



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1152237
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 |
|-----------------------------------|-----------------|---|

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: _____



1152237

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 |
|--|---|

| 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: _____ _____ |
|--|---|---|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | OXY USA Inc. |
| Well Name | PRENTICE A 1 |
| Doc ID | 1152237 |

All Electric Logs Run

| |
|--------------------------------------|
| |
| MICROLOG |
| ANNULAR HOLE VOLUME PLOT |
| BOREHOLE COMPENSATED SONIC ARRAY |
| ARRAY COMPENSATED TRUE RESISTIVITY |
| SPECTRAL DENSITY DUAL SPACED NEUTRON |

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | OXY USA Inc. |
| Well Name | PRENTICE A 1 |
| Doc ID | 1152237 |

Tops

| Name | Top | Datum |
|---------------|------|-------|
| HEEBNER | 3938 | |
| TORONTO | 3969 | |
| LANSING | 4008 | |
| KANSAS CITY | 4370 | |
| MARMATON | 4475 | |
| PAWNEE | 4573 | |
| CHEROKEE | 4622 | |
| ATOKA | 4750 | |
| MORROW | 4854 | |
| ST. GENEVIEVE | 4903 | |
| ST. LOUIS | 4956 | |



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 03395 A

DATE _____ TICKET NO. _____

| DATE OF JOB: <u>9/24/13</u> | DISTRICT: <u>1717</u> | 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: <u>Oxy USA</u> | LEASE: <u>Prentice A 1</u> | | WELL NO.: | | | | | |
| ADDRESS: | | COUNTY: <u>Kearny</u> | STATE: <u>KS</u> | | | | | |
| CITY: | | SERVICE CREW: <u>Boyd, Ed. B, Juan L.</u> | | | | | | |
| AUTHORIZED BY: <u>Tye</u> | | STATE: <u>IRB</u> | | JOB TYPE: <u>242 Surface</u> | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | TIME |
| <u>74939</u> | <u>5</u> | | | | | | | <u>8:00</u> |
| <u>342233426</u> | <u>5</u> | | | | | ARRIVED AT JOB | | <u>5:00</u> |
| <u>198271936</u> | <u>5</u> | | | | | START OPERATION | | <u>5:55</u> |
| <u>30464 37726</u> | <u>5</u> | | | | | FINISH OPERATION | | <u>7:48</u> |
| | | | | | | RELEASED | | <u>8:00</u> |
| | | | | | | MILES FROM STATION TO WELL | | <u>100</u> |

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 | SK | 245 | | |
| LC109 | Calcium Chloride | Lb | 1449 | | |
| CC102 | Cellulose | Lb | 149 | | |
| CC130 | C-51 | Lb | 66 | | |
| CF223 | Guide Shoe | EA | 1 | | |
| CF1453 | Flapper FH Valve | EA | 1 | | |
| CF4405 | Centralizer | EA | 15 | | |
| CF4456 | Basket | EA | 1 | | |
| CF105 | Top Plug | EA | 1 | | |
| CF4109 | Stop Collar | EA | 1 | | |
| E101 | Heavy Equip. Mileage | EA | 1 | | |
| CE 240 | Blending & Mixing Charge | SK | 595 | | |
| E113 | Bulk Delivery | EA | 1 | | |
| CE 202 | Depth Charge 1001' to 2000' | EA | 1 | | |
| CE 504 | Plug Container | EA | 1 | | |
| E100 | Pickup Mileage | EA | 1 | | |
| S003 | Service Supervisor | EA | 1 | | |
| CE 503 | High Head Charge | EA | 1 | | |

Sorry Station

| CHEMICAL / ACID DATA: | | | |
|-----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

AP LOCATION/DEPT: Libcap
LEASE/WELL/FAC: Prentice A1
MAXIMO / WSM #: _____
TASK: 0102 1167302 ELEMENT: 3023

SUB TOTAL: 21,605.28

SERVICE REPRESENTATIVE: Chad Hinz

FIELD SERVICE ORDER NO. _____

SIGNATURE: Gene Bilby

PROJECT: THE ABOVE MATERIALS ARE FOR OPEX - Circle one
ORDERED BY CUSTOMER AND RECEIVED BY _____
SPO / BFA _____
PRINTED NAME: Gene Bilby (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

