



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1148946  
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: \_\_\_\_\_



1148946

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:  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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY T 3
Doc ID	1148946

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY T 3
Doc ID	1148946

Tops

Name	Top	Datum
HEEBNER	3772	
TORONTO	3791	
LANSING	3826	
KANSAS CITY	4196	
MARMATON	4313	
PAWNEE	4392	
CHEROKEE	4436	
ATOKA	4583	
MORROW	4669	
ST. GENEVIEVE	4779	
ST. LOUIS	4837	



**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 03388 A

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

DATE OF JOB: <b>2/27/13</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>Garden City T 3</b>	WELL NO.:								
ADDRESS:		COUNTY: <b>Kearney</b>	STATE: <b>KS</b>							
CITY:	STATE:	SERVICE CREW: <b>Royce, Hector R, Cosart</b>								
AUTHORIZED BY: <b>Tyd</b>		JOB TYPE:								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<b>78939</b>	<b>6</b>									<b>6:00</b>
<b>37223 37926</b>	<b>6</b>					ARRIVED AT JOB				<b>9:15</b>
<b>19827 19566</b>	<b>6</b>					START OPERATION				<b>12:53</b>
<b>30463 37547</b>	<b>6</b>					FINISH OPERATION				<b>12:20</b>
						RELEASED				<b>3:00</b>
						MILES FROM STATION TO WELL				<b>5</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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Com Blend	SK	350	13 95	4882 5
CL110	Premium Plus	SK	245	12 23	2996 3
CC109	Calcium Chloride	LB	1449	79	1144 7
CC102	Cellophane	LB	149	2 78	414 2
CC130	C-51	LB	66	18 75	1237 5
CF253	Guide Shoe	EA	1		285 0
CF1453	Flapper Float Valve	EA	1		210 0
CF4405	Contractions	EA	15	108 75	1631 2
CF4556	Cement Basket	EA	1		787 5
CF105	Top Plug	EA	1		168 7
CF4109	Stop Collar	EA	1		75 0
E101	Heavy Equip. Mileage	MI	225	5 25	1181 2
CE240	Blend instrumenting charge	SK	585	1 05	624 7
E113	Bulk Delivery	TM	2,100	1 20	2520 0
CE504	Plug Container	Job	1		1125 0
CE202	Depth Charge 1001' to 2000'	4hr	1		187 5
E100	Pickup Mileage	MI	75	3 19	239 2
5003	Service Super USA	EA	1		131 2
T102	Cement Data	EA	1		412 5

AP LOCATION/DEPT. **Libcap** D02 ENGN D02C

LEASE/WELL # AC **Hyt Garden City T3**

MAXIMO / 11 / 84

SUB TOTAL **20,704.**

CHEMICAL / ACID DATA:			
TASK	<b>0102</b>		
PROJECT #	<b>1165454</b>		
SPO / BPA	Circle Doc Type		

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

PRINTED NAME **Gene Bilby** UNSUPPORTED

TOTAL

SIGNATURE: **Gene Bilby**  
I certify that these Services/Materials have been received

SERVICE REPRESENTATIVE **Chad Hinz**

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY **Gene Bilby**  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)





# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>2/27/13</i>
Lease <i>Garden City T</i>	Well # <i>3</i>	Service Receipt
Casing <i>8 5/8</i>	Depth <i>1807</i>	County <i>KLARNA</i> State <i>KS</i>
Job Type <i>Surface</i>	Formation	Legal Description

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>350 SX AZ @ 12.1#</i>
Depth <i>1807</i>	Depth	From	To	
Volume <i>112</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 SX P.I. @ 14.8#</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	<i>1.34 6.33</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>09:15</i>					<i>on loc spot &amp; R.U., Safety mtg</i>
<i>12:57</i>	<i>2000</i>				<i>Test Lines</i>
<i>13:01</i>	<i>430</i>		<i>0</i>	<i>5</i>	<i>Start Mixing @ 12.1#</i>
<i>13:29</i>	<i>230</i>		<i>150</i>	<i>5</i>	<i>on tail @ 14.8#</i>
<i>13:47</i>	<i>0</i>		<i>58</i>	<i>0</i>	<i>Finished Mixing, Drop Plug</i>
<i>13:51</i>	<i>0</i>		<i>2</i>	<i>5</i>	<i>Washup on plug, St Disp</i>
<i>14:20</i>	<i>540</i>		<i>103</i>	<i>2</i>	<i>Slow Rate.</i>
<i>14:25</i>	<i>530</i>		<i>113</i>	<i>0</i>	<i>Shut Down</i>
<i>14:30</i>	<i>0</i>				<i>Release P.I. Chat held</i>
					<i>Job Complete</i>

Service Units	<i>70934</i>	<i>39263723</i>	<i>19527195de</i>	<i>3046337544</i>
Driver Names				

*Gene* Customer Representative     
 *Jerry Bennett* Station Manager     
 *Chad Hartz* Cementer



