



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1158982
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: _____



1158982

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ENTERPRISES A 3
Doc ID	1158982

All Electric Logs Run

COMPACT PHOTO DENSITY COMPENSATED NEUTRON MICRO RESISTIVITY LOG
ARRAY INDUCTION SHALLOW FOCUSED ELECTRIC LOG
COMPENSATED NEUTRON ACOUSTIC POROSITY OVERLAY
CALIPER LOG
MICRORESISTIVITY LOG
COMPENSATED SONIC WITH INTEGRATED TRANSIT TIME



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 03957 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-24-13	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 Enterprises A				WELL NO. 3				
ADDRESS			COUNTY Haskell	STATE KS					
CITY			SERVICE CREW Kirby Edm Hector R Victor						
AUTHORIZED BY Tyce Davis JRB			JOB TYPE: 8 3/8 Surface 2-42						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
		37725	16	21755	16		5-24-13		1200
				- 38111	16	ARRIVED AT JOB			1700
				- 19919	16	START OPERATION			2300
				- 38119	16	FINISH OPERATION			0115
				37549	16	RELEASED			0200
				14355	16	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
CL101	A Con Blend	SK	350	13 95	4882 50
CL110	Prem Plus Cement	SK	245	12 23	2996 35
CC109	Calcium Chloride	LB	1449	79	1144 71
CC102	Celloflake	LB	149	2 78	414 22
CC130	C-51	LB	66	18 75	1237 50
CF253	Reg Guide Shoe	EA	1		285 00
CF1453	Insert Float Valve	EA	1		210 00
CF403	Centralizers	EA	15	108 75	1631 25
CF4556	Basket	EA	1		787 50
CF105	Top Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equipment Mileage	MTL	90	5 25	472 50
CE240	Blending & Mixing Service Charge	SK	595	1 05	624 75
E113	Bulk Delivery Charges	TN	840	1 20	1008 00
CE202	Depth Charge 1001-2000	Hrs	1		1125 00
CE504	Plug Container Utilization Charge	EA	1		187 50
E100	Unit Mileage Charge - Pickup	MTL	30	3 19	95 70
5003	Service Charge	EA	1		131 25
LEASE/WELL/FAC. Enterprises A-3					
MAXIMO / WSM # _____					
SUB TOTAL					17,477.48

CHEMICAL / TASK DATA: 0102	ELEMENT 3023	
PROJECT # 1169340	(CAPEX) SERVICE & EQUIPMENT MATERIALS	%TAX ON \$
SPO / BPA Circle Doc Type	UNSUPPORTED	%TAX ON \$
PRINTED NAME Victor Benavides		TOTAL
SIGNATURE: <i>Victor Benavides</i>		

I certify that these Services/Materials have been received

SERVICE REPRESENTATIVE <i>Kirby</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
--	---

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>Oxy USA</i>		Lease No.		Date <i>5-24-13</i>	
Lease <i>Enterprises A</i>		Well # <i>3</i>		Service Receipt	
Casing <i>8 5/8</i>	Depth	County <i>Haskell</i>	State <i>KS</i>		
Job Type <i>Surface</i>	Formation		Legal Description		
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8 24"</i>	Tubing Size		Shots/Ft		Lead <i>350 sk ACon 3% CC, 1/4" Poly .2% WCA-2</i>
Depth <i>1535.94</i>	Depth	From	To		
Volume <i>114 BBL</i>	Volume	From	To		
Max Press	Max Press	From	To		Tail in <i>245 sk Prem Plus - 2% CC, 1/4" Poly</i>
Well Connection	Annulus Vol.	From	To		
Plug Depth <i>1794.49</i>	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1700</i>					<i>On Location - Spot & Rig up</i>
<i>2100</i>					<i>Casing on bottom - Break Circ</i>
<i>2230</i>					<i>Safety Meeting</i>
<i>2248</i>	<i>2000</i>				<i>Pressure Test</i>
<i>2251</i>	<i>300</i>		<i>150</i>	<i>4.5</i>	<i>Mix 350 sk ACon @ 12.0 PPG</i>
<i>2328</i>	<i>300</i>		<i>58</i>	<i>4.5</i>	<i>Mix 245 sk Prem Plus @ 14.8 PPG</i>
<i>2343</i>					<i>Shut Down - Drop plug</i>
<i>2348</i>	<i>100</i>		<i>0</i>	<i>5</i>	<i>Start Displacing</i>
<i>1226</i>	<i>805</i>		<i>104</i>	<i>2</i>	<i>Slow Rate</i>
<i>1231</i>	<i>805</i>		<i>114</i>		<i>Bump Plug</i>
<i>1236</i>	<i>800-1405</i>				<i>Release Pressure - Float Held</i>
<i>0106</i>	<i>1500</i>				<i>Casing test - Test Good Circulate Cement to the pit</i>
Service Units	<i>21755</i>	<i>38111/19919</i>	<i>14355/14284</i>	<i>38119/37725</i>	
Driver Names	<i>Kirby</i>	<i>Edm</i>	<i>Victor</i>	<i>Hector R</i>	

