



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1136351  
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: \_\_\_\_\_



1136351

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STRASSER A 2B
Doc ID	1136351

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STRASSER A 2B
Doc ID	1136351

Tops

Name	Top	Datum
HEEBNER	3837	
TORONTO	3854	
LANSING	3931	
KANSAS CITY	4246	
MARMATON	4396	
CHEROKEE	4526	
ATOKA	4627	
MORROW	4685	
ST. GENEVIEVE	4705	



**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 03478 A

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

DATE OF JOB 12/30/12	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 Strasser A 2B		WELL NO.				
ADDRESS		COUNTY Finney		STATE KS				
CITY		STATE		SERVICE CREW Chad, Royce, Victor, Juan G				
AUTHORIZED BY Tyce		JOB TYPE: Z42						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 12/29	TIME 11:00 AM
19888	6					ARRIVED AT JOB	12/30	2:00 PM
37223 37776	6					START OPERATION		4:22 AM
19827 19566	6					FINISH OPERATION		6:18 AM
30463 30547	6					RELEASED		7:00 AM
						MILES FROM STATION TO WELL		85

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 or 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		
CL110	Premium Plus	SK	245		
CC109	Calcium Chloride	Lb	1449		
CC102	Celloflake	Lb	149		
CC130	C-51	Lb	66		
ET24	2" Tee	EA	1		
CF253	Guide Shoe	EA	1		
CF1453	Float Valve	EA	1		
CF4405	Centralizer	EA	15		
CF4526	Basket	EA	1		
CF105	Top Plug	EA	1		
CF4109	Stop Collar	EA	1		
CF503	Derrick Charge	EA	1		
E101	Heavy Equip Mileage	Mi	255		
CE240	Blending + Mixing Charge	SK	595		
E113	Bulk Delivery	TM	2380		
CE202	Depth Charge 100L to 2000'	4hr	1		
CE404	Plug Container	Job	1		
T105	Cement Data	EA	1		

AP LOCATION/DEPT: L-10 Cap D02 NON ME  
 LEASE/WELL/FAC: Strasser A-2B  
 MAXIMO / WSM #: 8108  
 TASK: B108 ELEMENT 3029  
 PROJECT #: 1164881 CAPEX / OPEX - Circle one  
 SPO / BPA: UN SUPPORTED  
 PRINTED NAME: Phil D...  
 SIGNATURE: [Signature]  
certify that all services/materials have been received

CHEMICAL / ACID DATA:			

SUB TOTAL	19,816.62
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE: Chad Hine

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)





# Cement Report

Customer <b>Oxy USA</b>	Lease No.	Date <b>12/30/12</b>
Lease <b>Strasser A</b>	Well # <b>2B</b>	Service Receipt
Casing <b>4 5/8</b> Depth	County <b>Finney</b>	State <b>KS</b>
Job Type <b>Surface</b>	Formation	Legal Description <b>28-23-32</b>

Pipe Data		Perforating Data		Cement Data
Casing size <b>4 5/8</b>	Tubing Size	Shots/Ft		Lead <b>350 SX A-CON @ 12.1 #</b>
Depth <b>1824.78</b>	Depth	From	To	
Volume <b>113.25</b>	Volume	From	To	
Max Press <b>1500</b>	Max Press	From	To	Tail in <b>245 SX P.K. @ 14.8 #</b>
Well Connection <b>P.C.</b>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
02:00					on loc, spot trucks, R.O., safety net,
04:24	2400				Test Lines
04:27	320		0	5	start mixing @ 12.1 #
04:54	260		150	5	on tail @ 14.8 #
05:10	Ø		59	Ø	Finished Mixing Drop Plug
05:13	Ø		Ø	5	Start Disp, Washup
05:30	710		93	2.5	slow Rate, Pickle Truck
05:41	710-1340		113	Ø	Plug down
05:46	Ø				Release Psi, Float held
05:48	1510				Test Csg
06:18	Ø				Release Psi
					Job Complete.

