



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1150587
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: _____



1150587

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	COX MINERALS A 1
Doc ID	1150587

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	COX MINERALS A 1
Doc ID	1150587

Tops

Name	Top	Datum
HEEBNER	4127	
TORONTO	4150	
LANSING	4225	
KANSAS CITY	4634	
MARMATON	4771	
PAWNEE	4859	
CHEROKEE	4907	
ATOKA	5126	
MORROW	5177	
CHESTER	5276	
ST. GENEVIEVE	5417	
ST. LOUIS	5539	



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 03271 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 Cox Minerals "A" #1		WELL NO.		
ADDRESS		COUNTY Haskell		STATE KS		
CITY STATE		SERVICE CREW I. Chavez, Eddie, Ed B, Cesar				
AUTHORIZED BY Tony Beth		JOB TYPE: 242 8 3/8 Surface				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 3-7-13 AM 3:00 PM
78938	8	19827	8	30463	8	ARRIVED AT JOB 3-7-13 AM 4:30 PM
		19566	1	37547	1	START OPERATION 3-7-13 AM 8:50 PM
70997	8					FINISH OPERATION 3-7-13 AM 11:00 PM
19570	1					RELEASED 3-7-13 AM 11:45 PM
						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
CL01	A-Gm Blend	SK	350	13 95	4882 50
CL10	Prem Plus Cont	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1449	79	1144 71
CC102	Celloflake	lb	149	2 78	414 22
CC80	G-51	lb	66	18 75	1237 50
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Float	EA	1		210 00
CF4405	Control float	EA	15	108 75	1631 25
CF4556	Cut Basket	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CC105	Stoploss Polymer	gal	420	4 50	1890 00
CC166	Stoploss LCM	lb	120	3 94	472 80
CC811	Subt	lb	500	38	190 00
E101	Heavy Equipment M/leg	mi	135	5 25	708 75
CE240	Blendy & Min Charge	SK	595	1 05	624 75
E113	Bulk Mixing Charge	tm	1260	1 20	1512 00
CE202	Depth Charge	4hrs	1		1125 00
CE 204	Plus Cutting Charge	job	1		187 50

AP LOCATION/DEPT. **Liberal** D02 NON D02
 LEASE/ME/L/FAC **Cox Minerals A-1**
 MAXIMO / WSM # **0102**
 TASK **ELEMENT 3023**
 PROJECT # **1165090 CAPEX / OPEX - Circle one**
 SPO/BPA **UNSUPPORTED**
 SPO Doc Type
 PRINTED NAME **[Signature]**
 SIGNATURE: **[Signature]**
 (certify that this service/materials have been received)

SUB TOTAL **21268 38**

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>Ox/ USA</i>		Lease No.		Date	
Lease <i>Cox Minerals "A"</i>		Well # <i>1</i>		Service Receipt <i>3271</i>	
Casing <i>8 5/8</i>	Depth <i>1805</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>11-28-33</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>350sk A-Con</i>	
Depth <i>1813</i>	Depth <i>55 44</i>	From	To	<i>2.4 FT 2 SK</i>	
Volume <i>1126 1/5</i>	Volume	From	To	<i>14.6 gal-sk 12.1 #</i>	
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>245 sk Class C</i>	
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT 2 SK</i>	
Plug Depth <i>1769</i>	Packer Depth	From	To	<i>6.36 gal-sk 14.8 #</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1500</i>					<i>Arrive On Location</i>
<i>1530</i>					<i>Safety Meeting - Plug Up</i>
<i>1545</i>					<i>Plug Pumping Comm</i>
<i>1930</i>					<i>Circulate w/ Plug</i>
<i>2030</i>					<i>Hook up to TRES</i>
<i>2045</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>2050</i>	<i>300</i>		<i>10</i>	<i>4.0</i>	<i>Pump Stop Loss Polymer</i>
<i>2100</i>	<i>250</i>		<i>150</i>	<i>5.0</i>	<i>Pump Lead out @ 12.1 #</i>
<i>2130</i>	<i>200</i>		<i>59</i>	<i>5.0</i>	<i>Pump Tail out @ 14.8 #</i>
<i>2145</i>					<i>Drop Plug - Wash up</i>
<i>2250</i>	<i>300</i>		<i>102</i>	<i>5.0</i>	<i>Displace</i>
<i>2215</i>	<i>800</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>2220</i>	<i>1300</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Float Hold</i>
<i>2300</i>	<i>1500</i>				<i>TEST Casing - OK</i>
					<i>Job Complete</i>
					<i>Cement To Surface 6045</i>
<i>Thanks For Using Basic Energy Services</i>					
Service Units	<i>78438</i>	<i>70897-19570</i>	<i>19827</i>	<i>30464-19883</i>	
Driver Names	<i>J. Chanoz</i>	<i>Eddie</i>	<i>EDB</i>	<i>CESOT</i>	

