



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1144499
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: _____



1144499

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 4
Doc ID	1144499

Tops

Name	Top	Datum
HEEBNER	3771	
TORONTO	3784	
LANSING	3819	
KANSAS CITY	4210	
MARMATON	4328	
PAWNEE	4413	
CHEROKEE	4458	
ATOKA	4590	
MORROW	4677	
ST. GENEVIEVE	4797	
ST. LOUIS	4838	



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 03204 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-3-13 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 Hylbom "A" #4 WELL NO.							
ADDRESS		COUNTY Finney STATE KS							
CITY STATE		SERVICE CREW J. Chavez, Victor, Juan L, Hector R							
AUTHORIZED BY Tony Beatt JRB		JOB TYPE: 242 8 3/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78938	9	30463	9	14355	9	ARRIVED AT JOB	2-2-13	AM	600
		37547	1	37725	1	START OPERATION	2-3-13	AM	830
70897	9					FINISH OPERATION	2-3-13	AM	1200
19570	1					RELEASED	2-3-13	AM	200
						MILES FROM STATION TO WELL	75		

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 Blend	SK	350	13 95	4882 50
CL110	Prem 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	660	18 75	1237 50
CF 253	Guide Shoe	EA	1		285 00
CF 403	Insert Float Valve	EA	1		210 00
CF 4405	Centralizer 8 3/8	EA	15	108 75	1631 25
CF 4556	Cat Basket 8 3/8	EA	1		787 50
CF 105	Rubber Plug	EA	1		168 75
CF 4109	Stop Collar	EA	1		75 00
CF 3000	IR Thread Lock	CA	12	25 50	306 00
CC 1465	Stoploss Polymer	SK	420	4 50	1890 00
CC 1466	Stoploss LCM	lb	160	3 94	630 40
E101	Heavy Equipment Mileage	mi	225	5 25	1181 25
CC240	Blending & Mixing Charge	SK	595	1 05	624 75
E113	Bulk Delivery Charge	tm	2100	1 20	2520 00
CC202	Depth Charge	4hrs	1		1125 00
CC504	Plug Container Charge	EA	1		187 50
SUB TOTAL					23308 18

CHEMICAL / ACID DATA:			

AP LOCAL SERVICE EQUIPMENT **Libco** **0020**
LEASE/WELL PAID **Hylbom A4** %TAX ON \$

MAXIMO / WSM # _____ TOTAL
TASK **6102** ELEMENT **3023**

PROJECT # **1165207** CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED
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 <i>Oxy USA</i>			Lease No.			Date <i>2-2-13</i>		
Lease <i>Hylbom "A"</i>			Well # <i>4</i>			Service Receipt <i>3204</i>		
Casing <i>8 5/8</i>		Depth <i>1807</i>		County <i>Finney</i>		State <i>KS</i>		
Job Type <i>2 1/2 Surface</i>			Formation			Legal Description <i>30-23-34</i>		
Pipe Data				Perforating Data				Cement Data
Casing size <i>8 5/8 24#</i>		Tubing Size		Shots/Ft				Lead <i>350 SK A-Con</i>
Depth <i>1815</i>		Depth <i>41455</i>		From		To		<i>2.4 FT 2 SK</i>
Volume <i>112615</i>		Volume		From		To		<i>14.6 d SK 12.1#</i>
Max Press <i>1500</i>		Max Press		From		To		Tail in <i>245 SK Class L</i>
Well Connection <i>8 5/8</i>		Annulus Vol.		From		To		<i>1.34 FT 2 SK</i>
Plug Depth <i>1771</i>		Packer Depth		From		To		<i>6.36 d SK 14.8#</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log			
<i>2030</i>					<i>Arrive On Location</i>			
<i>2100</i>					<i>Safety Meeting - Rig Up</i>			
<i>2031</i>					<i>Rig Pump Casing</i>			
<i>1200</i>					<i>Circulate w/ Rig</i>			
<i>1220</i>	<i>200</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>			
<i>1225</i>	<i>400</i>		<i>10</i>	<i>4.0</i>	<i>Pump Stop Loss Polymer</i>			
<i>1230</i>	<i>300</i>		<i>149</i>	<i>5.5</i>	<i>Pump Lead amt @ 12.1#</i>			
<i>100</i>	<i>200</i>		<i>58</i>	<i>5.0</i>	<i>Pump Tail amt @ 14.8#</i>			
<i>115</i>					<i>Drop Plug - Wash Up</i>			
<i>120</i>	<i>350</i>		<i>102</i>	<i>5.5</i>	<i>Displace</i>			
<i>140</i>	<i>800</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>			
<i>145</i>	<i>1300</i>		<i>.1</i>	<i>.1</i>	<i>Land Plug - Float Held</i>			
<i>200</i>	<i>1500</i>		<i>1.0</i>	<i>.1</i>	<i>TEST Casing - OK</i>			
					<i>Cement To Surface</i>			
					<i>Job Complete</i>			
<i>Thanks For Using Basic Energy Services</i>								
Service Units		<i>78938</i>	<i>7897-19570</i>	<i>30463-37547</i>	<i>14355-37725</i>			
Driver Names		<i>J. Ommuz</i>	<i>Victor</i>	<i>John L</i>	<i>Hector R</i>			

