



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1141167
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: _____



1141167

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	DEVORE D 1
Doc ID	1141167

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DEVORE D 1
Doc ID	1141167

Tops

Name	Top	Datum
HEEBNER	3992	
TORONTO	4008	
LANSING	4079	
KANSAS CITY	4315	
MARMATON	4615	
PAWNEE	4703	
CHEROKEE	4762	
ATOKA	4984	
MORROW	5037	
CHESTER	5104	
ST. GENEVIEVE	5159	
ST. LOUIS	5214	



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 03202 A

DATE _____ TICKET NO. _____

DATE OF JOB: 1-24-13	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: Finney Devote "D" #1						WELL NO.:
ADDRESS:		COUNTY: Finney			STATE: KS			
CITY:		SERVICE CREW: J. Chavez, Eddie, Victor, Sutfy, Abel						
AUTHORIZED BY: Tony Tefft JRB		JOB TYPE: 242 8 1/4 Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM- TIME
78938	12	27462	6	19827	10		1-24-13	400
				19566	1	ARRIVED AT JOB	1-24-13	800
						START OPERATION	1-24-13	930
70997	10	27808	10			FINISH OPERATION	1-24-13	500
19570	1	14284	1			RELEASED	1-24-13	600
						MILES FROM STATION TO WELL	50	

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: D. Anne Bilby
(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	Perm Plus	SK	245	12.23	2996.35
CC109	Carbon Chemical	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	EA	1		285.00
CF1453	Insert Expander	EA	1		210.00
CF4405	Centralizer	EA	15	18.75	1631.25
CF4556	Cont Basket	EA	1		787.50
CF105	Rubber Plug	EA	1		168.75
CF4109	Stop Collar	EA	1		75.00
E101	Heavy Equipment Mileage	mi	150	5.25	787.50
CE240	Blending & Mix Change	SK	595	1.05	624.75
E113	Build Delivery Charge	tm	1400	1.20	1680.00
CE202	Depth Charge	4hrs	1		1125.00
CE504	Plus Container Charge	job	1		187.50
E100	Pickup Mileage	mi	50	3.19	95.70
8003	Service Supervisor	EA	1		131.25

SUB TOTAL 18464.48

SERVICE & EQUIPMENT Big Time - 5200.00
MATERIALS %TAX ON \$

TOTAL 13264.48

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: James Chavez

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: D. Anne Bilby
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>1-24-13</i>
Lease <i>Devote 'D'</i>	Well # <i>1</i>	Service Receipt <i>3202</i>
Casing <i>8 5/8</i>	Depth <i>1912</i>	County <i>Finney</i>
Job Type <i>242</i>	Formation	State <i>KS</i>
		Legal Description <i>27-26-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>350SK A-Cur</i>
Depth <i>1808</i>	Depth	From	To	<i>2457 SK</i>
Volume <i>112 b15</i>	Volume	From	To	<i>14.6 cu SK 12.1#</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>2455K Class C</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT SK</i>
Plug Depth <i>1764</i>	Packer Depth	From	To	<i>6.36 cu SK 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>800</i>					<i>Arrive On Location</i>
<i>830</i>					<i>Safety Meet - Mix Up</i>
<i>1000</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1010</i>	<i>300</i>		<i>127</i>	<i>5.0</i>	<i>Pump Lead out @ 12.1#</i>
<i>1100</i>					<i>Truck Went Down</i>
					<i>Circulate cement out</i>
<i>1355</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1400</i>	<i>400</i>		<i>150</i>	<i>4.0</i>	<i>Pump Lead out @ 12.1#</i>
<i>1445</i>	<i>300</i>		<i>58</i>	<i>5.0</i>	<i>Pump Tail out @ 14.8#</i>
<i>1505</i>					<i>Drop - Plus - Wash Up</i>
<i>1510</i>	<i>700</i>		<i>102</i>	<i>5.5</i>	<i>Displace</i>
<i>1540</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>1545</i>	<i>1500</i>				<i>Lead Plus - Float Held</i>
<i>1615</i>	<i>1500</i>				<i>TEST Casing - OK</i>
					<i>Cement To Surface</i>
					<i>Thanks For Using Basic Energy Services</i>

Service Units	<i>78938</i>	<i>70897-14570</i>	<i>27808-14284</i>	<i>19827-19564</i>	<i>27462</i>
Driver Names	<i>D. Omu</i>	<i>Eddie</i>	<i>Satya</i>	<i>Victor</i>	<i>Abel</i>

