



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1150610
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: _____



1150610

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
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	MANLEY A 1
Doc ID	1150610

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	MANLEY A 1
Doc ID	1150610

Tops

Name	Top	Datum
HEEBNER	3872	
TORONTO	3896	
LANSING	3936	
KANSAS CITY	4307	
MARMATON	4419	
PAWNEE	4513	
CHEROKEE	4561	
ATOKA	4677	
MORROW	4778	



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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 03324 A

DATE _____ TICKET NO. _____

DATE OF JOB: 3-17-13		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: Manley A				WELL NO. 1	
ADDRESS:				COUNTY: Kearny		STATE: KS			
CITY:		STATE:		SERVICE CREW: Kirby, Ed M, Hector R, Cesar					
AUTHORIZED BY: Tyce Davis				JOB TYPE: 8 5/8 Surface 2-42					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				21755	14	ARRIVED AT JOB	3-17-13	PM	1800
				38111-19919	14	START OPERATION		PM	1800
				23021-14284	14	FINISH OPERATION	3-18-13	AM	0830
				19827-19566	14	RELEASED		AM	0200
						MILES FROM STATION TO WELL			

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		
CL110	Premium Plus Cement	SK	245		
CC109	Calcium Chloride	LB	1449		
CC102	Cellulose	LB	149		
CC130	C-51	LB	66		
CF253	Guide Shoe - Regular	EA	1		
CF1453	Flapper Type Insert Ekot	EA	1		
CF4403	Centralizers	EA	15		
CF4556	Cement Basket	EA	1		
CF105	Top Plug	EA	1		
CF4109	Stop Collar	EA	1		
E101	Heavy Equipment Mileage	MI	300		
CE240	Blending + Mixing Service Charge	SR	595		
E113	Bulk Delivery Charges	TN	2800		
CE202	Depth Charge 1001-2000	Hrs	1		
CE504	Plug Container Utilization Charge	EA	1		
E100	Unit Mileage Charge - Pickup	MI	100		
S003	Service Supervisors	EA	1		
CE403	Cement Pumper, Additional hrs on Location	EA	4		
SUB TOTAL					22,655.28

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>3-17-13</i>	
Lease <i>Monkey A</i>		Well # <i>1</i>		Service Receipt	
Casing		Depth		County <i>Kearney</i>	
				State <i>KS</i>	
Job Type		Formation		Legal Description	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>		Tubing Size		Shots/Ft	
Depth <i>1976 Ft</i>		Depth		From	
Volume <i>123.30 BBL</i>		Volume		To	
Max Press		Max Press		From	
Well Connection		Annulus Vol.		To	
Plug Depth <i>1938.74 Ft</i>		Packer Depth		From	
				To	
				Lead <i>350sk ACon</i>	
				<i>3% CC, 1/4# Aoly, 2% WCA-1</i>	
				Tail in <i>245sk Prim Plus</i>	
				<i>2% CC, 1/4# Aoly</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>800</i>					<i>On Location - Spot & Rig up</i>
<i>1030</i>					<i>Casing on bottom - Break Circ</i>
<i>1100</i>					<i>Safety Meeting</i>
<i>1124</i>					<i>Pressure Test</i>
<i>1126</i>	<i>300</i>		<i>150</i>	<i>6</i>	<i>Mix 350sk ACon @ 12.1 PPG</i>
<i>1237</i>	<i>100</i>		<i>58</i>	<i>5</i>	<i>Mix 245sk Prim Plus @ 14.8 PPG</i>
<i>1253</i>					<i>Shut Down - Drop Plug</i>
<i>1254</i>	<i>100</i>		<i>0</i>	<i>4.5</i>	<i>Start Displacing</i>
<i>0124</i>	<i>600</i>		<i>113</i>	<i>2</i>	<i>Slow Rate</i>
<i>0139</i>	<i>600-1200</i>		<i>123</i>		<i>Bump Plug</i>
<i>0131</i>	<i>1200</i>				<i>Release Pressure - Float Valve</i>
					<i>Pressured up to 1200 Psi then pressure dropped</i>
					<i>Dropped to 600 Psi</i>
<i>0152</i>	<i>600</i>				<i>Shut in Casing</i>
					<i>Circulate Cement to the pit</i>
<i>130</i>					
Service Units	<i>21755</i>	<i>38111/19919</i>	<i>33021/14284</i>	<i>19827/19566</i>	
Driver Names	<i>Kirby</i>	<i>Edm</i>	<i>Cezar</i>	<i>Hector R</i>	