Gov
Customer Representative

Sen Beth
Station Manager

Jim Ommuz
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 03210 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-7-13 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 Hylbom "A" #4 WELL NO.							
ADDRESS		COUNTY Finney STATE KS							
CITY STATE		SERVICE CREW J. Chavez, Ruben, Santiago							
AUTHORIZED BY Scott Reed		JOB TYPE: 242, 5 1/2 Log String							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78438	8	70897	- 8	30463	- 8	ARRIVED AT JOB	2-7-13	AM	-300
		19570	- 1	37543	1	START OPERATION	2-7-13	AM	-415
						FINISH OPERATION	2-7-13	AM	-630
						RELEASED	2-7-13	AM	-700
						MILES FROM STATION TO WELL 75			

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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50-50 P02	sk	260	8 25	2145 00
CC113	Gypsum	lb	1095	56	613 20
CC111	Salt	lb	1600	37	592 00
CC103	C-15	lb	132	9 37	1236 84
CC105	C-41P	lb	55	3 00	165 00
CC201	Gilsonite	lb	1302	50	651 00
CF251	Guide Star	EA	1		187 50
CF151	Insert Float Valve	EA	1		161 25
CF103	Rubber Plug	EA	1		78 75
CF405	Stop Colbor 5 1/2	EA	1		63 00
CU155	Sump Flush	gal	500	1 15	575 00
E101	Heavy Equip. mat Mileage	mi	150	5 25	787 50
CE240	Blending & Mixing Charge	sk	260	1 05	273 00
E113	Bulk Packing Charge	tm	821	1 20	985 20
CE206	Denta Charge	4hrs	1		2160 00
CE504	Atlas Centage Charge	job	1		187 50
E100	Pickup Mileage	mi	75	3 19	239 25
S003	Service Supervisor	EA	1		131 25
CE503	Derrick Charge	EA	1		225 00
				SUB TOTAL	12963 49

CHEMICAL / ACID DATA:			

AP LOCATION/PERT Libcap D02/EINON D02/E
 SERVICE & EQUIPMENT STATION \$
 LEASE/WELL/EAC Hylbom "A" %TAX ON \$
 MATERIALS
 MAXIMO / WSM #
 TASK 0102 ELEMENT 3023 TOTAL
 PROJECT # 1165207 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 THE SIGNATURE AND SERVICE George Flagg
 ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
 SIGNATURE: [Signature]
I certify that I am the owner, operator, or contractor or agent

SERVICE REPRESENTATIVE [Signature]

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>2-7-15</i>	
Lease <i>Hylbom "A"</i>		Well # <i>4</i>		Service Receipt <i>03210</i>	
Casing <i>5 1/2</i>	Depth <i>5100</i>	County <i>Finney</i>		State <i>KS</i>	
Job Type <i>242</i>		Formation		Legal Description <i>30-23-34</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>		Tubing Size		Shots/Ft	
Depth <i>5110</i>		Depth <i>5542</i>		From	To
Volume <i>117.5 bbls</i>		Volume		From	To
Max Press <i>2500</i>		Max Press		From	To
Well Connection <i>5/2</i>		Annulus Vol.		From	To
Plug Depth <i>5068'</i>		Packer Depth		From	To
Tail in <i>260 slk 5050</i>					
				<i>1.58 FF 7-516 PDZ</i>	
				<i>7.366 slk 13.5#</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1530</i>					<i>Arrive On Location</i>
<i>1600</i>					<i>Safety Meeting - Mis Up</i>
<i>1600</i>					<i>Dis Normy Casing</i>
<i>1650</i>					<i>Circulate w/ Mis</i>
<i>1655</i>					<i>Hook up To P&S</i>
<i>1700</i>	<i>2000</i>		<i>10</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1715</i>	<i>500</i>		<i>5</i>	<i>4.6</i>	<i>Pump Water Spacer</i>
<i>1720</i>	<i>400</i>		<i>10</i>	<i>4.0</i>	<i>Pump Super Flush</i>
<i>1725</i>	<i>350</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>1730</i>	<i>250</i>		<i>73</i>	<i>5.0</i>	<i>Pump cement @ 13.5#</i>
<i>1745</i>					<i>Pump Plug - Wash Up</i>
<i>1750</i>	<i>400</i>		<i>108</i>	<i>4.0</i>	<i>Displace</i>
<i>1810</i>	<i>1000</i>		<i>10.1</i>	<i>2.1</i>	<i>Slow Down</i>
<i>1815</i>	<i>1500</i>		<i>.5</i>		<i>Hard Plug - Float Held</i>
<i>1915</i>					<i>Job Complete</i>
<i>Thanks For Using BASIC Energy Services</i>					
Service Units	<i>78934</i>	<i>70857-19170</i>	<i>30463-37543</i>		
Driver Names	<i>J. Chavez</i>	<i>Ruben</i>	<i>Santiago</i>		

Mark
Customer Representative

Benj. Brett
Station Manager

J. Smallwood
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 30, 2013

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

Re: ACO1
API 15-055-22198-00-00
HYLBOM A 4
SW/4 Sec.30-23S-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