



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1146563  
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: \_\_\_\_\_



1146563

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](mailto: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

<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> <i>(Submit ACO-4)</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	WIGGAINS 12-11
Doc ID	1146563

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WIGGAINS 12-11
Doc ID	1146563

Tops

Name	Top	Datum
HEEBNER	4325	
TORONTO	4350	
LANSING	4464	
KANSAS CITY	4779	
MARMATON	4852	
CHEROKEE	5688	
ATOKA	5830	
MORROW	5983	
CHESTER	6377	
ST. GENEVIEVE	6666	



**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 03279 A

DATE TICKET NO.

DATE OF JOB 2-12-13	DISTRICT 1717	NEW WELL <input checked="" type="checkbox"/>	OLD WELL	PROD	INJ	WDW	CUSTOMER ORDER NO.:	
CUSTOMER Oxy USA	LEASE Wiggins #12-11						WELL NO.	
ADDRESS	COUNTY Stevens	STATE KS						
CITY	STATE	SERVICE CREW J Griego, J Garcia, H. Rutledge						
AUTHORIZED BY J Bennett	JOB TYPE: 242-858" Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 2-12-13	AM 11:00
27462	8					ARRIVED AT JOB		PM 3:00
34726	8	AP LOCATION/DEPT	Lib-Cap	DOZ/INCH/DOZ		START OPERATION		PM 6:00
33021	1	LEASE/WELL/FAC	Wiggins 12-11			FINISH OPERATION		PM 7:00
37725	7	MAXIMO / WSM #				RELEASED		PM 8:00
19827	1	TASK	01-02	ELEMENT	3025	MILES FROM STATION TO WELL		
19566	7	PROJECT #	1163696	CAPEX / OPEX - Circle one				15 mi

CONTRACT COMPLIANCE (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract on behalf of the customer. By signing this contract, 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.

SPO / BPA  
Circle Doc Type  
PRINTED NAME  
SIGNATURE  
UNsupported

SIGNED: *[Signature]*  
(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	1449	79	1144 71
CL102	Gellake	lb	149	2 78	414 22
CL130	CS1	lb	666	18 75	1237 50
CF253	85/8 Shoe	ea	1		285 00
CF1453	Insert		1		210 00
CF4405	Centralizer		15	108 75	1631 25
CF4526	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 or Mixing Service	sk	595	1 05	624 75
E113	Knoppert + Bulk Delivery	hour	870	1 20	1008 00
CE202	Pump Depth: 1001-2000' 0	hr	1		1125 00
CE504	Plus Container	ea	1		187 50
E100	Unit Mileage	mi	30	3 19	95 70
S003	Service Supervisor	ea	1		131 25

SUB TOTAL #17477.48

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Shel Owens</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

# Cement Report

Customer	Oxy USA	Lease No.		Date	2-12-13
Lease	Wignains	Well #	12-11	Service Receipt	03279
Casing	8 5/8" 24# 1823'	County	Stewens	State	KS
Job Type	242-8 5/8" Surface	Legal Description	12-35-36		

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24#	Tubing Size		Lead 350 sk A-Con
Depth	1823'	Depth	From To	
Volume	Disp-113 bbl	Volume	From To	Tail in 245 sk Class C
Max Press	1500#	Max Press	From To	
Well Connection	TD-1819'	Annulus Vol.	From To	
Plug Depth	ST-44'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:30					on loc-site assessment
					-running CSG & float eqs
3:00					spot trucks - rig up
6:30					CSG on btm, break circ
7:00					safety meeting - JSA
7:20					pressure test 2000#
7:20	200		150	5	Mix & pump 350 sk A-Con @
					12.1 ppz - 2.40 ft <sup>3</sup> /sk
7:50	100		58.5	5	switch to tail 245 sk Class C @
					14.8 ppz - 1.34 ft <sup>3</sup> /sk
8:05	0		0	5	drop plug, disp esg
8:25	1000		105	2	slow rate
8:30	1500		113	0	land plug, float held
					circ. cont' to surface
					job complete

Service Units	34726	27462	33021-37725	19827-19566
Driver Names	A Olvera	J Brigham	J Garcia	M Rutledge

C. Wylie Customer Representative     
 J Bennett Station Manager     
 A Olvera Cementer



**BASIC**<sup>SM</sup>  
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PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1717 03261 A

