



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1131411
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
-----------------------------------	-----------------	---

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: _____



1131411

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
--	---

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	MOSBARGER B 1
Doc ID	1131411

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	MOSBARGER B 1
Doc ID	1131411

Tops

Name	Top	Datum
HEEBNER	4080	
LANSING	4100	
KANSAS CITY	4600	
MARMATON	4751	
CHEROKEE	4900	
ATOKA	5129	
MORROW	5181	
CHESTER	5296	
ST. GENEVIEVE	5417	
ST. LOUIS	5639	



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 03056 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>12-7-12</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>Mosbarger</u> WELL NO. <u>1</u>							
ADDRESS		COUNTY <u>Haskell</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Kirby, Edm, Hector E, Norma</u>							
AUTHORIZED BY <u>Tyler Davis</u>		JOB TYPE: <u>8 3/8 Surface 2-42</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				<u>21755</u>	<u>15</u>	<u>12-6-12</u>		<u>1900</u>	
				<u>38111-19919</u>	<u>15</u>	ARRIVED AT JOB		<u>2230</u>	
				<u>30463-37547</u>	<u>15</u>	START OPERATION	<u>12-7-12</u>	<u>0530</u>	
				<u>14355-37725</u>	<u>15</u>	FINISH OPERATION		<u>0730</u>	
						RELEASED		<u>0800</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
<u>CL101</u>	<u>A Con Blend</u>	<u>SK</u>	<u>340</u>	<u>13 02</u>	<u>4426 80</u>
<u>CL110</u>	<u>Premium Plus Cement</u>	<u>SK</u>	<u>245</u>	<u>11 41</u>	<u>2795 45</u>
		<u>L</u>			
<u>CC109</u>	<u>Calcium Chloride</u>	<u>LB</u>	<u>1422</u>	<u>74</u>	<u>1052 28</u>
<u>CC102</u>	<u>Celloflake</u>	<u>LB</u>	<u>1417</u>	<u>2 59</u>	<u>380 73</u>
<u>CC130</u>	<u>C-51</u>	<u>LB</u>	<u>64</u>	<u>17 50</u>	<u>1120 00</u>
<u>CF253</u>	<u>Guide Shoe - Regular</u>	<u>EA</u>	<u>1</u>		<u>266 00</u>
<u>CF1453</u>	<u>Flapper Type Insert Float</u>	<u>EA</u>	<u>1</u>		<u>196 00</u>
<u>CF4405</u>	<u>Centralizer</u>	<u>EA</u>	<u>15</u>	<u>101 50</u>	<u>1522 50</u>
<u>CF105</u>	<u>Top Rubber Cement Plug</u>	<u>EA</u>	<u>1</u>		<u>157 50</u>
<u>CF4109</u>	<u>Stop Collar</u>	<u>EA</u>	<u>1</u>		<u>70 00</u>
<u>CF4556</u>	<u>Cement Basket, Canvas</u>	<u>EA</u>	<u>1</u>		<u>735 00</u>
AP LOCATION/DEPT. <u>Libecap</u> D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>					
LEASE/WELL/FAC <u>Mosbarger B-1</u>					
MAXIMO / WSM # _____					
TASK <u>0102</u> ELEMENT <u>3023</u>					SUB TOTAL
PROJECT # <u>1163458</u> CAPEX / OPEX - Circle one					<u>18,227 46</u>
SPO / BPA _____ UNSUPPLEMENTED					
PRINTED NAME <u>Early Zion</u>					
SIGNATURE: <u>[Signature]</u>					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>12-7-12</i>
Lease <i>Moshberger</i>	Well # <i>1</i>	Service Receipt
Casing	Depth	County <i>Haskell</i>
Job Type <i>8 5/8 Surface</i>	Formation	State <i>KS</i>
Legal Description		

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8" 24#</i>	Tubing Size	Shots/Ft		Lead <i>340sk ACon</i>
Depth <i>1802 Ft</i>	Depth	From	To	<i>3%CC, 1/4# Polyflake</i>
Volume <i>111.7 BBL</i>	Volume	From	To	<i>.2% WCA-1</i>
Max Press <i>2000</i>	Max Press	From	To	Tail in <i>245sk</i>
Well Connection	Annulus Vol.	From	To	<i>Prem Plus</i>
Plug Depth <i>1757 Ft</i>	Packer Depth	From	To	<i>2%CC, 1/4# Polyflake</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2230</i>					<i>On Location - Spot + Rig up</i>
<i>0430</i>					<i>Casing on bottom - Break Circ.</i>
<i>0500</i>					<i>Safety Meeting</i>
<i>0527</i>		<i>2000</i>			<i>Pressure test</i>
<i>0532</i>		<i>400</i>	<i>145</i>	<i>6</i>	<i>Mix 340 sk ACon @ 12.1 PPG</i>
<i>0609</i>		<i>200</i>	<i>55</i>	<i>4</i>	<i>Mix 245sk Prem Plus @ 14.8 PPG</i>
<i>0627</i>					<i>Shut Down - Drop top plug</i>
<i>0629</i>		<i>100</i>	<i>0</i>	<i>6</i>	<i>Start Displacing</i>
<i>0655</i>		<i>600</i>	<i>102</i>	<i>2</i>	<i>Slow Rate</i>
<i>0701</i>		<i>600-1300</i>	<i>112</i>		<i>Bump Plug</i>
<i>0704</i>		<i>1300-0</i>			<i>Release Pressure - Float Held</i>
<i>0707</i>		<i>1500</i>			<i>Pressure test Casing</i>
<i>0739</i>		<i>1500-0</i>			<i>Release Pressure</i>
					<i>Circulate Cement to the pit</i>