Gene
Customer Representative

Tony Bennett
Station Manager

Fredy Chavez
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 03251 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-29-13 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 Devote D #1 WELL NO.			
ADDRESS				COUNTY Firney STATE KS			
CITY STATE				SERVICE CREW J. Chavez, Eddie, Hector R			
AUTHORIZED BY Jerry Bent				JOB TYPE: 242 9 5 1/2 Log String			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 1-29-13 AM-PM 100
78938	9	70897	9	14355	9	ARRIVED AT JOB	1-29-13 AM-PM 400
		19570	1	37725	1	START OPERATION	1-29-13 AM-PM 1045
						FINISH OPERATION	1-29-13 AM-PM 1230
						RELEASED	1-29-13 AM-PM 115
						MILES FROM STATION TO WELL	50

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: *Jerry Bent*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50-50 Loz AP LOCATION/DEPT. <u>Libcap7</u> D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>	SLK	325	8 25	2681 25
CC113	Gypsum LEASEWELL/FAC <u>Devote D1</u>	16	1365	56	764 40
CC111	Salt MAXIMO / WSM # <u>300376</u>	16	1994	37	737 78
CC103	C-15 TASK <u>0102</u> ELEMENT	16	164	9 37	1536 68
CC105	C-41P PROJECT # <u>1164401</u> CAPEX / OPEX - Circle One	16	69	3 00	207 00
CC201	Gilsonite SPO / BPA <u>UNSUPPORTED</u> <input type="checkbox"/>	16	1625	50	812 50
CF251	Guide Shoe PRINTED NAME <u>Gary Bentley</u>	EA	1		187 50
CF1451	Insert Flange SIGNATURE: <u>Jerry Bent</u>	EA	1		161 25
CF103	Rubber Plug I certify that these Services/Materials have been requested	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizer 5/2	G	25	56 25	1406 25
CC165	Stop loss Polymer	Eol	420	4 50	1890 00
CC166	Stop loss LCM	16	150	3 94	591 00
CC111	Salt	16	1000	37	370 00
E101	Heavy Equipment Mileage	mi	100	5 25	525 00
CE240	Blending & Mixing Charge	SLK	325	1 05	341 25
E113	Bulk Delivery Charge	Tm	683	1 20	819 60
CE206	Depth Charge	4hrs	1		2160 00
CE504	Plus Container Charge	job	1		187 50
SUB TOTAL					17386 46

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u><i>Jerry Chavez</i></u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u><i>Jerry Bentley</i></u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO. _____	

Cement Report

Customer <i>Okla USA</i>	Lease No.	Date <i>1-29-13</i>
Lease <i>Devore "D"</i>	Well # <i>1</i>	Service Receipt <i>3251</i>
Casing <i>5 1/2</i>	Depth <i>5400</i>	County <i>Finney</i>
Job Type <i>242 Long String</i>	Formation	State <i>KS</i>
		Legal Description <i>27-26-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>	Tubing Size	Shots/Ft		Lead
Depth <i>5410</i>	Depth <i>35 35'</i>	From	To	
Volume <i>124615</i>	Volume	From	To	
Max Press <i>2500</i>	Max Press	From	To	Tail in <i>325SK-50-50</i> <i>1.58473-SK POZ</i>
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	
Plug Depth <i>5375</i>	Packer Depth	From	To	<i>7.3661-SK 13.5#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>400</i>					<i>Arrive On location</i>
<i>430</i>					<i>Safety Meets - Rig Up</i>
<i>400</i>					<i>Rig Pumping Casing</i>
<i>945</i>					<i>Circulate w/Rig</i>
<i>1030</i>					<i>Hook up To BES</i>
<i>1035</i>	<i>3000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1040</i>	<i>450</i>		<i>10</i>	<i>4.0</i>	<i>Pump Stop loss Polymer</i>
<i>1045</i>	<i>400</i>		<i>92</i>	<i>4.0</i>	<i>Pump out @ 13.5#</i>
<i>1115</i>					<i>Drop Plug - Wash Up</i>
<i>1120</i>	<i>400</i>		<i>114</i>	<i>5.5</i>	<i>Displace</i>
<i>1140</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>1145</i>	<i>1500</i>				<i>Land Plug - Float Held</i>
<i>1215</i>	<i>2500</i>		<i>11</i>	<i>1.8</i>	<i>Test Casing - OK</i>
					<i>Job Complete</i>
<i>Thanks For Using Basic Energy Services</i>					

Service Units	<i>78938</i>	<i>70897-19570</i>	<i>14355-37725</i>		
Driver Names	<i>J. Chavez</i>	<i>Eddie</i>	<i>Heider</i>		

Gene

Customer Representative

Tony Bennett

Station Manager

Ignacio Chavez

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 22, 2013

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

Re: ACO1
API 15-055-22194-00-00
DEVORE D 1
NW/4 Sec.27-26S-33W
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