



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1152921
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: _____



1152921

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KOEHN D 1
Doc ID	1152921

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
DUAL SPACED NEUTRON SPECTRAL GAMMA
ANNULAR HOLE VOLUME PLOT
BOREHOLE COMPENSATED SONIC ARRAY
MICROLOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KOEHN D 1
Doc ID	1152921

Tops

Name	Top	Datum
HEEBNER	4131	
TORONTO	4149	
LANSING	4224	
KANSAS CITY	4632	
MARMATON	4776	
PAWNEE	4859	
CHEROKEE	4905	
ATOKA	5126	
MORROW	5178	
CHESTER	5229	
ST. GENEVIEVE	5419	
ST. LOUIS	5599	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04084 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-31-13 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 Koch 'D' #1 WELL NO.							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW J. Chavez, Juan O, Hector R, Victor							
AUTHORIZED BY Jay Beeth		JOB TYPE: 242 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							3-31-13		500
78937	7	70997	7	14355	7	ARRIVED AT JOB	3-31-13	AM	700
		19570	1	37725	1	START OPERATION	3-31-13	AM	900
30463	7					FINISH OPERATION	3-31-13	AM	1045
37547	1					RELEASED	3-31-13	AM	1145
						MILES FROM STATION TO WELL	50		

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: X Graham Flagg
(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	Premix Plus Cement	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1449	79	1144 71
CC102	Cellulose	lb	149	2 78	414 22
CC130	C-51	lb	66	18 75	1237 50
CF253	Guide Shoe	EA	1		285 00
CF453	Insert Float Valve	EA	1		210 00
CF4405	Centralizers 5/8"	EA	15	108 75	1631 25
CF4556	Cement Basket	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equipment + Mileage	mi	150	5 25	787 50
CE240	Blendyl + Mixing Chyme	SK	595	1 05	624 75
E113	Bulk Delivery Chyme	tm	1400	1 20	1680 00
CC202	Depth Chyme	4hrs	1		1125 00
CE504	Plus Contain Chyme	job	1		187 50
E100	Mileage	mi	50	3 19	159 50
5003	Service Supervisor	EA	1		131 25
E724	2" Log Off Rental	EA	1		225 00
SUB TOTAL					19203 28

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Juan O Chavez
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X Graham Flagg
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>3-31-13</i>
Lease <i>Koeha "D"</i>	Well # <i>1</i>	Service Receipt <i>4084</i>
Casing <i>8 5/8</i>	Depth <i>1795</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>242 8 5/8 Surface</i>	Formation	Legal Description <i>2-28-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>350sk A lon</i>
Depth <i>1810</i>	Depth <i>55.35'</i>	From	To	<i>24# 35k</i>
Volume <i>112.565</i>	Volume	From	To	<i>146d-5k 12.1#</i>
Max Press <i>2000</i>	Max Press	From	To	Tail in <i>245sk Class L</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34# 3-5k</i>
Plug Depth <i>1776</i>	Packer Depth	From	To	<i>6.36d-5k 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1900</i>					<i>Arrive On location</i>
<i>1905</i>					<i>Safety Meetg - Rig Up</i>
					<i>Pressure Test</i>
<i>2020</i>					<i>Circulate w/ Rig</i>
<i>2040</i>					<i>Hook up to PES</i>
<i>2045</i>	<i>2000</i>		<i>110</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>2050</i>	<i>400</i>		<i>149</i>	<i>5.7</i>	<i>Pump Lead cont @ 12.1#</i>
<i>2125</i>	<i>250</i>		<i>58</i>	<i>5.7</i>	<i>Pump Tail cont @ 14.8#</i>
<i>2140</i>					<i>Drop Plug - Wash Up</i>
<i>2145</i>	<i>400</i>		<i>103</i>	<i>5.7</i>	<i>Displace</i>
<i>2210</i>	<i>900</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>2215</i>	<i>1400</i>		<i>11</i>	<i>1.1</i>	<i>Land Plug - Float Held</i>
<i>2245</i>	<i>1500</i>				<i>Test Casing - OK</i>
					<i>Job Complete</i>
					<i>Thanks For Using BASIC Energy Services</i>
					<i>Two guys in Perrick Per Safety Man</i>