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

DATE OF JOB <b>2-18-13</b> DISTRICT <b>1717</b>		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 <b>Oxy USA</b>		LEASE <b>Wiggins #12-11</b>		WELL NO.		
ADDRESS		COUNTY <b>Stevens</b>		STATE <b>KS</b>		
CITY STATE		SERVICE CREW <b>I. Chavez, Eddie, Ed B, Juan L.</b>				
AUTHORIZED BY <b>Serg Benth</b>		JOB TYPE: <b>242 5 1/2 Log Strg</b>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <b>2-17-13</b> DATE AM PM TIME
<b>78938</b>	<b>8</b>	<b>19827</b>	<b>8</b>	<b>30463</b>	<b>8</b>	ARRIVED AT JOB <b>2-17-13</b> AM PM -1000
		<b>19564</b>	<b>1</b>	<b>37547</b>	<b>1</b>	START OPERATION <b>2-18-13</b> AM PM -130
<b>70897</b>	<b>8</b>					FINISH OPERATION <b>2-18-13</b> AM PM -330
<b>19570</b>	<b>1</b>					RELEASED <b>2-18-13</b> AM PM -430
						MILES FROM STATION TO WELL <b>30</b>

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 PDZ	SK	460	8 25	3795 00
CC113	Gypsum	lb	1935	56	1083 60
CC111	Salt	lb	2827	37	1045 99
CC103	C-15	lb	233	9 37	2183 21
CC105	C-41P	lb	97	3 00	291 00
CC201	Gilsonite	lb	2299	50	1149 50
CF251	Guide Shoe	EA	1		187 50
CF1451	Insert Float	EA	1		161 25
CF103	Rubber Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizer 5/2	EA	25	56 25	1406 25
CC155	Super Flush II	gal	500	1 15	575 00
CC111	Salt	lb	1000	37	370 00
E101	Heavy Equipment Mileage	mi	30	5 25	157 50
CC240	Blendit Mix Change	SK	460	1 05	483 00
E113	Bulk Delivery Chg	tm	290.25	1 20	348 30
CE207	Depth Change	4hrs	1		2430 00
CE504	Plus Containr Change	job	1		187 50
E100	Proclon Mileage	mi	15	3 19	47 85
SUB TOTAL					<b>16175 45</b>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *[Signature]*

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>2-18-13</i>	
Lease <i>Wiggins</i>		Well # <i>12-11</i>		Service Receipt <i>03261</i>	
Casing <i>5 1/2</i>	Depth <i>6846</i>	County <i>Stevens</i>		State <i>KS</i>	
Job Type <i>242 Long String</i>		Formation		Legal Description <i>12-35-36</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 17.0#</i>		Tubing Size		Lead	
Depth <i>6846</i>		Depth	From	To	Tail in <i>460 SK 50-50</i> <i>1.58ff 25K POZ</i> <i>7-366d SK 13.5#</i>
Volume <i>160615</i>		Volume	From	To	
Max Press <i>2500</i>		Max Press	From	To	
Well Connection <i>5 1/2</i>		Annulus Vol.	From	To	
Plug Depth <i>6800</i>		Packer Depth		From	To
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1030 AM</i>					<i>Arrive On Location</i>
<i>1200</i>					<i>Safety Meetg - Mig Up</i>
<i>1200</i>					<i>Rig Primary Casing</i>
<i>130</i>					<i>Circulate w/ Mig</i>
<i>205</i>					<i>Hookup To TSCS</i>
<i>210</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>215</i>	<i>325</i>		<i>5</i>	<i>4.6</i>	<i>Pump Water Spacer</i>
<i>220</i>	<i>300</i>		<i>12</i>	<i>4.0</i>	<i>Pump Super Flush</i>
<i>225</i>	<i>250</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>230</i>	<i>200</i>		<i>124</i>	<i>5.0</i>	<i>Pump cmt @ 13.5#</i>
<i>255</i>					<i>Wash Up - Prep Plug</i>
<i>300</i>	<i>600</i>		<i>120</i>	<i>4.0</i>	<i>Displace</i>
					<i>Rig Ran out of Water</i>
<i>330</i>	<i>1800</i>		<i>40</i>		<i>Pump mud - Land Plug</i>
					<i>Float Held</i>
<i>430</i>					<i>Job Complete</i>
Service Units <i>78938</i>		<i>70897-19570</i>	<i>19827-19566</i>	<i>30463-33917</i>	
Driver Names <i>J. Chavez</i>		<i>Eddie</i>	<i>Ed B</i>	<i>Juan Lopez</i>	

*Cal*  
Customer Representative

*Ben Beth*  
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

June 10, 2013

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

Re: ACO1  
API 15-189-22788-00-00  
WIGGAINS 12-11  
SE/4 Sec.12-35S-36W  
Stevens 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