



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1148381
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 Date Reached TD Completion Date or Recompletion Date

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: _____



1148381

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM B 4
Doc ID	1148381

Tops

Name	Top	Datum
HEEBNER	3775	
TORONTO	3788	
LANSING	3823	
KANSAS CITY	4216	
MARMATON	4343	
CHEROKEE	4467	
ATOKA	4600	
MORROW	4691	
ST. GENEVIEVE	4808	
ST. LOUIS	4853	



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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 03309 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-19-13	DISTRICT Liberal 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 B	WELL NO. 4							
ADDRESS	COUNTY Kearney	STATE KS							
CITY	STATE	SERVICE CREW Kirby, Edm, Ed B, Juan L							
AUTHORIZED BY Tyce Davis	JOB TYPE: 8 3/4 Surface 2-42								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 2-19-13	AM PM	TIME
				21755	8	ARRIVED AT JOB		AM PM	0800
				3619-19919	8	START OPERATION		AM PM	0930
				32164-37924	8	FINISH OPERATION		AM PM	1130
				30463-37547	8	RELEASED		AM PM	1200
						MILES FROM STATION TO WELL			

AP LOCATION/D: Libcap
LEASE/WELL/IF: Hylbom B 4
MAXIMO / WST: _____
TASK: 0102 ELEMENT: 3023
PROJECT # 1165453 CAPEX / OPEX - Circle one

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 the 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.

SIGNATURE: _____

I certify that these Services/Materials have been received

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	Premium Plus Cement	SK	245	12 23	2996 35
CC109	Calcium Chloride	LB	1449	79	1144 71
CC102	Cellulose	LB	149	2 78	414 22
CC130	C-51	LB	66	18 75	1237 50
CF253	Guideshoe Regular	EA	1		285 00
CF1453	Turret Float Valve	EA	1		210 00
CF4405	Centralizers	EA	15	108 75	1631 25
CF4556	Basket	EA	1		787 50
CF105	Top Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equipment Mileage	MTL	225	5 25	1181 25
CE240	Blending + Mixing Service Charge	SK	595	1 05	624 75
E113	Bulk Delivery Charge	Tm	2100	1 20	2520 00
CE202	Depth Charge 1001-2000	4/30	1		1125 00
CE504	Plug Container Utilization Charge	EA	1		187 50
E100	Unit Mileage Charge - Pickup	MTL	75	3 19	239 25
S003	Service Supervisor	EA	1		131 25
CE503	High Head Charge	EA	1		225 00
SUB TOTAL					20,066.78

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE _____	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
FIELD SERVICE ORDER NO. _____	(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

Customer <i>Oxy USA</i>		Lease No.		Date <i>2-19-13</i>	
Lease <i>Hylbom B</i>		Well # <i>4</i>		Service Receipt	
Casing		Depth		County <i>Hearney</i>	
Job Type <i>8 5/8 Surface</i>		Formation		State <i>KS</i>	
Legal Description					

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 2.4</i>	Tubing Size	Shots/Ft		Lead <i>350 sk ACon</i> <i>3% CC, 1/4 # Poly,</i> <i>.2% WCA-1</i>
Depth <i>1808</i>	Depth	From	To	
Volume <i>112.2 BBL</i>	Volume	From	To	Tail in <i>245 sk Prem Plus</i> <i>2% CC, 1/4 # Poly</i>
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth <i>1764.34</i>	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0810</i>					<i>On Location - Spot & Rig up</i>
<i>0930</i>					<i>Safety Meeting</i>
<i>0940</i>					<i>Pressure test</i>
<i>0942</i>	<i>200</i>		<i>150</i>		<i>Mix 350 sk ACon @ 12-1 PPG</i>
<i>1007</i>	<i>100</i>		<i>50</i>		<i>Mix 245 sk Premium Plus @ 14.8 PPG</i>
<i>1017</i>					<i>Shut Down - Drop top plug</i>
<i>1022</i>	<i>100</i>		<i>0</i>		<i>Displace with 112 BBL-</i>
<i>1047</i>	<i>700</i>		<i>102</i>	<i>2</i>	<i>Slow Rate</i>
<i>1052</i>	<i>700-1200</i>		<i>112</i>		<i>Bump Plug</i>
<i>1058</i>	<i>1200-0</i>				<i>Release Pressure - Float Held</i>
<i>1100</i>	<i>1500</i>				<i>Pressure test</i>
<i>1130</i>	<i>1500-0</i>				<i>Release Pressure</i>
					<i>Circulate Cement to the pit</i>
<i>112</i>					

Service Units	<i>21755</i>	<i>38119/19919</i>	<i>30464/37724</i>	<i>30463/37547</i>	
Driver Names	<i>Kirby</i>	<i>Edm</i>	<i>Ed B</i>	<i>Juan L</i>	

Customer Representative _____ Station Manager *Jerry Bennett* Cementer *Kirby Harper*
Taylor Printing, Inc.