I certify that these Services/Materials have been received



Cement Report

| | | |
|-------------------------|-------------------|-------------------------------------|
| Customer <i>QWA USA</i> | Lease No. | Date <i>3/24/13</i> |
| Lease <i>French</i> | Well # <i>A.1</i> | Service Receipt |
| Casing <i>8 5/8</i> | Depth | County <i>Leary</i> State <i>KS</i> |
| Job Type | Formation | Legal Description |

| Pipe Data | | Perforating Data | | Cement Data | |
|-----------------------------|--------------|------------------|----|------------------------|--|
| Casing size <i>8 5/8</i> | Tubing Size | Shots/Ft | | Lead <i>350 SL</i> | |
| Depth <i>1964.91</i> | Depth | From | To | <i>A-Conn @ 12.1 #</i> | |
| Volume <i>122.28</i> | Volume | From | To | <i>2.40 14.00</i> | |
| Max Press <i>1500</i> | Max Press | From | To | Tail in <i>245 SL</i> | |
| Well Connection <i>P.C.</i> | Annulus Vol. | From | To | <i>A. @ 14.8 #</i> | |
| Plug Depth | Packer Depth | From | To | <i>1.34 6.33</i> | |

| Time | Casing Pressure | Tubing Pressure | Bbbs. Pumped | Rate | Service Log |
|-------|-----------------|-----------------|--------------|------|---------------------------------|
| 15:00 | | | | | on Loc, Spot & R.U., Safety mtg |
| 17:55 | 2000 | | | | Test Lines |
| 17:57 | 300 | | 0 | 5 | Start Mixing @ 12.1 # |
| 18:20 | 230 | | 150 | 5 | on tail @ 14.8 # |
| 18:35 | 0 | | 59 | 0 | Finished Mixing Drop Plug |
| 18:40 | 0 | | 0 | 5 | Start Disp, Washup on Plug |
| 19:01 | 600 | | 100 | 2 | slow Rate |
| 19:09 | 1400 | | 122 | 0 | Plug Down |
| 19:14 | 0 | | | | Release Psi, Float Held |
| 19:16 | 1500 | | | | Test Csg |
| 19:46 | 0 | | | | Release Psi |
| | | | | | Job Complete |

| | | | | |
|---------------|--------------|------------------|-------------------|-------------------|
| Service Units | <i>76939</i> | <i>372233776</i> | <i>1952719566</i> | <i>3046437721</i> |
| Driver Names | <i>Chinz</i> | <i>R. Ochs</i> | <i>E. Berumen</i> | <i>J. Lopez</i> |

Gene
Customer Representative

Jerry Bennett
Station Manager

Chad Hinz
Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04082 A

DATE _____ TICKET NO. _____

| | | | | | | | | | |
|---|----------|--|----------|--------------|----------|----------------------------|----------------|----|----------------|
| DATE OF JOB: 3-28-13 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: Prentice "A" #1 WELL NO.: | | | | | | | |
| ADDRESS: | | COUNTY: Keosauqua STATE: KS | | | | | | | |
| CITY: STATE: | | SERVICE CREW: I. Chavez, Juan O, Ever | | | | | | | |
| AUTHORIZED BY: Tom Bost | | JOB TYPE: 242 5 1/2 Log String | | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | AM | TIME |
| | | | | | | | 3-28-13 | | 500 |
| 78938 | 8 | 70897 | 8 | 30463 | 8 | ARRIVED AT JOB | 3-28-13 | AM | -900 |
| | | 19570 | 1 | 37725 | 1 | START OPERATION | 3-28-13 | AM | PM-1159 |
| | | | | | | FINISH OPERATION | 3-29-13 | AM | PM-100 |
| | | | | | | RELEASED | 3-29-13 | AM | PM-200 |
| | | | | | | 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: *[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 | 175 | 8 25 | 1443 75 |
| CL113 | Gypsum | lb | 735 | 56 | 411 60 |
| CL111 | Salt | lb | 1074 | 38 | 408 12 |
| CL103 | C-15 | lb | 89 | 9 38 | 834 82 |
| CL105 | C-410 | lb | 37 | 3 00 | 111 00 |
| CC201 | Gilsonite | lb | 873 | 50 | 436 50 |
| CF251 | Guide Shoe | EA | 1 | | 187 50 |
| CF1451 | Insert Float Valve | EA | 1 | | 161 25 |
| CF103 | Rubber Cent Plug | EA | 1 | | 78 75 |
| CF4105 | Stop Collar | EA | 1 | | 63 00 |
| CF4452 | Centralizer 5 1/2 | EA | 25 | 56 25 | 1406 25 |
| CL155 | Super Flush 11 | gal | 500 | 1 15 | 575 00 |
| E101 | Heavy Equipment Mileage | mi | 200 | 5 25 | 1050 00 |
| CE240 | Mixing & Blend Charge | SK | 175 | 1 05 | 183 75 |
| E113 | Tsulle Pelvay Charge | tm | 735 | 1 20 | 882 00 |
| CE205 | Perth Charge | 4hrs | 1 | | 1890 00 |
| CE504 | Plus Contage Charge | job | 1 | | 187 50 |
| E100 | Pickup Mileage | mi | 100 | 3 19 | 319 00 |
| 5003 | Service Supervisor | EA | 1 | | 131 25 |

SUB TOTAL **10986 04**

| 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.

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 18, 2013

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

Re: ACO1
API 15-093-21885-00-00
PRENTICE A 1
NE/4 Sec.21-21S-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