



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1144940  
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: \_\_\_\_\_



1144940

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

<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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ENTERPRISES A 2
Doc ID	1144940

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ENTERPRISES A 2
Doc ID	1144940

Tops

Name	Top	Datum
CHASE	2815	
COUNCIL GROVE	3128	
HEEBNER	4138	
LANSING	4200	
KANSAS CITY	4669	
MARMATON	4831	
CHEROKEE	5011	
ATOKA	5153	
MORROW	5307	



**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 03301 A

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

DATE OF JOB 2-4-13	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 Org USA	LEASE Enterprises A #2	WELL NO.						
ADDRESS	COUNTY Maskell	STATE KS						
CITY	STATE	SERVICE CREW J Grijalva, J Lopez, V Vasquez						
AUTHORIZED BY J Bennett	JRB	JOB TYPE: 242-858 Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 2-4-13	TIME 5:00 PM
34726	8					ARRIVED AT JOB		8:00 PM
27462	8					START OPERATION		2:00 AM
33021	2					FINISH OPERATION		4:00 AM
37724	6					RELEASED		5:00 PM
30463	2					MILES FROM STATION TO WELL	30 mi	
37547	6							

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
CU01	A-Con	sk	350	13 95	4882 50
CU10	Premium Plus	sk	245	12 23	2996 35
CU09	Calcium Chloride	lb	1449	79	1144 71
CU02	Cellulose	lb	149	2 78	414 22
CU30	C-51	lb	66	18 75	1237 50
CF253	8 5/8" Shoe	ea	1		285 00
CF453	Insert		1		210 00
CF4405	Centralizer		15	108 75	1631 25
CF4556	Basket		1		787 50
CF105	Plug		1		168 75
CF4109	Collar		1		75 00
E101	Heavy Equipment Mileage	mi	90	5 25	472 50
CE240	Blending & Mixing Service	sk	595	1 05	624 75
E113	Proppant + Bulk Delivery	ton/mi	840	1 20	1008 00
CE202	Pump Depth: 1001-2000'	4hr	1		1125 00
CE804	Plug Container	ea	1		187 50
E100	Unit Mileage	mi	30	3 19	95 70
S003	Service Supervisor	ea	1		131 25

AP LOCATION/DEPT. Libecap D02  NON D02

SUB TOTAL # 17477 48

LEASE/OPERATOR Enterprises A-2

MAXIMO / WSM # \_\_\_\_\_

TASK D1-D2 ELEMENT 3023

PROJECT # 1164375 CAPEX / OPEX  Circle one

SPO / BPA EARLY ZION UNSUPPORTED

PRINTED NAME EARLY ZION

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

SIGNATURE: [Signature] SERVICE REPRESENTATIVE: [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_





**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 03277 A

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

DATE OF JOB: 2-8-13	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: Enterprises A #2	WELL NO.:					
ADDRESS:	COUNTY: Haskell	STATE: KS					
CITY:	CITY: J. Grijalva, H. Rustiaga	STATE:					
AUTHORIZED BY: J Bennett	JOB TYPE: 242 - 5/2 Production						

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
34726	8						2-8-13	4:00 AM
27462	8							6:00 AM
30463	2							1:00 AM
37547	6							2:00 PM
								3:00 AM
						MILES FROM STATION TO WELL	40	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, 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.

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 Poz	SK	290	8 25	2392 50
CC113	Gypsum	lb	1220	56	683 20
CC111	Salt		1783	37	659 71
CC103	C-15		147	9 37	1377 30
CC105	C-41P		61	3 00	183 00
CC201	Gilsonite		1452	50	726 00
CF251	5/2" shoe	ea	1		187 50
CF1451	Insert		1		161 20
CF103	Plug		1		78 70
CF4105	Collar		1		63 00
CF4152	turbolizers		25	56 25	1406 25
CC155	Superflush	gal	500	1 15	575 00
E101	Heavy Equipment Mileage	mi	80	5 25	420 00
CE240	Blending or Mixing Service	SK	290	1 05	304 50
E113	Proppant Bulk Delivery	ton/ft	488	1 20	585 60
CE206	Ramp Depth: 5001-6000'	hr	1		2160 00
C-504	Plug Container	ea	1		187 50
E100	Unit Mileage	mi	40	3 19	127 60
S003	Service Supervisor	ea	1		131 20
SUB TOTAL #					12410 50

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>Aul Owen</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
FIELD SERVICE ORDER NO.:	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



**BASIC™**  
ENERGY SERVICES  
Liberal, Kansas

### Cement Report

Customer: <u>Oxy USA</u>	Lease No.:	Date: <u>2-8-13</u>
Lease: <u>Enterprises A</u>	Well # <u>2</u>	Service Receipt: <u>03277</u>
Casing: <u>5 7/8" 17#</u> Depth: <u>5640'</u>	County: <u>Haskell</u>	State: <u>KS</u>
Job Type: <u>242-5 7/8" Production</u>	Formation:	Legal Description: <u>21-30-32</u>

Pipe Data		Perforating Data		Cement Data
Casing size: <u>5 7/8" 17#</u>	Tubing Size:	Shots/Ft		Lead    <b>Tail in 270 sk 50/50 Poz</b>
Depth: <u>5640'</u>	Depth:	From:	To:	
Volume: <u>Disp-130 bbl</u>	Volume:	From:	To:	
Max Press: <u>1500#</u>	Max Press:	From:	To:	
Well Connection: <u>TD-5637'</u>	Annulus Vol.:	From:	To:	
Plug Depth: <u>SJ-42'</u>	Packer Depth:	From:	To:	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
6:30					on loc-site assessment
6:30					running csg + float equip
10:30					spot trucks, rig up
12:30					csg on btm, break circ
12:45					safety meeting / SSA
1:00					pressure test 3000#
1:05	200		5	4	dump 5 bbl H <sub>2</sub> O spacer
1:07	200		12	4	dump 12 bbl superflush
1:10	200		5	4	dump 5 bbl H <sub>2</sub> O spacer
1:15			5	3	plug mouse hole w/ 20 sk @ 13.5'
1:20	200		76	5	mix + pump 270 sk 50/50 Poz @ 13.5' pp - 1.58 gals/sk
1:35					wash lines
1:35			0	5	drop plug, disp csg
1:55			120	2	slow rate
2:00			130	0	land plug, float held job complete

Service Units	<u>34726</u>	<u>27462</u>	<u>30463-37547</u>		
Driver Names	<u>A Duera</u>	<u>J Grijalva</u>	<u>A Rutaga</u>		

C Wylie  
Customer Representative

O Bennett  
Station Manager

A Duera  
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

June 03, 2013

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

Re: ACO1  
API 15-081-22009-00-00  
ENTERPRISES A 2  
NW/4 Sec.21-30S-32W  
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