



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1136281
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: _____



1136281

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

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 4
Doc ID	1136281

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 4
Doc ID	1136281

Tops

Name	Top	Datum
HEEBNER	3780	
TORONTO	3805	
LANSING	3836	
KANSAS CITY	4191	
MARMATON	4337	
CHEROKEE	4475	
ATOKA	4599	
MORROW	4682	
ST. GENEVIEVE	4776	
ST. LOUIS	4876	



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 03352 A

DATE _____ TICKET NO. _____

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DATE OF JOB: 12-28-12	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" #4	WELL NO.:					
ADDRESS:	COUNTY: Finney	STATE: KS					
CITY:	STATE:	SERVICE CREW: Roger, Ruben, Ed B., Juan L.					
AUTHORIZED BY:	JOB TYPE: Z-4L 8.625" Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: 12-28-12 AM 5:00
34726	4	14355	4			ARRIVED AT JOB	12-28-12 AM 10:00
38750	4	37725	4			START OPERATION	12-28-12 AM 10:5
19842	4	AP LOCATION/DEPT. Libecap		D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>		FINISH OPERATION	12-29-12 AM 9:00
27805	4	LEASE/WELL/FAC. Garden City V-4				RELEASED	12-29-12 AM 10:00
14284	4	MAXIMO / WSM #				MILES FROM STATION TO WELL	75
		TASK: D1-D2		ELEMENT: 3013			
		PROJECT # 11519DS		CAPEX / OPEX - Circle one			

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.

SPO/BA UN-SUPPORTED
PRINTED NAME: EARLY, JAMES
SIGNATURE: [Signature]

I certify that these Services/Materials have been received

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	345	13 02	4491 90
CL110	Premium Plus Cent	SK	245	11 41	2795 45
CC109	Calcium Chloride	lb	1437	74	1063 38
CC102	Cello Flake	lb	148	2 59	383 32
CC130	C-51	lb	65	17 50	1137 50
CC253	Guide Shoe - 8 5/8"	Rq	1		266 00
CF1453	Flapper Type Insert	ea	1		196 00
CF4405	Bow Type Centralizers	ea	15	101 50	1522 50
CF4556	Cement Basket 8 5/8"	ea	1		735 00
CF105	Top Rubber plug 8 5/8"	ea	1		157 50
CF4109	Stop Collar 8 5/8"	ea	1		70 00
CC111	Salt	SK	500	35	175 00
E101	Heavy Truck Mileage	Mi	225	4 90	1102 50
CE240	Blending & Mixing Cnrg	SK	590	98	578 20
E113	Bulk Oil Delivery Cnrg.	Tm	2,085	1 12	2335 20
CE202	Depth Change 1001'-2,000'	4hrs	1		1050 00
CE504	Plug Container Change	job	1		175 00
E100	Unit Mileage Pickups	Mi	75	2 98	223 50
S003	Service Supervisor	ea	1		122 50
SUB TOTAL					

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		18580.415

SERVICE REPRESENTATIVE: [Signature]	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO. _____

Cement Report

Customer Oxy USA		Lease No.		Date 12-28 12-29		
Lease Garden City "V"		Well # 4		Service Receipt 3352		
Casing 8.625	Depth 1833	County Finney		State KS		
Job Type 2442 Surface		Formation		Legal Description		
Pipe Data			Perforating Data		Cement Data	
Casing size 8.625	Tubing Size		Shots/Ft		Lead 345 @ 14.1 ppg	
Depth 1833	Depth					
Volume 114	Volume		From	To	Tail in 245 @ 14.8 ppg	
Max Press 2000	Max Press		From	To		
Well Connection 8.625	Annulus Vol.		From	To		
Plug Depth 1789.65	Packer Depth		From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
10:00am					Arrived on loc	
12:00pm					Safety Meeting	
12:20pm					Rig up Iron	
1:05	2000		.2	.2	Test lines	
1:08	100		147	5.0	Pumped Lead	
1:44	150		58.5	5.0	Pumped Tail	
1:45					Drop plug	
1:47	200		114	5	Displacement	
2:00	700			2	Land plug / check floats	
8:50	1500		.2	.2	Pressure Test CSG	
9:30					Rig down	
Service Units		34926	38750/19842	27808/14284	14555/37725	38111/
Driver Names		Rooper	Rubar	Ed B.	John L.	Victor

