



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1139719
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: _____



1139719

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:
 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ELLIOTT C 1B
Doc ID	1139719

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
MICROLOG
ANNULAR HOLE VOLUME PLOT
BOREHOLE COMPENSATED SONIC ARRAY
DUAL SPACED NEUTRON SPECTRAL DENSITY

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ELLIOTT C 1B
Doc ID	1139719

Tops

Name	Top	Datum
HEEBNER	4082	-1134
TORONTO	4099	-1151
LANSING	4172	-1224
KANSAS CITY	4622	-1674
MARMATON	4763	-1815
PAWNEE	4887	-1939
CHEROKEE	4939	-1991
ATOKA	5178	2230
MORROW	5230	-2282
CHESTER	5322	-2374
ST. GENEVIEVE	5493	-2545
ST. LOUIS	5586	-2638



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 03485 A

DATE _____ TICKET NO. _____

DATE OF JOB 1/16/13	DISTRICT	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 Elliot C	IB		WELL NO.					
ADDRESS	COUNTY Haskell	STATE KS							
CITY	STATE	SERVICE CREW Royce, Jancy, Santiago							
AUTHORIZED BY Tyce	JOB TYPE: 242 8518 Surface								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78939	7							AM	12:00
37223	37726					ARRIVED AT JOB		AM	2:00
14355	37725					START OPERATION		AM	6:40
19827	19566					FINISH OPERATION		AM	8:30
						RELEASED		AM	9:00
						MILES FROM STATION TO WELL	40		

AP LOCATION/DEPT. Lib-Cap D02 NON D02
LEASE/WELL/FAC. Elliot C-1B
MAXNO / WSN #
TASK 01-02 ELEMENT 3023
PROJECT # 1163370 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

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 the 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.

SIGNED: X M.A.
(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	13 95	4882 50
CL110	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	Lb	1449	79	1144 71
CC102	Celloflake	Lb	149	2 78	414 22
CC130	G-51	Lb	66	18 75	1237 50
CF253	Spide Shoe Reg.	EA	1		285 00
CF1453	Flapper Float Valve	EA	1		210 00
CF4405	Centralizer	EA	15	108 75	1631 25
CF4556	Basket	EA	1		787 50
CF105	Top Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equip Mileage	Mi	120	5 25	630 00
CE240	Blending & Mixing Charge	SK	595	1 05	624 75
E113	Bulk Delivery	Tm	1,120	1 20	1344 00
CE202	Depth Charge 1001 to 2000	4hr	1		1125 00
CE504	Plug Container	Job	1		187 50
E100	Pickup Mileage	Mi	40	3 19	127 60
5003	Service Supervisor	EA	1		131 25
T105	Cement Data	EA	1		412 50

SUB TOTAL 18865.38

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

M.A.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Cement Report

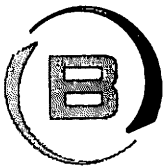
Customer <i>Oxy USA</i>	Lease No.	Date <i>1-16-13</i>
Lease <i>ELLIOT C</i>	Well # <i>13</i>	Service Receipt
Casing <i>4 5/8</i>	Depth <i>1927</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>Surface</i>	Formation	Legal Description

Pipe Data		Perforating Data		Cement Data
Casing size <i>4 5/8</i>	Tubing Size	Shots/Ft		Lead <i>350 SK A-Com</i>
Depth <i>1932.79</i>	Depth	From	To	<i>@12.1#</i>
Volume <i>113.76</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>045 SK P.F.</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	<i>@14.8#</i>
Plug Depth	Packer Depth	From	To	<i>1.34 6.33</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>14:00</i>					<i>on loc, spot trucks, R.O., Safety mtg.</i>
<i>14:40</i>	<i>2000</i>				<i>Test Lines</i>
<i>14:43</i>	<i>320</i>		<i>0</i>	<i>5</i>	<i>start mixing @ 12.1#</i>
<i>19:12</i>	<i>310</i>		<i>150</i>	<i>5</i>	<i>on tail @ 14.8#</i>
<i>19:30</i>	<i>∅</i>		<i>54.5</i>		<i>Finished mixing, Drop Plug</i>
<i>19:35</i>	<i>∅</i>		<i>∅</i>	<i>5</i>	<i>start Dipper, Washup</i>
<i>19:54</i>	<i>760</i>		<i>103</i>	<i>2</i>	<i>Slow Rate</i>
<i>20:04</i>	<i>1340</i>		<i>114</i>	<i>∅</i>	<i>Plug down</i>
<i>20:09</i>	<i>∅</i>				<i>Release Psi, Float held</i>
<i>20:10</i>	<i>1500</i>				<i>Test Csg</i>
<i>20:40</i>	<i>∅</i>				<i>Release Psi</i>
					<i>Job Complete.</i>