Mark
Customer Representative

Sam Bett
Station Manager

J. Chanoz
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 04008 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-12-13 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 Cox Minerals 'A' WELL NO. 1					
ADDRESS		COUNTY Haskell STATE KS					
CITY STATE		SERVICE CREW Ruben - Heriberto - Hector R					
AUTHORIZED BY Tyce Davis		JOB TYPE: Production S 1/2 Production 2-42					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 3-12-13 DATE	TIME
				78940	9.5	ARRIVED AT JOB ?	0200
				70897-19570	9.5	START OPERATION	0400
				30464-37724	9.5	FINISH OPERATION	0824
						RELEASED	0922
						MILES FROM STATION TO WELL	1130
							4.5

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	300		
CC113	Gypsum	Lb	1260		
CC111	Sq It	Lb	1841		
CC103	C-15	Lb	152		
CC105	C-41 P	Lb	63		
CC201	Col'sonite	Lb	1500		
CF251	Guide Shoe - Regular S 1/2 (Blu)	eg	1		
CF1451	Flapper Type Insert float Valves S 1/2	eg	1		
CF4103	Top Rubber Cement Plug S 1/2	eg	1		
CF4105	Stop Collar S 1/2	eg	1		
CF4452	Economizer Hinged, Welded Centricer	eg	25		
CC155	Super Flush II	gl	500		
E101	Heavy Equipment Mileage	mi	90		
CE240	Blending and Mixing Service Charge	SK	300		
E113	Proppant and Bulk Delivery Charge	TM	567		
CE206	Depth Charge: 5001 - 6000'	4hrs	1		
CE504	Plug Container Utilization Charge	Job	1		
E100	Unit Mileage Charge Pick ups	M:	45		
S003	Service Supervisory first 8 hrs on loc.	ea	1		

AP LOCATION/DEPT. **Liberal**
 LEASE/WELL/FAC. **Cox Minerals 'A'**
 MAXIMO / WSM # **0102**
 TASK **0102**
 PROJECT # **116599**
 SPO / BPA **Mark A**
 PRINTED NAME **Mark A**
 SIGNATURE: **Mark A**
 ELEMENT **3003**
 CAPEX / OPEX - Circle one
 UNSUPPORTED
 I certify that these services/materials have been received.

CHEMICAL / ACID DATA:			

SUB TOTAL		12806 89
SERVICE & EQUIPMENT	Rig time	3600 00
MATERIALS	%TAX ON \$	
TOTAL		9206 89

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer	OXY USA	Lease No.		Date	3-12-13
Lease	Cox Minerals 'A'	Well #	1	Service Receipt	
Casing	5 1/2	Depth	5831'	County	Has Kell
Job Type	5 1/2 Production	Formation		State	KS
				Legal Description	11-28-33

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2 17 #	Tubing Size		Lead 300 SKS 50/50 Poz = 5% W-60, 10% Salt 6% C-15 1/4 # Defoamer, 5# Gilsomite Tail in
Depth	5820.70'	Depth	From To	
Volume	134	Volume	From To	
Max Press	2500	Max Press	From To	
Well Connection		Annulus Vol.	From To	
Plug Depth	5831'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0400					On Location Rig up
0445					Safety Meeting
0455		2500			Pressure Test
0456	0		5	3	Pump 5 bbls of spacer
0501	0		10	5	Pump Super flush #
0505	0		5	5	Pump Spacer
0510	0		24	5	Pump 300SKS of 50/50 Poz
0517	0				Shut Down pumping Cement to pit. One inch Valve
0520	0		10	2.5	Wash up
0530					Hook to Rig Circulate WOC
0813					Safety Meeting
0823	0				Hook to rig break circulation
0824	2500				Pressure Test 2,500 PSI
0825	250		5	3bpm	Pump Spacer water
0829	300		10	5.5	Pump Super Flush
0833	300		5	5.5	Pump Spacer Water
0835	300		84.4	5.5	start Pumping 300 SKS @ 13.50 Weight 50/50 Poz
0850	0		4	5.5	Wash up - Drop Plug
0852	0			6	Start Displacement
0907	300		90	6	Catch Cement
0913	700		115	2	Slew Down to 2bpm Last 20 bbls
0922	1500				Plug landed - Release Pressure - float held

Service Units	78940	70897-19570	30464-37724		
Driver Names	Rolan	Heriberto	Hector R		

Customer Representative

 Station Manager

 Cementer

Taylor Printing, Inc.

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 15-081-22010-00-00
COX MINERALS A 1
NE/4 Sec.11-28S-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