



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1158041
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: _____



1158041

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	FINCHAM D 1
Doc ID	1158041

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	FINCHAM D 1
Doc ID	1158041

Tops

Name	Top	Datum
HEEBNER	4131	
TORONTO	4150	
LANSING	4204	
KANSAS CITY	4711	
MARMATON	4860	
PAWNEE	4976	
CHEROKEE	5027	
ATOKA	5192	
MORROW	5336	
CHESTER	5485	
ST. GENEVIEVE	5636	
ST. LOUIS	5680	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04167 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>5/17/13</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>Fincham D-1</u>				WELL NO.:		
ADDRESS:		COUNTY: <u>Seward</u>		STATE: <u>Ks</u>				
CITY:		STATE:		SERVICE CREW: <u>Royce, Joan L., Norma</u>				
AUTHORIZED BY: <u>Kirby</u>		<u>JRB</u>		JOB TYPE: <u>742 Seward</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>78939</u>	<u>8.5</u>							<u>2:00</u>
<u>39223 39926</u>	<u>8.5</u>					ARRIVED AT JOB		<u>3:00</u>
<u>30463 39542</u>	<u>8.5</u>					START OPERATION		<u>8:42</u>
<u>14355 39425</u>	<u>8.5</u>					FINISH OPERATION		<u>10:43</u>
						RELEASED		<u>11:30</u>
						MILES FROM STATION TO WELL		<u>30</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-Corn Blend	SK	350	13 95	4882 50
CL110	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	Lb	1449	79	1144 71
CC102	Colloidal	EA	149	2 79	414 22
CC130	C-51	Lb	66	18 75	1237 50
CF253	Guide Shoe	EA	1		285 00
CF1453	Flapper Flat Valve	EA	1		210 00
CF4405	Controllers	EA	15	108 75	1631 25
CF4456	Baskets	EA	1		787 50
CF105	TOP Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equip Mileage	MI	90	5 25	472 50
CE240	Blending & Mixing Charge	SK	595	1 05	624 75
E113	Bulk Delivery	TM	840	1 20	1008 00
CE202	Depth Charge 1000' to 2000'	4hr	1		1125 00
CE501	Plug Container	EA	1		187 50
E100	Pickup Mileage	MI	30	3 19	95 70
5003	Service Supervisor	EA	1		131 25
T105	Cement Data Acq	EA	1		412 50
SUB TOTAL					<u>19614 98</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT MATERIALS Liberal %TAX ON \$ 0.02
 LEASEWELL/FAC Fincham D-1 %TAX ON \$ _____
 MAXIMO / WSM # _____
 TASK DI-02 ELEMENT 3023
 PROJECT # 11164438 CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE: Chad Fine

THE ABOVE MATERIAL AND SERVICE ORDER IS CUSTOMER AND RECEIVED BY: [Signature]
 PRINTED NAME: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

SIGNATURE: [Signature]
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer Qxy USA	Lease No.	Date 5/17/13
Lease Fincham D	Well # 1	Service Receipt
Casing 8 5/8	Depth 1525'	County Seward State K

Job Type Surface	Formation	Legal Description	
Pipe Data		Perforating Data	Cement Data
Casing size 8 5/8	Tubing Size	Shots/Ft	
Depth 1525, 1717	Depth	From	To
Volume 113.75	Volume	From	To
Max Press 1500	Max Press	From	To
Well Connection P.C.	Annulus Vol.	From	To
Plug Depth	Packer Depth	From	To
			Lead 350 sk A-Cpn @ 12.1#
			2.40 14.00
			Tail in 245 sk C @ 14.8#
			1.34 6.33

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
03:00					on loc spot + R.V., Safety mtg
08:42	2000				Test Lines
08:43	250		0	5	Start mixing A-Cpn @ 12.1 #
09:14	100		150	0.37	on tail @ 14.8 #
09:28	0		59	0	Finished mixing, Drop Plug
09:34	0		0	5	Start Disp, Washup
10:00	1000		103	2	Slow Rate
10:05	1200		113.5	0	Plug Down
10:10	0				Check floats
10:13	1500				Test Casing
10:43	0				Release Psi
					Job Complete

Service Units	175939	3722337726	14358 37725	3046337547
Driver Names	Chinz	R. Olds	N. Bowers	J. Lopez

Early Zion Customer Representative
 Jerry Bonnett Station Manager
 Chad Hinz Cementer