Customer Representative

Jerry Bennett
Station Manager

Kirby Hamper
Cementer



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04148 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-28-13	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: Enterprises 'A'		WELL NO.: 3						
ADDRESS:	COUNTY: Haskell	STATE: KS							
CITY:	STATE:		SERVICE CREW: Ruben - Ed Mendoza - Santiago						
AUTHORIZED BY: Tyce Davis	JOB TYPE: 2-42 Production 5 1/2								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				78940	7		5-28-13		0300
				38750	4	ARRIVED AT JOB		AM	0500
				19842	3	START OPERATION		AM	0715
				14355	4	FINISH OPERATION		AM	0838
				37725	3	RELEASED		AM	1000
						MILES FROM STATION TO WELL	30		

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
CL 104	50/80 Poz	SK	205	8 25	1691 25
CC 105	C-41 P	Lb	44	3 00	132 00
CC 113	Gypsum	Lb	865	56	484 40
CC 111	Salt	Lb	1264	38	480 32
CC 103	C-15	Lb	104	9 38	975 52
CC 201	Wilsonite	Lb	1025	50	512 50
CC 155	Super flush II	gal	500	1 15	575 00
CF 281	Wide Shoe Regular 5/2	eq	1		187 50
CF 1451	flapper Type Insert float Valve	eq	1		161 25
CF 103	Top Rubber Plug	eq	1		78 75
CF 4105	Stop Collar	eq	1		63 00
CF 4452	Centralizers	eq	25	56 25	1406 25
E 101	Heavy Equipment M. lease	M.	60	5 25	315 00
CE 240	Blending and Mixing service charge	M.	205	1 05	215 25
E 113	Proppant and Bulk delivery charges	M.	260	1 20	312 00
CE 206	Depth Charge 500'-600'	eq	1		2160 00
CE 504	plug Container charge	eq	1		187 50
E 100	Pick up charge	M.	30	3 19	95 70
S 003	Service Supervisor charge	eq	1		131 25
SUB TOTAL					10164 44

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT %TAX ON \$
 AP LOCATION/DEPT: **Liberal** D02 TAX ON \$
 LEASE/WELL/FAC: **Enterprises A-3** TOTAL
 MAXIMO / WSM # _____
 TASK: **01-02** ELEMENT: **3023**

SERVICE REPRESENTATIVE: **Ruben Martinez**

PROJECT # **1169340** CAPEX / OPEX - Circle one
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **UNSUPPORTED**
 PRINTED NAME: **Ruben Martinez** (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
 SIGNATURE: 

FIELD SERVICE ORDER NO. _____

I certify that these Services/Materials have been received



Cement Report

Customer Oxy USA		Lease No.		Date 5-28-13	
Lease Enterprises A'		Well # 3		Service Receipt	
Casing Depth		County Haskell		State K5	
Job Type		Formation		Legal Description	
Pipe Data			Perforating Data		Cement Data
Casing size 5 1/2		Tubing Size		Shots/Ft	
Depth 5008'ft		Depth		From	To
Volume 115		Volume		From	To
Max Press 2500		Max Press		From	To
Well Connection		Annulus Vol.		From	To
Plug Depth 4968'ft		Packer Depth		From	To
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
500					On Location
0645					Safety Meeting
0715	2500		.5	.5	Pressure Test
0717	0		5	3	Pump 5bbl of fresh water
0720	0		10	3	Pump 10bbl of Super Flush
0727	0		5	3	Pump 5bbl of Water behind
0735	0		3.5	3	Pump 3.5 bbl in Mouse Hole
0745	100		52	5	Pump 52 bbl of Cement Slurry @ 13.5
0801	0		5	3	Wash up Drop Plug
0810	100		0	5	Start Displacement
0821	200		78	5	Catch Cement
0824	700		100	2	Slow Rate
0833	1250		115	2	Plug Landed - Held
0838	0		0	0	Release
Service Units 78940		3875019842		4355 37725	
Driver Names Ruben		Ed Mendoza		Santiago	

Victor
Ruben

Jerry Bennett

Ruben Martinez

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

September 19, 2013

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

Re: ACO1
API 15-081-22017-00-00
ENTERPRISES A 3
NW/4 Sec.21-30S-32W
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