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

FIELD SERVICE TICKET
1717 03285 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-24-13 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 Hylbom B #4		WELL NO.				
ADDRESS		COUNTY Kearny		STATE Ks				
CITY STATE		SERVICE CREW J. Grigalva, J. Lopez						
AUTHORIZED BY J. Bennett JRB		JOB TYPE: 242-5 1/2" Production						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
34726	8						2-24-13	8:00
27462	8					ARRIVED AT JOB		1:00
30464	4					START OPERATION		5:00
37724	4					FINISH OPERATION		8:00
						RELEASED		8:00
						MILES FROM STATION TO WELL		75 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
CL104	50/50 Poz	sk	290	8 25	2392 50
CL113	Gypsum	lb	1220	56	683 20
CL111	Salt		1783	37	659 71
CL103	G15		147	9 37	1377 39
CL105	C-4IP		61	3 00	183 00
CL201	Gilsonite		1450	50	725 00
CF251	5/2" Shoe	ea	1		187 50
CF101	Insert		1		161 25
CF103	Plug		1		78 75
CF4105	Stop Collar		1		63 00
CF4452	Verticalizer		25	56 25	1406 25
CL155	Superflush	gal	500	37	185 00
CL111	Salt	lb	500	1 15	575 00
E101	Kearny Equipment Mileage	mi	150	5 25	787 50
CF240	Blending & Mixing Service	sk	290	1 05	304 50
E113	Proppant & Bulk Delivery	ton/mi	915	1 20	1098 00
CF206	Pump Depth 5001-6000'	unit	1		2160 00
CF504	Plug Container	ea	1		187 50
E100	Unit Mileage	mi	75	3 19	239 25
SUB TOTAL					13810.52

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT LOCATION/DEPT **L. Hycap** TAX ON \$ **DUZINON D023**
 LEASE/WELL/FAC **Hylbom B-4** %TAX ON \$
 MAXIMO / WSM # _____ TOTAL _____
 TASK **01-02** ELEMENT **3023**
 PROJECT # **116 5453** CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE **Paul Rivera** THE ABOVE MATERIAL AND SERVICE ORDERED BY **UNSUPPORTED**
 CUSTOMER NAME RECEIVED BY: **JARED LEWTON**
 SIGNATURE: _____ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
 I certify that these Services/Materials have been received

FIELD SERVICE ORDER NO. _____



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FIELD SERVICE TICKET CONT.

TICKET NO. 03285

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
5003	Service Supervisor	ea	1		131 25
F724	2" Pop off valve	ea	1		225 00



Cement Report

Customer	Oxy USA	Lease No.		Date	2-24-13
Lease	Hulbom B	Well #	4	Service Receipt	03285
Casing	5 1/2" 17#	Depth	5085'	County	Kearny
Job Type	242-5 1/2" Production	Formation		State	KS
		Legal Description	25-23-35		

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2" 17#	Tubing Size		Lead
Depth	5085'	Depth	From To	
Volume	Disp-117.25 bbl	Volume	From To	
Max Press	2500#	Max Press	From To	
Well Connection	ID-5100'	Annulus Vol.	From To	
Plug Depth	ST-41'	Packer Depth	From To	
				Tail in 290 sk 50/50 Poz

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00					on loc-site assessment
					-running csg + float equip.
2:00					spot trucks + rig up
4:30					csg on btm, break circ
5:00					Safety meeting / ISA
5:45					pressure test 3000#
5:45	200		5	4	pump 5 bbl H ₂ O spacer
5:48	200		12	4	pump 12 bbl Superflush
5:49	200		5	4	pump 5 bbl H ₂ O spacer
5:50	100		8.6	5	mix + pump 290 sk 50/50 Poz
					@13.5 ppq - 1.58 #3/sk
6:10					wash lines
6:15	0		0	5	drop plug, disp csg
6:40	700		110	2	slow rate
6:45	1200		117	0	land plug, float held
					job complete

Service Units	34726	27462	30464-37724		
Driver Names	A Olvera	J Grijalva	J Lopez		

Gene Customer Representative
 J Bennett Station Manager
 A Olvera 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 17, 2013

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

Re: ACO1
API 15-093-21883-00-00
HYLBOM B 4
SE/4 Sec.25-23S-35W
Kearny 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