



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1160304
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: _____



1160304

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BATMAN B 2
Doc ID	1160304

Tops

Name	Top	Datum
HEEBNER	4112	
TORONTO	4134	
LANSING	4200	
KANSAS CITY	4618	
MARMATON	4766	
PAWNEE	4855	
CHEROKEE	4903	
ATOKA	5130	
MORROW	5182	
CHESTER	5276	
ST. GENEVIEVE	5439	
ST. LOUIS	5538	



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

FIELD SERVICE TICKET
 1717 04175 A

PRESSURE PUMPING & WIRELINE

DATE _____ TICKET NO. _____

5-31-13
 DATE OF JOB **6/1/13** DISTRICT **1717**

CUSTOMER **Oxy USA** LEASE **Batman B 2** WELL NO. _____

ADDRESS _____ COUNTY **Haskell** STATE **Ks**

CITY _____ STATE _____ SERVICE CREW **Santiago, Hector E., Cesar**

AUTHORIZED BY **Tyce** AP LOCATION/DEPT. **Lib-Cap** **D02** NON **D02**
 LEASE/WELL/FAC **Batman B-2** JOB TYPE: **EOL**

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
74939	6.5	01-02		ELEMENT 3023			5/31	10:50
3722337726	6.5	PROJECT # 1169340		CAPEX / OPEX - Circle one			6/1	12:30
38119 37547	6.5	SPO / BPA		UNSUPPORTED <input type="checkbox"/>				03:48
30464 37924	6.5	PRINTED NAME Cal Wylie		SIGNATURE: C.W.				05:58
		I certify that these Services/Materials have been received						06:30
								MILES FROM STATION TO WELL 45

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: **C.W.**
 (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	Premium Plus	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	Guide shoe	EA	1		285 00
CF1453	Flapper Float valve	EA	1		210 00
CF4405	Centralizer	EA	15	108 75	1631 25
CF4556	Basket	EA	1		787 50
CF105	Top Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equip Mileage	Mi	135	5 25	708 75
CE240	Blending & Mixing Charge	SK	595	1 05	624 75
E113	Bulk Delivery	Tm	1260	1 20	1512 00
CE202	Depth Charge 1001 to 2000'	4hr	1		1125 00
CE504	Plug Container	EA	1		187 50
E100	Pickup Mileage	Mi	45	3 19	143 55
S003	Service Supervisor	EA	1		131 25
T105	Cement Data	EA	1		412 50

SUB TOTAL **18,903.08**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE **Chad Hinz** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY **C.W.** **6/1/2013**
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer Oxy USA	Lease No.	Date 6/1/13
Lease Batman B	Well # 2	Service Receipt
Casing 4 5/8	Depth	County Haskell State Ks
Job Type Surface	Formation	Legal Description 10-28-33

Pipe Data		Perforating Data		Cement Data
Casing size 4 5/8	Tubing Size	Shots/Ft		Lead 350 SK A-Co
Depth 1832.31	Depth	From	To	@12.1#
Volume 113.9	Volume	From	To	2.40 14.00
Max Press 1500	Max Press	From	To	Tail in 245 SK P.R
Well Connection P.C.	Annulus Vol.	From	To	@14.8#
Plug Depth	Packer Depth	From	To	1.34 6.33

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
09:30					on loc, spot + R.O., Safety mts
03:48	2200				Test Lines
03:56	300		0	5	start mixing @ 12.1#
04:28	110		150	4	on tail @ 14.8#
04:48	0		59	0	Finished mixing, Drop Plug
04:50	0		0	5	Start Disp, Wash up
05:16	500		104	2	shut in
05:21	580-1120		114		Plug Down
05:26	1120-0				Release Psi, Float OK
05:28	1500				Test Csg
05:58	0				Release Psi
					Job Complete

Service Units	74939	37223 37726	30464 37721	381A 37547
Driver Names	CHINE	S. Chavez	H. Rutaga	C. Garcia