Service Units	<b>19458</b>	<b>312233772</b>	<b>1862719566</b>	<b>3046337547</b>
Driver Names	<b>C. Hinz</b>	<b>R. Olds</b>	<b>V. Vasquez</b>	<b>J. Quick</b>

**Perry Bennett**  
Station Manager

**Chad Hinz**  
Cementer



**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 03180 A

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

DATE OF JOB <b>1-3-13</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>Strasser A #2B</b>		WELL NO.					
ADDRESS		COUNTY <b>Finney</b>	STATE <b>KS</b>					
CITY		SERVICE CREW <b>J. Grijalva, H. Ritanga</b>		JOB TYPE: <b>242- 5 1/2" Production</b>				
AUTHORIZED BY <b>J. Bennett</b>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<b>19902</b>	<b>8</b>						<b>1-3-13</b>	<b>4:00 PM</b>
<b>27462</b>	<b>8</b>					ARRIVED AT JOB		<b>10:00 AM</b>
<b>14355</b>	<b>4</b>					START OPERATION		<b>2:00 AM</b>
<b>37725</b>	<b>4</b>					FINISH OPERATION		<b>4:00 PM</b>
						RELEASED		<b>5:00 AM</b>
						MILES FROM STATION TO WELL	<b>85</b>	<b>mi</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
CC104	50/50 Poz	sk	230	7 70	1771 00
CC113	Gypsum	lb	470	52	504 40
CC111	Salt	lb	1417	35	495 95
CC103	C-15	lb	117	8 75	1023 75
CC105	C-41P	lb	49	2 80	137 20
CC201	Gilsonite	lb	1150	47	540 50
CF251	5/2" Shoe	ea	1		175 00
CF1451	Insert		1		150 50
CF4452	Turbolizer		25	52 50	1312 50
CF103	Plug		1		73 50
CF4105	Stop Collar		1		53 80
CC155	Super Push IT	gal	500	1 07	535 00
CC111	Salt	lb	500	35	175 00

AP LOCATION/DEPT. Libcap D02  NON D02

LEASE/WELL/FAC. Strasser A 2B

MAXIMO / WSM # \_\_\_\_\_

TASK 0102 ELEMENT 3023

PROJECT # 1164889 CAPEX / OPEX - Circle one

SPO / BPA \_\_\_\_\_ UNSUPPORTED

PRINTED NAME Gene Bilby

SIGNATURE: Gene Bilby

I certify that these Services/Materials have been received

SUB TOTAL **11921.45**

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE Paul Overa

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.







# Cement Report

Customer <b>OKU USA</b>	Lease No.	Date <b>1-3-13</b>
Lease <b>Stresser A</b>	Well # <b>2B</b>	Service Receipt <b>03180</b>
Casing <b>5 1/2" 17#</b>	Depth <b>5030'</b>	County <b>Finney</b>
Job Type <b>242-5 1/2" Production</b>	Formation	State <b>KS</b>
Legal Description <b>28-23-32</b>		

Pipe Data		Perforating Data		Cement Data
Casing size <b>5 1/2" 17#</b>	Tubing Size	Shots/Ft		Lead
Depth <b>5038'</b>	Depth	From	To	
Volume <b>Disp-116 bbl</b>	Volume	From	To	
Max Press <b>2500#</b>	Max Press	From	To	Tail in <b>230 sk</b> <b>50/50 Poz</b>
Well Connection <b>TD-5030'</b>	Annulus Vol.	From	To	
Plug Depth <b>55-44'</b>	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
10:00					on loc. - site assessment (running csg)
10:15					spot trucks - rig up
12:30					csg on btm break circ
1:00					safety meeting / ISA
1:40					pressure test 3000#
1:45	200		5	4	pump 5 bbl H <sub>2</sub> O spacer
1:46	200		12	4	pump 12 bbl superflush
1:49	200		5	4	pump 5 bbl H <sub>2</sub> O spacer
1:50	200		64.75	5	mix + pump 230 sk 50/50 Poz @ 3.5 ppg - 1.58 ft <sup>3</sup> /sk
2:05					wash lines
2:10	0		0	5	drop plug, disp csg
2:35	1000		105	2	slow rate
2:40	1500		116	0	land plug float held
2:45-3:15	2500#				psi test csg 2500# job complete

Service Units	<b>19902</b>	<b>27462</b>	<b>1435537125</b>
Driver Names	<b>A Olvera</b>	<b>J. Grijalva</b>	<b>H. Rutledge</b>

Gene Customer Representative     
 J Bennett Station Manager     
 A Olvera 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 15-055-22196-00-00  
STRASSER A 2B  
NE/4 Sec.28-23S-32W  
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