Service Units	<i>78939</i>	<i>70897-19570</i>	<i>14355-37725</i>	<i>30463-37547</i>
Driver Names	<i>L. Gomez</i>	<i>Steven O</i>	<i>Victor</i>	<i>Hector R</i>

Graham
Customer Representative
Sony Butts
Station Manager
Ismael Chavez
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 04129 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-5-13 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 Koehn "D"		WELL NO. 1		
ADDRESS		COUNTY HasKell		STATE KS		
CITY STATE		SERVICE CREW Ruben-Kirby-Ed M-Juan Lopez				
AUTHORIZED BY Tyce Davis		JOB TYPE: 8 5/8 Plug to Abandon				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 3-5-13 DATE AM TIME 12:00
		78940	9			ARRIVED AT JOB AM 14:50
		38750	4			START OPERATION AM 1705
		19842	5			FINISH OPERATION PM 2400
		19827	4			RELEASED PM 2400
		19566	5			MILES FROM STATION TO WELL 50

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
CL 110	Premium Plus Cement	SK	150	12 23	2470 60
CL 110	Premium Plus Cement	SK	70		
CC 109	Calcium Chloride	lb	282	79	222 78
E 101	Heavy Equipment Mileage	Mi	100	5 25	525 00
CE 240	Blending and Mixing Service Charge	SK	220	1 05	231 00
E 113	Proppant and Bulk Delivery Charges	Tm	518	1 20	621 60
CE 202	Depth Charge 100' - 200'	4hrs	1		1125 00
E 100	Unit Mileage Charge - Pick up	Miles	50	3 19	159 50
S 003	Service Supervisor first 8 hrs On Loc.	ea	1		131 25
CE 403	Cement Pumping Additional hours	hrs	5		1875 00

AP LOCATION/DEPT. Liberal D02 NON D02

LEASE/WELL/FAC Koehn D-1

MAXIMO / WSM # _____

TASK 0102 ELEMENT 3023

PROJECT # 1166640 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

PRINTED NAME Graham Fleck

SIGNATURE [Signature]

SUB TOTAL **7581.73**
~~6776.70~~

I certify that these Services/Materials have been received	

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

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
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FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



BASIC™
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer OXY USA		Lease No.		Date 4-5-13	
Lease Koehn "D"		Well # 1		Service Receipt	
Casing		Depth		County Haskell	
				State KS	
Job Type		Formation		Legal Description 1-2-28-33	
Pipe Data			Perforating Data		
Cement Data					
Casing size 8 5/8		Tubing Size 4 1/2		Shots/Ft	
Depth 1813		Depth 1875		From To	
Volume		Volume		From To	
Max Press		Max Press		From To	
Well Connection		Annulus Vol.		From To	
Plug Depth		Packer Depth		From To	
Lead 150 SKS Premium Plus Cement 2% Calcium chloride @ 14.8#					
Tail in 70 SKS Premium Plus Cement neat @ 14.8#					
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1450					On Location - Rig up
1651					Safety Meeting
1659					Hook to Rig - Drill pipe @ 1875 ft
1705	0	00	1 @	4	Pump 10 bbls of spacer
1711		0.8	35.7	4	Pump 150 SKS of Premium Plus Cement 2% calcium chloride @ 14.8#
1728	0	0	3.5	4	Pump 3.5 bbls of spacer
1730	0	0	15	4	Pump 15 bbls of Displacement with Mud
2015					Shut Down - WOC - pull to 930 ft
2000	1000		7	0.5	Pressure Test
2030					Release Held Release
2030	0	0	11	4	Pump 50 SK Prem Plus @ 14.8#
2038	0	0	9	4	start displacing
2043					Shut Down - pull to 90 ft
2350	0	0	4.5	4	Mix 20 SKS Prem Plus @ 14.8#
2400					Shut Down
Service Units 78940		38750-17842		19827-19566	
Driver Names Ruben		Ed - M		Juan Lopez	

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 24, 2013

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

Re: ACO1
API 15-081-22016-00-00
KOEHN D 1
NW/4 Sec.02-28S-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