Service Units	<i>21755</i>	<i>3811/19919</i>	<i>30463/27544</i>	<i>14355/37725</i>
Driver Names	<i>Kirby</i>	<i>Edm</i>	<i>Hector E</i>	<i>Norma</i>

Customer Representative: _____ Station Manager: Jerry Bennett Cementer: Kirby Harper

Taylor Printing, Inc.



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 03344 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>12-11-12</u> DISTRICT <u>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>Mosbarger B#1</u> WELL NO.:								
ADDRESS		COUNTY <u>Haskell</u> STATE <u>KS</u>								
CITY STATE		SERVICE CREW <u>J. Grijalva, V. Vasquez</u>								
AUTHORIZED BY <u>J. Bennett JRB</u>		JOB TYPE: <u>242- 5 1/2" Production</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19902</u>							<u>12-11-12</u>			<u>8:00</u>
<u>27462</u>						ARRIVED AT JOB				<u>12:00</u>
						START OPERATION				<u>4:00</u>
						FINISH OPERATION				<u>9:00</u>
						RELEASED				<u>10:00</u>
						MILES FROM STATION TO WELL				<u>35 mi</u>

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	sk	375	7.70	2887.50
CC013	Gypsum	lb	1575	.53	834.75
CC111	Salt		2301	.35	805.35
CC103	C-15		189	8.75	1653.75
CC105	C-41P		79	2.80	221.20
CC201	Gilsonite		1875	.47	881.25
CF251	5 1/2" Shoe	ea	1		175.00
CF1451	Insert		1		150.50
CF103	Pipe		1		73.50
CF4105	Collar		1		58.80
CF4452	Turbolizer		25	52.50	1312.50
CC155	Superflush II	gal	500	1.07	535.00
CC111	Salt	lb	1000	.35	350.00
E101	Heavy Equipment Mileage	mi	70	4.90	343.00
CE240	Blending & Mixing Service	sk	375	.98	367.50
E13	Proppant + Bulk Delivery	ton/mi	551	1.12	617.40
CE206	Pump Depth: 0001-6000'	hr	1		2016.00
CE004	Ply Containers	ea	1		175.00
E100	Unit Mileage	mi	35	2.98	104.30
SUB TOTAL					<u>14104.80</u>

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. Libecap D02 NON D02

SERVICE & EQUIPMENT Mosbarger B-1 TAX ON \$

LEASE/WELL/FAC Mosbarger B-1 TAX ON \$

MATERIALS TAX ON \$

MAXIMO / WSM # _____

TASK C102 ELEMENT 3423 TOTAL

PROJECT # 1163458 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

Circle Date Type PRINTED NAME JARED LEWTON

ORDERED BY CUSTOMER AND RECEIVED BY: Jared Lewton

SIGNATURE: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE REPRESENTATIVE [Signature]

FIELD SERVICE ORDER NO. _____



Cement Report

Customer	Oxy USA	Lease No.		Date	12-11-12
Lease	Mosbarger B	Well #	1	Service Receipt	03344
Casing	5 7/8" 17# Depth 5913'	County	Haskell	State	KS
Job Type	242 5 7/8" Production	Formation		Legal Description	4-28-33

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
5 7/8" 17#		From	To	Tail in 375 SK 50/50 Poz
Depth 5913'	Depth			
Volume 13617 bbl	Volume	From	To	
Max Press 2500#	Max Press	From	To	
Well Connection 10-5905'	Annulus Vol.	From	To	
Plug Depth 45-43'	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					on loc-site assessment (nearby csg) spot trucks - rig up csg on bottom - circ safety meeting / OSA pressure test 3000#
	50		6	3	plug mouse hole w/ 20 SK
	100		12	4	pump 500 gal superflush
	100		100	5	mix & pump 355 SK 50/50 Poz w/ 5% W-60, 10% salt, .6% CYS, 1/4# Defoamer, 5# Gelsolite @ 13.5 ppg - 7.08 SK/ST, 7.36 gal/SK wash lines
	100		0	5	drop plug, dip csg
	1000		125	2	slow rate test 10' hd of dip
	1000		137.2	0	shut in, float held woc 4 hr test csg @ 2500# for 30 min

Service Units					
Driver Names					

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

April 03, 2013

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

Re: ACO1
API 15-081-22006-00-00
MOSBARGER B 1
SE/4 Sec.09-28S-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