Victor Cal Customer Representative
 Jerry Bennett Station Manager
 Chael Hinz Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04390 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-5-13	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	LEASE BATMAN "B" #2		WELL NO.						
ADDRESS		COUNTY Haskell		STATE KS					
CITY		STATE		SERVICE CREW I. Chumak, Juan Ortiz, Abel					
AUTHORIZED BY Sean Renta		JOB TYPE: 242 5 1/2 Long String							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78938	7	70897	7	14355	7	ARRIVED AT JOB	6-5-13	AM	800
		19570	1	57725	1	START OPERATION	6-5-13	AM	1145
						FINISH OPERATION	6-5-13	AM	220
						RELEASED	6-5-13	AM	320
						MILES FROM STATION TO WELL	45	PM	445

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: J.M.H.
(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	220	8 25	2227 50
CC113	Gypsum	lb	11 35	56	635 60
CC111	Salt	lb	16 58	38	630 04
CC103	C-15	lb	137	9 38	1285 06
CC105	C-41P	lb	57	3 00	171 00
CC201	Gilsonite	lb	1350	50	675 00
CF251	Guide Shoe	EA	1		187 50
CF1491	Insert Flood Valve	EA	1		161 25
CF103	Rubber Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizer	EA	25	56 25	1406 25
CG155	Scrub Flush II	gal	500	1 15	575 00
E101	Heavy Equipment Mileage	mi	90	5 25	472 50
CE240	Blend + Mixing Chg	hr	270	1 05	283 50
E113	Bulk Delivery Chg	hr	511	1 20	613 20
CE206	Depth Chg	hrs	1		2160 00
CE504	Plus Convey Chg	job	1		187 50
E100	Pickup Mileage	mi	45	3 19	143 55
S003	Service Supervisor	ea	1		131 25
SUB TOTAL					12312 45

AP LOCATION/DEPT. **L.H. Lan**
 LEASE WELLS/FAC **Batman B-2**
 MAXIMO / WSM #
 TASK **01-02**
 PROJECT # **1169768**
 SPO/BPA **CAI Ullr**
 CIRCULAR TYPE
 PRINTED NAME
 SIGNATURE
 CERTIFY THAT THESE SERVICES/MATERIALS HAVE BEEN RECEIVED

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Juan Ortiz</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>J.M.H.</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>OK USA</i>		Lease No.		Date <i>6-5-13</i>	
Lease <i>Batman</i>		Well # <i>2</i>		Service Receipt <i>4390</i>	
Casing <i>5 1/2</i>	Depth <i>5653</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>242 Long String</i>		Formation		Legal Description <i>10-28-33</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 17-#</i>	Tubing Size	Shots/Ft		Lead	
Depth <i>5649</i>	Depth <i>55 42'</i>	From	To		
Volume <i>130 bbls</i>	Volume	From	To		
Max Press <i>2000</i>	Max Press	From	To	Tail in <i>270 slk 50.50</i>	
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	<i>1.58 FFZ SK POZ</i>	
Plug Depth <i>5608</i>	Packer Depth	From	To	<i>7.36 GA SK 13.5#</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1140</i>					<i>Arrive On location</i>
<i>1200</i>					<i>Safety Meeting - Rig up</i>
<i>1140</i>					<i>Run Pump Casing</i>
<i>1330</i>					<i>Circulate w/ Plug</i>
<i>1410</i>					<i>Hookup TO BES</i>
<i>1415</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1418</i>	<i>400</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>1420</i>	<i>375</i>		<i>12</i>	<i>5.0</i>	<i>Pump Super Plug</i>
<i>1425</i>	<i>350</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>1430</i>	<i>300</i>		<i>70</i>	<i>6.0</i>	<i>Pump out @ 13.5#</i>
<i>1445</i>					<i>Prop Plug - Wash up</i>
<i>1450</i>	<i>900</i>		<i>120</i>	<i>5.0</i>	<i>Displace</i>
<i>1510</i>	<i>950</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>1515</i>	<i>1450</i>		<i>1</i>	<i>1</i>	<i>Hard Plug - Float Hold</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>
Service Units	<i>78938</i>	<i>78947-14570</i>	<i>14355-37725</i>		
Driver Names	<i>J. Chubb</i>	<i>Tuan O.</i>	<i>Abel</i>		

KAL
Customer Representative

Sean Jett
Station Manager

James K. ...
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

September 27, 2013

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

Re: ACO1
API 15-081-22018-00-00
BATMAN B 2
NE/4 Sec.10-28S-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