Customer Representative

Jerry Bennett
Station Manager

Kirby Harper
Cementer

OXY USA

Lease # MANLEY "A"
Well # # 1

Old Code	New Code	Material, Equipment & Services Used	Unit	Quantity	Unit Price	\$ Amount	Discount	CORRECT PRICE
CL101	10777	A-Con Blend	SK	350	\$ 18.60	\$ 6,510.00	\$ 13.95	\$ 4,882.50
CL110	10795	Premium Plus	SK	245	\$ 16.30	\$ 3,993.50	\$ 12.23	\$ 2,996.35
CL102	10778	Thixotropic	SK					
CC165	10343	SLS POLYMER	Gal	0	\$ 6.00	\$ -	\$ 4.50	\$ -
CC166	10344	SLS LCM	lb	0	\$ 5.25	\$ -	\$ 3.94	\$ -
CC109	10296	Calcium Chloride	lb	1449	\$ 1.05	\$ 1,521.45	\$ 0.79	\$ 1,144.71
CC102	10289	Celloflake	lb	149	\$ 3.70	\$ 551.30	\$ 2.78	\$ 414.22
CC130	10317	C-51	lb	66	\$ 25.00	\$ 1,650.00	\$ 18.75	\$ 1,237.50
CC111		Salt	lb	0	\$ 0.50	\$ -	\$ 0.38	\$ -
CF253	10402	GUIDE SHOE REG. BLUE 8 5/8	EA	1	\$ 380.00	\$ 380.00	\$ 285.00	\$ 285.00
CF1453	10529	FLAPPER TYPE INST. FLT VLV.	EA	1	\$ 280.00	\$ 280.00	\$ 210.00	\$ 210.00
CF4405	10883	ECONIMIZER HINGED CENTRALIZER	EA	15	\$ 145.00	\$ 2,175.00	\$ 108.75	\$ 1,631.25
CF4556	10915	CEMENT BASKETS	EA	1	\$ 1,050.00	\$ 1,050.00	\$ 787.50	\$ 787.50
CF105	10369	TOP RUBBER PLUG	EA	1	\$ 225.00	\$ 225.00	\$ 168.75	\$ 168.75
CF4109	10842	STOP COLLAR	EA	1	\$ 100.00	\$ 100.00	\$ 75.00	\$ 75.00
E101	10357	Heavy Equipment Mileage	mi	300	\$ 7.00	\$ 2,100.00	\$ 5.25	\$ 1,575.00
CE240	10258	Blending & Mixing Service Charge	mi	595	\$ 1.40	\$ 833.00	\$ 1.05	\$ 624.75
E113	10360	Proppant and Bulk Delivery Charge	mi	2800	\$ 1.60	\$ 4,480.00	\$ 1.20	\$ 3,360.00
CE202		Depth Charge:	ea	1	\$ 1,500.00	\$ 1,500.00	\$ 1,125.00	\$ 1,125.00
CE504	10270	Plug Container Charge	ea	1	\$ 250.00	\$ 250.00	\$ 187.50	\$ 187.50
E100	10356	Pickup	mi	100	\$ 4.25	\$ 425.00	\$ 3.19	\$ 319.00
S003	10354	Service Supervisor Charge	ea	1	\$ 175.00	\$ 175.00	\$ 131.25	\$ 131.25
F105	10797	CEMENT DATA	ea	1	\$ 650.00	\$ 650.00	\$ 412.50	\$ 412.50
CE503	10269	High Head Charge	ea	0	\$ 300.00	\$ -	\$ 225.00	\$ -
CE403	10263	Cement Pumper, Additional hrs on location	hr	4	\$ 500.00	\$ 2,000.00	\$ 375.00	\$ 1,500.00
E724	10946	Z" POPOFF VALVE RENTAL	hr	1	\$ 300.00	\$ 300.00	\$ 225.00	\$ 225.00
		SUBTOTAL				\$ 29,049.25		
		Less - 25% Discount				\$ (7,262.31)		
		Total on Pressure Pumping Service				\$ 21,786.94		
		Total For Entire Job - original price				\$ 21,786.94		\$ 21,792.78
						BID AMT		ADJ DISC AMT