Customer Representative

Jerry Bennett
 Station Manager

Roger Yellowwolf
 Cementer



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 03353 A

DATE _____ TICKET NO. _____

DATE OF JOB 01-2-13	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" #4	WELL NO.							
ADDRESS	COUNTY Finney	STATE KS							
CITY	STATE	SERVICE CREW Ross, Ruben, Ed B.							
AUTHORIZED BY	JOB TYPE: 2.4L 5 1/2 Long string								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34722	4	30464	4				1-2-13	AM	5:00
		37724	4			ARRIVED AT JOB		AM	11:00
387502	4					START OPERATION	1-3-13	AM	12:40
19842	4					FINISH OPERATION		PM	2:15
						RELEASED		PM	3:00
						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: *Paul Smith*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CL104	50/50 POZ	Sack	295	7.70	2271.50	
CC113	Gypsum	lb	1240	53	657.20	
CC111	Salt	lb	1,812	35	634.20	
CC103	C-15	lb	149	8.75	1303.75	
CC105	C-41B	lb	62	2.80	173.60	
CC201	Gilsonite	lb	1425	47	693.25	
CF251	Guide Shoe 5 1/2"	ea	1		175.00	
CF1451	Trisent 5 1/2"	ea	1		150.50	
CF103	Top Rubber plug 5 1/2"	ea	1		73.50	
CF4105	Stop collar 5 1/2"	ea	1		58.80	
CF4452	Centraliner 5 1/2"	ea	25	52.50	1312.50	
CC155	Supr Plush	-	500	1.07	535.00	
CC114	Salt Supr Supr Supr Chg	-	1000	35	350.00	
E101	Heavy Truck Charge	mi	150	4.90	735.00	
CE240	Blending & Mixing Charge	SK	295	98	289.10	
E113	Bulk delivery Charge	Tn	930	1.12	1041.60	
CE206	Depth Charge; 5,00' - 6,000'	4hrs	1		2016.00	
CE504	Plug Container	Job	1		175.00	
E100	Unit Mileage Charge	mi	25	2.98	223.50	
					SUB TOTAL	12991.50

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT: Liberal SERVICE & EQUIPMENT: 202 LINON 202 %TAX ON \$
 LEASE/WELL/FAC: Garden City V4 MATERIALS: Garden City V4 %TAX ON \$
 MAXIMO / WSM # _____ TOTAL: 13,026.50
 TASK: 01-02 ELEMENT: 3023
 PROJECT #: 1151905 CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE: *Paul Yellow* THE ABOVE MATERIAL AND SERVICE: UNSUPPORTED
 ORDER PRINTED NAME AND RECEIVED BY: LEWTON
 SIGNATURE: *Paul Smith* WELL OWNER, OPERATOR, CONTRACTOR OR AGENT
 (Certify that these Services/Materials have been received)

FIELD SERVICE ORDER NO. _____



Cement Report

Customer Oxg USA		Lease No.		Date 1-3-13	
Lease Garden City 1st		Well # 4		Service Receipt 3353	
Casing 5 1/2"	Depth 5115.65	County Finney		State KS	
Job Type 2.42 Long String		Formation		Legal Description	
Pipe Data			Perforating Data		Cement Data
Casing size 5 1/2"	Tubing Size	Shots/Ft		Lead @ 13.5 ppg	
Depth 5115.65	Depth	From	To		
Volume 117.73	Volume	From	To	265	
Max Press 3,000	Max Press	From	To	1.88 y	
Well Connection 5.5"	Annulus Vol.	From	To	Tail in	
Plug Depth 5076.44	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00pm					Arrived on Loc
11:15pm					JS A meetings
11:30					Rig up Iron
12:38pm	2,000		.2	.2	Test lines 2000psi
12:40	50		5.73	2	Pumped Mouse Hole
12:48	100		10	5	Pumped Spacer
12:50	125		74.5	5.5	Pumped Cmt 265 slts @ 13.5
1:10	0		10	3	Shut down / wash pump & lines
1:15	150/260		117.73	6	drop plug / started displacement
1:38	1150			2	Landed plug
1:40	0				CK floats
1:43	1,500		.5	.2	Started Test
2:25	0				Rig down
3:00	0				OFF LOCATION
Service Units		34726	38750/19842	30464/37724	
Driver Names		Rosen	Ruber	Ed B.	

Jerry Bennett

Roger Yellowhole

Customer Representative

Station Manager

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 23, 2013

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

Re: ACO1
API 15-055-22176-00-00
GARDEN CITY V 4
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