



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1141199
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: _____



1141199

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	BIRNEY TRUST B 2
Doc ID	1141199

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	BIRNEY TRUST B 2
Doc ID	1141199

Tops

Name	Top	Datum
HEEBNER	4095	
TORONTO	4124	
LANSING	4177	
KANSAS CITY	4615	
MARMATON	4772	
PAWNEE	4877	
CHEROKEE	4931	
ATOKA	5159	
MORROW	5239	
CHESTER	5353	
ST. GENEVIEVE	5482	



1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 03195 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-25-13	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 Birney Trust B#2					WELL NO.		
ADDRESS		COUNTY Haskell			STATE KS				
CITY		STATE		SERVICE CREW R. Yellowolf, E. Beruman, J Lopez					
AUTHORIZED BY J Bennett		JOB TYPE: 242-8584 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
34706	8						1-21-13	AM	11:00
27462	8					ARRIVED AT JOB		AM	1:00
27808	2					START OPERATION		AM	4:00
14284	6					FINISH OPERATION		AM	6:00
3046	2					RELEASED		AM	7:00
37725	6					MILES FROM STATION TO WELL		PM	35 mi

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-Con	SK	350	13.95	4882.50
CL110	Premium Plus	SK	245	12.23	2996.35
CL109	Calcium Chloride	lb	1448	.79	1144.71
CL102	Cellulose	lb	149	2.78	414.22
CL130	C-51	lb	66	18.75	1237.50
CF253	85/8" Regular Guide Shoe	ea	1		285.00
CF453	Insert		1		210.00
CF4405	Centralizer		15	108.75	1631.25
CF4556	Basket		1		787.50
CF105	Top Rubber Plug		1		168.75
CF4109	Stop Collar		1		75.00
E101	Heavy Equipment Mileage	mi	105	5.25	551.25
CE240	Blending + Mixing Service	SK	595	1.05	624.75
E113	Proppant Bulk Delivery	ton	980	1.20	1176.00
CE202	Pump Dpth: 1001-2000'	4hr	1		1125.00
CE504	Plus Container	cu	1		187.50
E100	Unit Mileage	mi	35	3.19	111.65
5003	Service Supervisor	ea	1		131.25
CE503	High Head	ea	1		225.00
SUB TOTAL					17965.18

CHEMICAL / ACID DATA:			

AP LOCATION: Libecap
 SERVICE & EQUIPMENT: BORAX NON D02
 LEASE/WATER: Birney Trust B-2 TAX ON \$ _____
 MAXIMO / WSM # _____ TOTAL _____
 TASK: DL-D2 ELEMENT: 3023
 PROJECT #: 1145958 CAPEX / OPEX - Circle one
 SPO / BPA _____ UNSUPPORTED

SERVICE REPRESENTATIVE: And Owen

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 <u>Oxy USA</u>		Lease No.		Date <u>1-25-13</u>	
Lease <u>Bionly Trust B</u>		Well # <u>2</u>		Service Receipt <u>03195</u>	
Casing Depth		County <u>Haskell</u>		State <u>KS</u>	
Job Type <u>242-8 5/8" Surface</u>		Formation		Legal Description <u>24-29-33</u>	
Pipe Data			Perforating Data		Cement Data
Casing size <u>8 5/8" 24#</u>	Tubing Size		Shots/Ft		Lead <u>350 sk</u> A-Cen- <u>3% CC, 1/4" PF</u> , <u>.2% WCA-1</u> Tail in <u>245 sk</u> Class C <u>1/2" CC</u> , <u>1/4" PF</u>
Depth <u>1845'</u>	Depth		From	To	
Volume <u>Disp-114.7 bbl</u>	Volume		From	To	
Max Press <u>1500#</u>	Max Press		From	To	
Well Connection <u>TD-1837'</u>	Annulus Vol.		From	To	
Plug Depth <u>55-44'</u>	Packer Depth		From	To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>1:00</u>					<u>on loc-site assessment (running csq)</u>
<u>1:15</u>					<u>spot trucks - rig up</u>
<u>3:00</u>					<u>CSQ on botm break circ</u>
<u>4:00</u>					<u>safety meeting / JSA</u>
<u>4:30</u>					<u>pressure test 2000#</u>
<u>4:35</u>	<u>200</u>		<u>149.6</u>	<u>5</u>	<u>mix & pump lead cmt 350 sk</u>
<u>5:05</u>	<u>100</u>		<u>58.5</u>	<u>5</u>	<u>A-Cen-24# 173sk @ 12.1 ppq</u>
<u>5:20</u>	<u>0</u>		<u>0</u>	<u>5</u>	<u>switch to tail cmt 245 sk</u>
<u>5:40</u>	<u>600</u>		<u>105</u>	<u>2</u>	<u>Premium Plus @ 14.8 ppq - 1.34 A-340</u>
<u>5:45</u>	<u>1100</u>		<u>115</u>	<u>0</u>	<u>drop plug, disp csq</u>
<u>6:00</u>	<u>1500</u>				<u>slow rate lost 10 bbl of disp</u>
<u>6:30</u>					<u>land plug, float held</u>
					<u>CSQ test 1500# for 30 min - ok</u>
					<u>job complete</u>
					<u>circ cmt to surface</u>
Service Units		<u>34726</u>	<u>27462</u>	<u>27808-14284</u>	<u>3046-3725</u>
Driver Names		<u>A Owen</u>	<u>R Yellowold</u>	<u>B Braman</u>	<u>J Lopez</u>

Earley
Customer Representative

J Bennett
Station Manager

A Owen
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 15-081-22008-00-00
BIRNEY TRUST B 2
SW/4 Sec.24-29S-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