



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1150541
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: _____



1150541

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

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	BATMAN B 1
Doc ID	1150541

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BATMAN B 1
Doc ID	1150541

Tops

Name	Top	Datum
HEEBNER	4116	
TORONTO	4136	
LANSING	4207	
KANSAS CITY	4624	
MARMATON	4769	
PAWNEE	4862	
CHEROKEE	4910	
ATOKA	5133	
MORROW	5186	
CHESTER	5284	
ST. GENEVIEVE	5457	
ST. LOUIS	5531	



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 03270 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-7-13	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 Batman		"B" #1		WELL NO.			
ADDRESS		COUNTY Haskell		STATE KS					
CITY		STATE		SERVICE CREW I. Chavez, Eddie, Satija, Hector L					
AUTHORIZED BY Tony Beth		JOB TYPE: 242 8 9/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 3-7-13	AM PM	TIME 500
78939	8	53021	8	14293	8	ARRIVED AT JOB	3-7-13	AM PM	730
		14284	1	37725	1	START OPERATION	3-7-13	AM PM	1000
70897	8					FINISH OPERATION	3-7-13	AM PM	1130
14570	1					RELEASED	3-7-13	AM PM	1230
						MILES FROM STATION TO WELL	45		

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
CL101	A-Con Blend	SK	350	13 95	4882 50
CL110	Prem Plus Cast	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1449	79	1144 71
CC102	CelloPake	lb	149	2 78	414 22
CC130	C-51	lb	66	18 75	1237 50
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Float	EA	1		210 00
CF4405	Centralizer	EA	15	108 75	1631 25
CF4556	Cast Blend	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Cator	EA	1		75 00
CC111	Salt	gals	500	38	190 00
E101	Heavy Equipment Mfg	mi	135	5 25	708 75
CE240	Blending + Mix Charge	SK	595	1 05	624 75
E115	Roller Mixing Charge	mi	1260	1 20	1512 00
CE202	Pump Charge	4hrs	1		1125 00
CE504	Mix Coating Charge	job	1		187 50
E100	Pickup Mileage	mi	45	3 19	143 55
5003	Service Supervisor	EA	1		131 25
SUB TOTAL					18680 58

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Ox/ USA</i>	Lease No.	Date <i>3-7-13</i>
Lease <i>BATMAN</i>	Well # <i>1</i>	Service Receipt <i>7070</i>
Casing <i>8 5/8</i>	Depth <i>1820</i>	County <i>Haskell</i>
Job Type <i>242 Surface</i>	Formation	Legal Description <i>10-28-33</i>
State <i>KS</i>		

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>350 SR A-Con</i>
Depth <i>1820</i>	Depth <i>55.42</i>	From	To	<i>2.473 SR</i>
Volume <i>11335</i>	Volume	From	To	<i>14.6d SR 12.1#</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 SR Class C</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.341 F3-SK</i>
Plug Depth <i>1780</i>	Packer Depth	From	To	<i>6.36d-SK 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>750</i>					<i>Arrive On Location</i>
<i>800</i>					<i>Safety Meeting - Rig Up</i>
<i>750</i>					<i>Rig Pumping Casing</i>
<i>900</i>					<i>Circulate w/ Mud</i>
<i>910</i>					<i>Hook Up To TDS</i>
<i>945</i>	<i>2000</i>		<i>10</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>950</i>	<i>200</i>		<i>155</i>	<i>5.5</i>	<i>Pump Lead out @ 12.1#</i>
<i>1015</i>	<i>300</i>		<i>59</i>	<i>5.0</i>	<i>Pump Tail out @ 14.8#</i>
<i>1025</i>					<i>Drop Plug - Wash Up</i>
<i>1030</i>	<i>300</i>		<i>103</i>	<i>6.0</i>	<i>Displace</i>
<i>1055</i>	<i>700</i>		<i>10</i>	<i>2.0</i>	<i>5 Hour Pump</i>
<i>1100</i>	<i>1200</i>		<i>1</i>	<i>1.1</i>	<i>Hard Plug Float Hold</i>
<i>1135</i>	<i>1500</i>				<i>TEST Casing - OK</i>
					<i>Job Complete</i>

Thanks For Very Basic Energy Services

Service Units	<i>76438</i>	<i>70697-A570</i>	<i>33021-14084</i>	<i>14293-3775</i>
Driver Names	<i>F. Chave</i>	<i>Eddie</i>	<i>Sotelo</i>	<i>Hector L</i>

CAK
Customer Representative
Sen Butt
Station Manager
[Signature]
Cementer
Taylor Printing, Inc.



