



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1132697
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: _____



1132697

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
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 3
Doc ID	1132697

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 3
Doc ID	1132697

Tops

Name	Top	Datum
HEEBNER	3779	
LANSING	3830	
KANSAS CITY	4219	
MARMATON	4330	
CHEROKEE	4463	
ATOKA	4617	
MORROW	4672	
ST. GENEVIEVE	4771	
ST. LOUIS	4847	



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 03349 A

DATE _____ TICKET NO. _____

DATE OF JOB 12-17-12	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 Garden City #3	WELL NO.							
ADDRESS	COUNTY Finney	STATE KS							
CITY	STATE	SERVICE CREW J. Grimaldo, H. Rutledge, S. Chavez							
AUTHORIZED BY J. Bennett	JOB TYPE: 242-888 Surface								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 12-17-12	AM PM	TIME
19902	8								12:00
27462	8								3:00
30464	4								6:00
37724	4								8:00
30463	4								9:00
37547	4								
						RELEASED			
						MILES FROM STATION TO WELL	75		MI

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
CU01	A-Con	sk	345	13 02	4491 90
CU10	Premium Plus	sk	245	11 41	2795 45
CU09	Calcium Chloride	lb	1437	74	1063 38
CU02	Cellulose	lb	148	2 59	383 32
CU30	C-81	lb	65	17 50	1137 50
CF253	85/8 shoe	ea	1		266 00
CF1453	Insert		1		196 00
CF4405	Centralizer		15	101 50	1522 50
CF4856	Basket		1		735 00
CF105	Plug		1		157 50
CF4109	Collar		1		70 00
CC11	Salt	lb	500	35	175 00
E101	Heavy Equipment Mileage	mi	275	4 90	1102 50
CE240	Blending + Mixing Service	sk	590	98	578 20
E113	Proppant + Bulk Delivery	ton/mi	2085	1 12	2335 20
CE02	Pump Depth - 100' - 2000'	4hr	1		1050 00
CE04	Pump Containers	ea	1		175 00
E100	Unit Mileage	mi	75	2 98	223 50
S003	Service Supervisor	ea	1		122 50
SUB TOTAL					18790 45

CHEMICAL / ACID DATA:		

AP LOCATION/DEPT. Libecap D02 NON D02

LEASE/INJ/CAJ Garden City #3

MAXIMUM MATERIALS _____ % TAX ON \$ _____

TASK 0102 ELEMENT 03038

PROJECT # 1150779 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

PRINTED NAME JARED LEPTON

SIGNATURE Jared Lepton

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

Verify that these Services/Materials have been received!

SERVICE REPRESENTATIVE Dave Oney

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

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 03476 A

DATE _____ TICKET NO. _____

DATE OF JOB: 12/21/12	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: Garden City V 3		WELL NO.:				
ADDRESS:		COUNTY: Finney		STATE: KS				
CITY:		SERVICE CREW: Chad, Royce, Ed B.		STATE:				
AUTHORIZED BY: Tyce		JOB TYPE: 74Z L.S.						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
3722337726								1:45
1435419573								1:30
								8:40
								8:30
								9:30
						MILES FROM STATION TO WELL		75

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	270	7 70	2079 00
CC113	Gypsum	Lb	1135	53	601 55
CC111	Salt	Lb	1658	35	580 30
CC103	C-15	Lb	137	8 75	1198 75
CC105	C-41P	Lb	57	2 80	159 60
CC201	Gilsonite	Lb	1350	47	634 50
CF251	Guide shoe	EA	1		175 00
CF1451	Flapper Float Valve	EA	1		150 50
CF103	Top Plug	EA	1		73 50
CF4105	Stop Collar	EA	1		58 80
CF4452	Centralizers	EA	25	52 50	1312 50
CC155	super flush II	gal	500	1 07	535 00
CC111	salt	Lb	1000	35	350 00
E101	Heavy Equip Mileage	Mi	150	4 90	735 00
CE240	Blending & Mixing Charge	SK	270	98	264 60
E113	Bulk Delivery	Tm	551	1 12	953 40
CF206	Depth Charge 5000 to 6000'	1/hr	1		2016 00
CE504	Plug Container	Sub	1		175 00
E100	Pickup Mileage	Mi	75	2 98	223 50
SUB TOTAL					16984.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT TAX ON \$ _____
AP LOCATION/DEPT: Liberal
MATERIALS TAX ON \$ _____
LEASE/WELL/FAC: Garden City V-3
MAXIMO / WSM # _____ TOTAL
TASK: 0102 ELEMENT: 3023
PROJECT #: 1150779 CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE: Chad Hinz
THE ABOVE MATERIAL AND SERVICE ORDERED BY: _____ RECEIVED BY: _____
SPD / RPA _____
SIGNATURE: _____ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
I certify that these Services/Materials have been received

FIELD SERVICE ORDER NO. _____



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>12-21-12</i>
Lease <i>Garden City</i>	Well # <i>3</i>	Service Receipt
Casing <i>5 1/2</i>	Depth <i>5112'</i>	County <i>Finney</i> State <i>KO</i>
Job Type <i>L.S.</i>	Formation	Legal Description <i>27/23/34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>270 SK</i>
Depth <i>5121.66</i>	Depth	From	To	<i>50/50 702 @ 13.5</i>
Volume <i>117.5</i>	Volume	From	To	<i>1.58 9.36</i>
Max Press <i>2500#</i>	Max Press	From	To	Tail in
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>04:30</i>					<i>on loc, spot trucks R.V. Safety mtg</i>
<i>15:40</i>	<i>3000</i>				<i>Test Lines</i>
<i>15:43</i>	<i>270</i>		<i>5</i>	<i>5</i>	<i>H2O</i>
<i>15:45</i>	<i>270</i>		<i>12</i>	<i>4</i>	<i>Super flush</i>
<i>15:48</i>	<i>260</i>		<i>5</i>	<i>4</i>	<i>H2O</i>
<i>15:52</i>			<i>5</i>		<i>Plug Mouse</i>
<i>15:56</i>	<i>260</i>		<i>0</i>	<i>5</i>	<i>Start Mixing @ 13.5#</i>
<i>19:11</i>	<i>0</i>		<i>70</i>	<i>0</i>	<i>Shut Down, Drop Plug, Washup</i>
<i>19:19</i>	<i>190</i>		<i>0</i>	<i>5.5</i>	<i>Start Disp</i>
<i>19:38</i>	<i>370</i>		<i>100</i>	<i>0</i>	<i>Shut Down, Pickle Truck</i>
<i>19:48</i>	<i>780#</i>		<i>100</i>	<i>5</i>	<i>Continue Disp</i>
<i>19:50</i>	<i>430</i>		<i>110</i>	<i>2.5</i>	<i>Slow Rate</i>
<i>19:52</i>	<i>1500</i>		<i>118</i>		<i>Plug Down</i>
<i>19:57</i>	<i>0</i>				<i>Check float (OK)</i>
<i>20:00</i>	<i>2500</i>				<i>Test Csg</i>
<i>20:30</i>					<i>Release Psi</i>
					<i>Job Complete.</i>

Service Units	<i>19588</i>	<i>3722337726</i>	<i>14354195746</i>
Driver Names	<i>Chinz</i>	<i>Robb</i>	<i>F. Berumen</i>

Jeff Gid Customer Representative
 Vera Bennett Station Manager
 Chad Hintz 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

April 11, 2013

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

Re: ACO1
API 15-055-22175-00-00
GARDEN CITY V 3
NW/4 Sec.27-23S-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