**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 03267 A

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

DATE OF JOB: <b>3-3-13</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>Garden City "I" #3</b>		WELL NO.:					
ADDRESS:		COUNTY: <b>Keokuk</b>		STATE: <b>KS</b>					
CITY:		STATE:		SERVICE CREW: <b>J. Chavez, Eddie, Juan L.</b>					
AUTHORIZED BY: <b>Jay Baret IRB</b>		JOB TYPE: <b>242 5 1/2 log string</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>78938</b>	<b>6</b>	<b>70897</b>	<b>6</b>	<b>30463</b>	<b>6</b>	ARRIVED AT JOB	<b>3-3-13</b>	<b>AM</b>	<b>-600</b>
		<b>19570</b>	<b>1</b>	<b>19983</b>	<b>1</b>	START OPERATION	<b>3-3-13</b>	<b>AM</b>	<b>-100</b>
						FINISH OPERATION	<b>3-3-13</b>	<b>AM</b>	<b>-1100</b>
						RELEASED	<b>3-3-13</b>	<b>AM</b>	<b>-1140</b>
						MILES FROM STATION TO WELL	<b>75</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 Poz	SK	260	8 25	2145 00
CC113	Gypsum	lb	1095	56	613 20
CC111	Salt	lb	1600	38	608 00
CC103	C-15	lb	132	9 38	1238 16
CC105	C-41P	lb	55	3 00	165 00
CC201	Gilsonite	lb	1302	50	651 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Insert/Floor Valve	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	SuperFlush II	gal	500	1 15	575 00
CC111	Salt	lb	500	38	190 00
E101	Heavy Equipment Mileage	mi	150	5 25	787 50
CE240	Blanchy & Mix Charge	SK	260	1 05	273 00
E113	Bullie Delivery Charge	tm	821	1 20	985 20
CE206	Dentk Charge	4hrs	1		2160 00
CE504	Mix Contactor Charge	job	1		187 50
E100	Pickup Mileage	mi	75	3 19	239 25
				SUB TOTAL	<b>13295 81</b>

CHEMICAL / ACID DATA:			

SERVICE EQUIPMENT/DEPT. **Lib cap** %TAX ON \$ **D02**  NON D02

MATERIALS LEASE/WELL/FAC **Garden City F3** %TAX ON \$ \_\_\_\_\_

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

TASK **0102** ELEMENT **3023**

PROJECT # **1165454** CAPEX / OPEX - Circle one

SPO / BPA \_\_\_\_\_ UNSUPPORTED

ORDERED BY CUSTOMER **J. Chavez** PRINTED NAME **J. Chavez**

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

I certify that these Services/Materials have been received

SERVICE REPRESENTATIVE *[Signature]*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER

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





## Cement Report

Customer <i>OKI USA</i>		Lease No.		Date <i>3-3-13</i>	
Lease <i>Garden City "I"</i>		Well # <i>3</i>		Service Receipt <i>03267</i>	
Casing <i>5 1/2</i>	Depth <i>5085</i>	County <i>Neoray</i>		State <i>KS</i>	
Job Type <i>242 Lays Stage</i>		Formation		Legal Description <i>29-23-34</i>	
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <i>5 1/2 17#</i>		Tubing Size		<b>Shots/Ft</b>	
Depth <i>5092</i>		Depth <i>5.5, 40</i>			
Volume <i>117.5615</i>		Volume		<b>Lead</b>	
Max Press <i>2500</i>		Max Press			
Well Connection <i>5 1/2</i>		Annulus Vol.		<b>Tail in 260SK 50-50</b> <i>1.58ft 3-SK POZ</i>	
Plug Depth <i>5052</i>		Packer Depth			
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1800</i>					<i>Arrive On Location</i>
<i>1830</i>					<i>Safety Meety - Rig Up</i>
<i>1800</i>					<i>Rig to Pump Casing</i>
<i>2000</i>					<i>Circulate w/ Rig</i>
<i>2010</i>					<i>Hook Up To BES</i>
<i>2015</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>2020</i>	<i>400</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>2025</i>	<i>375</i>		<i>12</i>	<i>4.0</i>	<i>Pump Super Flush</i>
<i>2030</i>	<i>350</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water spacer</i>
<i>2035</i>	<i>325</i>		<i>69</i>	<i>5.5</i>	<i>Pump cement @ 13.5 #</i>
<i>2050</i>					<i>Drop Plug - Wash Up</i>
<i>2055</i>	<i>600</i>		<i>107</i>	<i>6.0</i>	<i>Displace</i>
<i>2105</i>	<i>1200</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>2200</i>	<i>1700</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Float Head</i>
					<i>Job Complete</i>
<i>Thanks For Very BASIC Energy Services</i>					
Service Units	<i>78938</i>	<i>70897-4570</i>	<i>30463-19883</i>		
Driver Names	<i>E. Chavez</i>	<i>Eddie</i>	<i>Jim Lopez</i>		

*Gram*

Customer Representative

*Ben Bett*

Station Manager

*Edward 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 20, 2013

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

Re: ACO1  
API 15-055-22205-00-00  
GARDEN CITY T 3  
NW/4 Sec.29-23S-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