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 04004 A

DATE _____ TICKET NO. _____

DATE OF JOB	3-11-13	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	Batman 'B'				WELL NO. 1
ADDRESS				COUNTY	Haskell				STATE KS
CITY				STATE					
AUTHORIZED BY	Tyce Davis			SERVICE CREW	Ruben-Heriberto - Juan Lopez				
AP LOCATION/DEPT	Tyce Davis			JOB TYPE:	5 1/2 Production 2-42				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME	
MAXIMO / WSM #				78940	7.5	ARRIVED AT JOB	3-11-13	01100	
TASK	01-02	ELEMENT:	3023	70897-19570	7.5	START OPERATION		1200	
PROJECT #	1166100	CAPEX / OPEX - Circle one		10276-19883	7.5	FINISH OPERATION		1515	
SPO / BPA		UNSUPPORTED <input type="checkbox"/>				RELEASED		1624	
PRINTED NAME	Cal Nylir					MILES FROM STATION TO WELL		1830	
SIGNATURE:	[Signature]							45	

I certify that these Services/Materials have been received

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
CL109	50/50 Poz	SK	310	8 25	2557 50
CC113	Gypsum	lb	1305	56	730 80
CC111	Salt	lb	1907	37	705 59
PC103	C-15	lb	157	9 37	1471 09
CC105	G41P	lb	66	3 00	198 00
CC201	Gilsonite	lb	1551	50	775 50
CF251	Wide Shoe - Regular 5 1/2 (Blue)	ea	1		187 50
CF1451	flapper Type Insert float Valves 5 1/2	ea	1		161 25
CF103	Top Rubber Cement Plug, 5 1/2	ea	1		78 75
CF4105	Stop Collar 5 1/2	ea	1		63 00
CF4452	Economizer Hinged, Welded Centrifuger	ea	25	56 25	1406 25
CC155	Supper flush II	gal	500	1 15	575 00
E101	Heavy Equipment Mileage	Mi	90	5 25	472 50
CE240	Blending & Mixing Service Charge	SK	310	1 05	325 50
E113	Proppant and Bulk Delivery Charge	TM	587.25	1 20	704 70
CE206	Depth Charge; 5001-6000'	4hrs	1		2160 00
CE504	Plug Container Utilization Charge	Job	1		187 50
E100	Unit Mileage - Pick up	Mi	45	3 19	143 55
S003	Service Supervisor, first 8hrs. On Loc	ea	1		131 25
SUB TOTAL					13,035 23

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer	Oxy USA	Lease No.		Date	3-11-13
Lease	Batman B'	Well #	1	Service Receipt	
Casing	5 1/2	Depth	5788'	County	Haskell
				State	KS
Job Type	5 1/2 Production	Formation		Legal Description	10-28-33

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2 17#	Tubing Size		Lead 310 SKS
Depth	5795'	Depth	From To	50/50 POZ S.W-60
Volume	133.3 bbl	Volume	From To	10% Salt, 6% C-15
Max Press	2500	Max Press	From To	1/4# defoamer, 5# bitsonite
Well Connection	8 1/2" BBL	Annulus Vol.	From To	Tail in
Plug Depth	5788'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1100					On Location + Rig up
1502					Safety Meeting
1515					Hook to rig
1516	2500	2500			Pressure Test
1517	0		4.5 bbl	4 bbl	Pump 5 bbl water spacer
1519	0		10 bbl	5.5 bbl	Pump 10 bbl Super Flush spacer
1520	0		5 bbl	5.5 bbl	Pump 5 bbl water spacer
1522	300		5.5 bbl	4 bbl	Hook to mouse hole pump 20 SKS 50% POZ
1526	300		81 bbl	5.5 bbl	Change to Rig pump 290 SKS 50% POZ
1545	0		10 bbl	3.5 bbl	Wash up - Drop Plug
1550	0	0	5.	5.4 bbl	Start Displacement
1605	175	175	90 bbl	5.4 bbl	Catch Cement 90 bbl
1614	800		114 bbl	2 bbl	Slow Down to 2 bbl a minute 115 bbl
1624	1400		133.3 bbl	2 bbl	Plug Land - Float Held

Service Units	78940	70897-19570	10276-19883		
Driver Names	Ruben	Heriberto	Juan Lopez		

P.M. Dyl
Customer Representative
J. Bennett
Station Manager
Ruben Hart
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

July 03, 2013

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

Re: ACO1
API 15-081-22013-00-00
BATMAN B 1
NE/4 Sec.10-28S-33W
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