



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1138157  
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: \_\_\_\_\_



1138157

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](mailto: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

<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> <input type="checkbox"/> Other <i>(Specify)</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	GARDEN CITY H 11
Doc ID	1138157

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY H 11
Doc ID	1138157

Tops

Name	Top	Datum
HEEBNER	3770	
TORONTO	3785	
LANSING	3852	
KANSAS CITY	4205	
MARMATON	4321	
PAWNEE	4399	
CHEROKEE	4450	
ATOKA	4559	
MORROW	4638	
ST. GENEVIEVE	4727	
ST. LOUIS	4809	



**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 03227 A

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

DATE OF JOB 1-7-13	DISTRICT Liberal #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 "H"		WELL NO. 11						
ADDRESS		COUNTY Finney	STATE KS						
CITY	STATE	SERVICE CREW Kirby, Ed M, Santago, Juan L							
AUTHORIZED BY Tyler Davis		JOB TYPE: 8 5/8 Surface 2-4/2							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				21755	16	ARRIVED AT JOB	1-7-13	PM	0400
				38119-19919	13	START OPERATION		AM	2000
				30463-37547	13	FINISH OPERATION		AM	0030
				19827-19566	13	RELEASED		AM	0330
						MILES FROM STATION TO WELL		PM	0400

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 Can Blend	SK	350	13 95	4882 50
CL110	Premium Plus Cement	SK	245	12 23	2996 35
CC109	Calcium Chloride	LB	1449	79	1144 71
CC102	Celloflake	LB	149	2 78	414 22
CC130	C-51	LB	66	18 75	1237 50
CF253	Guide Shoe Regular	EA	1		285 00
CF1453	Flapper Type Insert Float Valve	EA	1		210 00
CF4405	Centralizers	EA	15	108 75	1631 25
CF4556	Canvas Basket	EA	1		787 50
CF105	Top Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00

SUB TOTAL 20,256.<sup>78</sup>

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. Liberal SERVICE & EQUIPMENT LIBERAL D020  
 LEASE/WELL/FAC Garden City MATERIALS 1-1  
 MAXIMO / WSM # \_\_\_\_\_ TOTAL \_\_\_\_\_  
 TASK 0102 ELEMENT 3023  
 PROJECT # 1162954 CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE <i>Kirby Kirby</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Graham Flego</i>	UNSUPPORTED <input type="checkbox"/>
FIELD SERVICE ORDER NO.	SIGNATURE: <i>[Signature]</i>	WELL OWNER OPERATOR CONTRACTOR OR AGENT I certify that these Services/Materials have been received





# Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>1-7-13</i>	
Lease <i>Garden City H</i>		Well # <i>11</i>		Service Receipt	
Casing		Depth		County <i>Finnery</i>	
Job Type <i>Surface</i>		Formation		State <i>KS</i>	
Legal Description		Formation		Legal Description	
Pipe Data			Perforating Data		
Casing size <i>8 7/8" 24#</i>	Tubing Size		Shots/Ft		Lead <i>350 sk A Con</i> <i>32 cc, 1/4# Poly,</i> <i>2% WCA-1</i>
Depth <i>1800 ft</i>	Depth		From	To	
Volume <i>111.68 BBL</i>	Volume		From	To	
Max Press	Max Press		From	To	
Well Connection	Annulus Vol.		From	To	
Plug Depth <i>1756.07 ft</i>	Packer Depth		From	To	Tail in <i>245 sk Premium Plus</i> <i>2% cc, 1/4# Poly</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	
<i>1800</i>					<i>On Location - Spot &amp; Rig up</i>
<i>2100</i>					<i>Casing on bottom - Break Circ.</i>
<i>0015</i>					<i>Safety Meeting</i>
<i>0024</i>		<i>2000</i>			<i>Pressure Test</i>
<i>0029</i>		<i>300</i>	<i>150</i>	<i>4</i>	<i>Mix 350 sk A Con @ 12.1 PPG</i>
<i>0124</i>		<i>200</i>	<i>58</i>	<i>4</i>	<i>Mix 245 sk Premium Plus @ 14.8 PPG</i>
<i>0144</i>					<i>Shut Down - Drop top plug</i>
<i>0147</i>		<i>100</i>	<i>0</i>	<i>5</i>	<i>Start Displacing</i>
<i>0224</i>		<i>500</i>	<i>102</i>	<i>2</i>	<i>Shut Down - Mix Salt</i>
<i>0245</i>		<i>500-1000</i>	<i>112</i>		<i>Bump plug</i>
<i>0250</i>		<i>1000-0</i>			<i>Release Pressure - Float Hold</i>
<i>0256</i>		<i>1500</i>			<i>Pressure test casing</i>
					<i>Release Pressure - Test good</i>
Service Units	<i>21755</i>	<i>38119/19919</i>	<i>30463/37547</i>	<i>19827/19566</i>	
Driver Names	<i>Kirby</i>	<i>Ed M</i>	<i>Santiago</i>	<i>Juan L</i>	

