i>5.5</i>	<i>Pump Tail out @ 14.8#</i>
<i>155</i>					<i>Drop Plug - Wash Up</i>
<i>200</i>	<i>600</i>		<i>102</i>	<i>5.0</i>	<i>Displace</i>
<i>225</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>230</i>	<i>1500</i>		<i>13</i>	<i>1.5</i>	<i>Land Plug - Float Held</i>
<i>300</i>	<i>1500</i>				<i>TEST Casing - OK</i>
<i>400</i>					<i>Job Complete</i>

Service Units	<i>19820</i>	<i>70897-19570</i>	<i>33021-37547</i>	<i>19827-19564</i>	
Driver Names	<i>I. Chavez</i>	<i>Eddie</i>	<i>Soon L</i>	<i>Satyo</i>	

Col Wiley Customer Representative
 Sej Best Station Manager
 Ismael Chavez Cementer



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

FIELD SERVICE TICKET
1717 03672 A

DATE _____ TICKET NO. _____

DATE OF JOB 12-3-12 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 Griffin "C" #1 WELL NO.							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW I. Chavez, Eddie, Calib							
AUTHORIZED BY Tony Beatt		JOB TYPE: 242 5 1/2 Log String							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19820	10	70897	10	33021	10	ARRIVED AT JOB	12-3-12	AM	300
		19570	1	37547	1	START OPERATION	12-3-12	AM	900
						FINISH OPERATION	12-3-12	AM	1230
						RELEASED	12-3-12	AM	100
						MILES FROM STATION TO WELL	35		

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 PIZ LOCATION/DEPT. Libecap D02 <input type="checkbox"/> NON D02	SK	360	770	2772 00
CC113	Gypsum EASE/WELL/FAC Griffin C-1	lb	1515	53	802 95
CC111	Salt MAXIMO / WSM #	lb	2213	35	774 55
CC103	C-15 TASK D102 ELEMENT 3023	lb	182	875	1592 50
CC105	C-41P PROJECT # 1162183 CAPEX / OPEX - Circle one	lb	76	280	212 80
CC201	Gilsonite SPO / BPA UNSUPPORTED	lb	1800	47	846 00
CF251	Guide PRINTED NAME Early Tian	EA	1		175 00
CF1451	Insert PRINTED NAME Early Tian	EA	1		150 50
CF103	Rubber Plug	EA	1		73 50
CF4105	Stop Collar	EA	1		58 80
CF4452	Centralizer	EA	25	5250	1312 50
CC155	Super Flush 11	gal	500	107	535 00
E101	Heavy Equipment Mileage	mi	70	490	343 00
CE240	Blending & Mix Charge	SK	360	98	352 80
E113	Bulk Delivery Charge	tn	530	112	593 88
CE206	Depth Charge	4hrs	1		2016 00
CE504	Phys Container Charge	job	1		175 00
E100	Pickup Mileage	mi	35	298	104 30
S003	Service Supervisor	EA	1		122 50
SUB TOTAL					13398 58

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)



Cement Report

Customer	Oxy USA		Lease No.			Date	12-3-12		
Lease	Griffin "C"		Well #	1		Service Receipt	03672		
Casing	5 1/2 L.S	Depth	5777		County	Haskell		State	KS
Job Type	242		Formation			Legal Description			
Pipe Data				Perforating Data			Cement Data		
Casing size	5 1/2		Tubing Size				Lead		
Depth	5777		Depth	From	To				
Volume	133		Volume	From	To				
Max Press	2500		Max Press	From	To		Tail in 3605K		
Well Connection	5 1/2		Annulus Vol.	From	To		1.58 FT ³ SK 50-50		
Plug Depth	5730		Packer Depth	From	To		7.366d-5K 13.5#		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log				
430					Arrive On Location				
445					Surf. Meds - A-5-Up				
500					A-5 Pumping - Casing				
930					Circulate w/A-5				
1025					Hook up TO BES				
1030	3000		11	1.1	Pressure Test				
1045	500		5	4.0	Pump Water Spacer				
1050	400		12	4.0	Pump Super Flush				
1055	300		10	4.0	Pump Water Spacer				
1100	200		96	5.5	Pump cmt @ 13.5#				
1125					Drop Plug - Wash Up				
1130	1000		123	6.5	Displace				
1150	1200		10	2.0	Slow Down				
1155	1700		11	1.1	Hard Plug - Float Held				
1200	2500				Test Casing - OK				
1300					Subcomplete				
Thanks For Using BASIC Energy Services									
Service Units	19820	19870-70897	33021-37547						
Driver Names	F. Chaoz	Cddie	Calib						

Early

Customer Representative

Sean Beath

Station Manager

Fernando Chaoz

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 27, 2013

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

Re: ACO1
API 15-081-22005-00-00
GRIFFIN C 1
NW/4 Sec.11-28S-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