1322.50
8,822.50
24,485.25
27,152.28



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 03393 A

DATE _____ TICKET NO. _____

DATE OF JOB 3/22/13 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 Manley A 7 WELL NO.:
ADDRESS	COUNTY Kearney STATE KS
CITY STATE	SERVICE CREW Royce, Joan G.
AUTHORIZED BY Tyce TRB	JOB TYPE: Z47 LS
EQUIPMENT# HRS	EQUIPMENT# HRS
78939	
3722337776	
30463 37547	
TRUCK CALLED 3/22 DATE 3/22 TIME 12:00	
ARRIVED AT JOB AM 3:30	
START OPERATION AM	
FINISH OPERATION PM	
RELEASED AM	
MILES FROM STATION TO WELL 100	

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: *Gene Bilby*
(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	210	8 25	1732 50
CC113	Gypsum	Lb	585	56	495 60
CC111	Salt	Lb	1293	38	491 34
CC103	C-15	Lb	107	9 38	1003 66
CC105	C-41P	Lb	45	3 00	135 00
CC201	Gilsonite	Lb	1050	50	525 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Flapper Float Valve	EA	1		161 25
CF103	Top Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizers	EA	25	56 25	1406 25
CC151	Mud Flush	gal	1000	65	650 00
E101	Heavy Equip Mileage	Mi	200	5 25	1050 00
CE240	Blending & Mixing Charge	SK	210	1 05	220 50
E113	Bulk Delivery	TM	585	1 20	1062 00
CE205	Depth Charge 400'-5000'	4hr	1		1890 00
CE504	Plug Container	Job	1		187 50
E100	Pickup Mileage	Mi	100	3 19	319 00
S003	Service Super 1150L	EA	1		131 25
SUB TOTAL					11790.10

CHEMICAL / ACID DATA:			

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

AP LOCATION/DEPT. Libcap DISCONTINUED
 LEADWELL/FAC. Manley A1
 BASIS / WSN # _____
 SERVICE 0102 ELEMENT 3023
 ORDERED BY CUSTOMER AND RECEIVED BY: 116.443.5 APEX / OPEX - Circle one
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
 SPO / SPA _____ UNSUPPORTED
 PRINTED NAME Gene Bilby
 SIGNATURE: Gene Bilby

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.



Cement Report

Customer Oxy USA		Lease No.		Date 3/22/13	
Lease Manley		Well # A-1		Service Receipt	
Casing 5 1/2	Depth	County Kearny	State Ks		
Job Type L.S.	Formation	Legal Description 33-21-35			
Pipe Data			Perforating Data		Cement Data
Casing size 5 1/2	Tubing Size	Shots/Ft		Lead 210 SX	
Depth 4863'	Depth	From	To	50/50 POZ @ 13.5#	
Volume 111.87	Volume	From	To	1.58 7.36	
Max Press 2500	Max Press	From	To	Tail in	
Well Connection P.C.	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
03:30					on Loc, spot + R.O., Safety mty
06:27	3000				Test Lines
06:29	350		24	4	Pump Mud Flush
06:34	350		5	4	H2O spacer
06:36	350		Ø	4.5	Start Mixing @ 13.5#
06:49	Ø		59	Ø	Finished Mixing, Drop Plug Washup
06:57	200		Ø	6.5	Start Disp
07:15	750		Ø	2.5	slow Fall
07:18	900-1500		112	Ø	Plug Down
07:23	Ø				Release Psi, Float Held
Service Units		74939	372337726	3046337547	
Driver Names		Chinz	R. Olds	J. Garcia	

Gene Bilby
Customer Representative

Jerry Bennett
Station Manager

Chad Hinz
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 15-093-21884-00-00
MANLEY A 1
SW/4 Sec.33-21S-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