Customer Representative

*Jerry Bennett*  
Station Manager

*Kirby Harper*  
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 03482 A

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

DATE OF JOB	1/12/13	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 H 11	WELL NO.					
ADDRESS		COUNTY	Finney	STATE KU					
CITY		STATE		SERVICE CREW Royce, Gregorio, Chas					
AUTHORIZED BY	Todd	AP LOCATION/DEPT.		JOB TYPE: <input checked="" type="checkbox"/> D02 <input type="checkbox"/> NON D02					
EQUIPMENT#	HRS	LEASEWELL/FAC	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<del>102800</del> 74931	5	MAXIMO / WSM #			ELEMENT	3033	ARRIVED AT JOB	11:00	2:15
37223	5	TASK	0102				START OPERATION	5:08	
3463	5	PROJECT #	1162954	CAPEX / OPEX - Circle one			FINISH OPERATION	6:49	
		SPO / BPA		UNSUPPORTED <input type="checkbox"/>			RELEASED	7:30	
		PRINTED NAME	Mark A. Bonina				MILES FROM STATION TO WELL	75	
		SIGNATURE:	Mark A. Bonina						

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: Mark A. Bonina  
(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	245	8 25	2021 25
CC113	Gypsum	Lb	1030	56	576 80
CC111	Salt	Lb	2505	38	571 90
CC103	C-15	Lb	124	9 38	1163 12
CC105	C-41P	Lb	52	3 00	156 00
CC201	Gilsonite	Lb	1,226	50	613 00
CF251	Guide Sleeve	EA	1		175 00
CF1451	Flapper Float Valve	EA	1		150 50
CF103	Tip Plug	EA	1		73 50
CF4105	Stop Collar	EA	1		58 80
CF4452	Centralizer	EA	25	56 25	1312 50
CC155	Super Swell II	gal	500	1 15	575 00
CE101	Heavy Equip Mileage	Mi	150	5 25	787 50
CE240	Blending & Mixing Charge	SK	245	1 05	257 25
EL13	Bulk Delivery	TM	773	1 20	927 60
CE206	Depth Charge 5001 to 6000'	4hr	1		2160 00
CE504	Plug Container	300	1		187 50
EL100	Pickup Mileage	Mi	75	3 19	239 25
3003	Service Supervisor	EA			131 25

SUB TOTAL 13,056.67

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE	Chad Hinz	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY	Mark A. Bonina
FIELD SERVICE ORDER NO.		(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	







# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>1-12-13</i>
Lease <i>Burdien City H</i>	Well # <i>11</i>	Service Receipt
Casing <i>5 1/2</i>	Depth <i>5078</i>	County <i>Finney</i> State <i>KS</i>
Job Type	Formation	Legal Description <i>23-23-34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>245 sk 50/50 @ 13.5#</i>
Depth <i>5078.95</i>	Depth	From	To	<i>1.58 7.36</i>
Volume <i>116.85</i>	Volume	From	To	
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>02:15</i>					<i>on loc. spot tracks, R.U. Soften mts</i>
<i>05:05</i>	<i>3000</i>				<i>Test Lines</i>
<i>05:14</i>	<i>130</i>		<i>5</i>	<i>4</i>	<i>H2O</i>
<i>05:15</i>	<i>130</i>		<i>12</i>	<i>5</i>	<i>super flush</i>
<i>05:19</i>	<i>130</i>		<i>5</i>	<i>5</i>	<i>H2O</i>
<i>05:25</i>	<i>110</i>		<i>0</i>	<i>5</i>	<i>Start Mixing @ 13.5#</i>
<i>05:39</i>	<i>0</i>		<i>69</i>	<i>0</i>	<i>Finished Mix, Washup</i>
<i>05:44</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>start Disp</i>
<i>06:05</i>	<i>680</i>		<i>107</i>	<i>2</i>	<i>slow Rate Pickle TRUCK</i>
<i>06:10</i>	<i>950-1500</i>				<i>mix down</i>
<i>06:15</i>	<i>0</i>				<i>Release PB Float OK</i>
<i>06:19</i>	<i>2500</i>				<i>Release</i>
<i>06:49</i>	<i>0</i>				<i>Rel. PB</i>
					<i>Job Complete</i>

Service Units	<i>7493</i>	<i>7423 3992</i>	<i>30403 19553</i>
Driver Names	<i>Collins</i>	<i>Rolls</i>	<i>G. Sandoval</i>

*Graham/Mark* Customer Representative     
 *Jerry Bennett* Station Manager     
 *Chad Hinz* 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

May 06, 2013

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

Re: ACO1  
API 15-055-22191-00-00  
GARDEN CITY H 11  
SW/4 Sec.23-23S-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