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 03952 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-21-13	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 Fincham D	WELL NO. 1							
ADDRESS	COUNTY Seward	STATE KS							
CITY	STATE	SERVICE CREW Ruben, Abel							
AUTHORIZED BY Trey Davis	JOB TYPE: 5 1/2 Production 2-47								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 5-20-13	AM PM	TIME 2100
				21755	12	ARRIVED AT JOB	5-21-13	AM PM	0100
				38750	12	START OPERATION		AM PM	0715
				19842	12	FINISH OPERATION		AM PM	0815
				14355	12	RELEASED		AM PM	0900
				37725	12	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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/30 Ppz	SK	330	8 25	2722 50
CC113	Gypsum	LB	1390	56	778 40
CC111	Salt	LB	2031	38	771 78
CC103	C-15	LB	167	9 38	1566 46
CC105	C-41P	LB	70	3 00	210 00
CC201	Gilsonite	LB	1650	50	825 00
CF251	Guide Shoe - Regular	EA	1		187 50
CF1451	Flapper Type Insert	EA	1		161 25
CF103	Top Rubber Annulet Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizers	EA	25	56 25	1406 25
CC155	Superflush	GAL	500	1 15	575 00
E101	Heavy Equipment Mileage	MI	60	5 25	315 00
CE240	Blending & Mixing Service Charge	SK	330	1 05	346 50
E113	Bulk Delivery Charges	T	417	1 20	500 40
CE206	Depth Charge 5001-6000	4hrs	1		2160 00
CE504	Plug Container Utilization Charge	EA	1		187 50
E100	Light Mileage Charge - Pickup	MI	30	3 19	95 70
S003	Service Supervisor	EA	1		131 25
SUB TOTAL					13,082.24

CHEMICAL / ACID DATA:			

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

AP LOCATION/DEPT. Liberal D02 NON D02
LEASE/WELL/FAC Fincham D-1
MAXIMO / WSM # _____
TASK 01-02 ELEMENT 3023

TOTAL

SERVICE REPRESENTATIVE <i>[Signature]</i>	PROJECT # <u>1164438</u> CAREX OREX Circle one SPO / BPA ORDERED BY CUSTOMER AND RECEIVED BY <input type="checkbox"/> PRINTED NAME <u>EARLY ZION</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT) SIGNATURE: <u>[Signature]</u> I certify that these Services/Materials have been received
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Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>5-21-13</i>
Lease <i>Fincham D</i>	Well # <i>1</i>	Service Receipt
Casing	Depth	County <i>Seward</i>
		State <i>KS</i>

Job Type <i>5 1/2 Production</i>	Formation	Legal Description	
Pipe Data		Perforating Data	Cement Data
Casing size <i>5 1/2" 14 #</i>	Tubing Size	Shots/Ft	
Depth <i>5863ft</i>	Depth	From	To
Volume <i>135</i>	Volume	From	To
Max Press	Max Press	From	To
Well Connection	Annulus Vol.	From	To
Plug Depth <i>5821.58ft</i>	Packer Depth	From	To

Lead *330 sk 50/50*
5%h CO, 10% Salt, L&C, 15
1/4" Deformer, 5# G. 1301, 1"

Tail in

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0100</i>					<i>On Location - Spot + Rig up</i>
<i>0630</i>					<i>Casing on bottom - Break Circ.</i>
<i>0645</i>					<i>Safety Meeting</i>
<i>0705</i>		<i>3000</i>			<i>Pressure test</i>
<i>0708</i>		<i>300</i>	<i>5</i>	<i>5</i>	<i>Pump 5 BBL Fresh Water</i>
<i>0710</i>		<i>300</i>	<i>12</i>	<i>5</i>	<i>Pump 500 Gal of Superflush</i>
<i>0712</i>		<i>300</i>	<i>5</i>	<i>5</i>	<i>Pump 5 BBL Fresh Water</i>
<i>0713</i>			<i>6</i>	<i>5</i>	<i>Plug Bob Mouse Hole w/20 SK 1300</i>
<i>0723</i>		<i>300</i>	<i>87</i>	<i>6</i>	<i>Mix 310 sk 50/50 @ 13.5 PPG</i>
<i>0729</i>					<i>Shut Down - Clean Lines - Drop plug</i>
<i>0734</i>		<i>Ø</i>	<i>0</i>	<i>6</i>	<i>Start Displacement</i>
<i>0748</i>		<i>2100</i>	<i>72</i>	<i>6</i>	<i>Displacement Reaches Cement</i>
<i>0753</i>		<i>1100</i>	<i>125</i>	<i>2</i>	<i>Slow Rate</i>
<i>0758</i>		<i>1100-1400</i>	<i>13#</i>		<i>Bump plug</i>
<i>0803</i>		<i>1600</i>			<i>Release Pressure - Float Hold</i>
<i>0814</i>		<i>1300</i>			<i>Shut in well</i>

Service Units	<i>21755</i>			
Driver Names	<i>Kirby</i>	<i>Ruben</i>	<i>Abel</i>	

Customer Representative: _____ Station Manager: *Sorry Bennett* Cementer: *Kirby Harper*
 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

September 11, 2013

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

Re: ACO1
API 15-175-22204-00-00
FINCHAM D 1
NE/4 Sec.15-31S-33W
Seward 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