Service Units	<i>74939</i>	<i>37223 37726</i>	<i>19427 19566</i>	<i>14355 37725</i>
Driver Names	<i>CHINEZ</i>	<i>Rocks</i>	<i>S. Chavez</i>	<i>J. Garcia</i>

Cal Wulie Customer Representative *Jerry Bennett* Station Manager *Chavez* Cementer



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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 02922 A


DATE _____ TICKET NO. _____

DATE OF JOB 1-21-13	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 Elliot "C" 1B		WELL NO.				
ADDRESS		COUNTY Haskell		STATE KS			
CITY		STATE		SERVICE CREW J. Chavez, Eddie, Hecker R			
AUTHORIZED BY Tony Bennett TD		JOB TYPE: 742 5 1/2 Log String					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 1-20-13 AM 7:00 PM
78938	8	70897 -	8	30463 -	8	ARRIVED AT JOB	1-20-13 AM 10:00 PM
		19570 -	1	37547	1	START OPERATION	1-21-13 AM 1:00 PM
						FINISH OPERATION	1-21-13 AM 3:00 PM
						RELEASED	1-21-13 AM 3:45 PM
						MILES FROM STATION TO WELL	40

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.	AP LOCATION/DEPT.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50-50	5020 / WSM #	SK	315	8 25	2598 75
CC113	Gydsun	TASK 0102 ELEMENT 3023	16	1325	56	742 00
CC111	Salt	PROJECT # 1163370 CAPEX / OPEX - Circle	16	2936	38	1115 68
CC103	C-15	SPO / BPA UNSUPPORTED	16	159	9 38	1491 42
CC105	C-41P	PRINTED NAME TYLER ANDERSON	16	67	3 00	201 00
CC201	Gilsonite	SIGNATURE: 	16	1577	50	788 50
CF251	Guide Shoe		CA	1		187 50
CF1451	Insert Flat Valve		CA	1		161 25
CF103	Rubber Plug		CA	1		78 75
CF4105	Stop Collar		CA	1		63 00
CF4452	Centralizer 5/2		CA	25	56 25	1406 25
CC155	Super Flush 11		gal	500	1 15	575 00
E101	Heavy Equipment Mileage		mi	80	5 25	420 00
CE240	Blend & Mix Charge		SK	315	1 05	330 75
E113	Bulk Delivery Charge		ton	530	1 20	636 00
CE206	Depth Charge		4hrs	1		216 00
CE504	Plus Contage Charge		job	1		187 50
E100	1/2 Day Mileage		mi	40	3 19	127 60
S003	Service Supervisor		CA	1		131 25

SUB TOTAL **13814 70**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE 	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Cement Report

Customer <i>OKY USA</i>		Lease No.		Date <i>1-20-13</i>	
Lease <i>Elliot "C"</i>		Well # <i>1B</i>		Service Receipt <i>02922</i>	
Casing <i>5/2</i>	Depth <i>5811</i>	County <i>Maskell</i>		State <i>KS</i>	
Job Type <i>242 Log Sky</i>		Formation		Legal Description <i>28-29-13</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>5/2 17#</i>		Tubing Size		Lead	
Depth <i>5811</i>		Depth <i>55 43'</i>			
Volume <i>135615</i>		Volume		Tail in 3/55/12.50-50	
Max Press <i>2500</i>		Max Press			
Well Connection <i>5/2</i>		Annulus Vol.		<i>1.58 FT3 POZ</i>	
Plug Depth <i>5765</i>		Packer Depth			
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2200</i>					<i>Arrive On location</i>
<i>2230</i>					<i>Safety Mech - Put Up</i>
<i>2200</i>					<i>Put Pump Casing</i>
<i>1230</i>					<i>Circulate / Put</i>
<i>115</i>					<i>Hook up To BES</i>
<i>120</i>	<i>3000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>125</i>	<i>420</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>130</i>	<i>400</i>		<i>12</i>	<i>5.0</i>	<i>Pump Super Flush II</i>
<i>135</i>	<i>375</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>140</i>	<i>250</i>		<i>43</i>	<i>5.0</i>	<i>Pump cement @ 13.5#</i>
<i>155</i>					<i>Wash Drop - Plug</i>
<i>200</i>	<i>400</i>		<i>124</i>	<i>6.0</i>	<i>Displace</i>
<i>225</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>230</i>	<i>1500</i>		<i>15</i>	<i>1.1</i>	<i>Land Plug - Float Held</i>
<i>300</i>	<i>2500</i>				<i>TEST Casing - OK</i>
					<i>Plug Above Hole</i>
					<i>Job Complete</i>
Service Units <i>78938</i>		<i>70897-19570</i>	<i>30463-37547</i>		
Driver Names <i>J. Chmoe</i>		<i>Eddre</i>	<i>Hector N</i>		

Cal
Customer Representative

Tony Bennett
Station Manager

Samuel Chmoe
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 15, 2013

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

Re: ACO1
API 15-081-22003-00-00
ELLIOTT C 1B
SE/4 Sec.28-29S-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