



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1160887
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: _____



1160887

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
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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
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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> _____
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WATSON D 1
Doc ID	1160887

All Electric Logs Run

MICROLOG
BOREHOLE COMPENSATED SONIC ARRAY
ARRAY COMPENSATED TRUE RESISTIVITY
SPECTRAL DENSITY DUAL SPACED NEUTRON



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04476 A

DATE _____ TICKET NO. _____

DATE OF JOB 6/25/13	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 Watson D I					WELL NO.	
ADDRESS		COUNTY Haskell			STATE Ks			
CITY		STATE		SERVICE CREW Tommy, Greg, Santiago				
AUTHORIZED BY Tyce		JOB TYPE: 242						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
29939	6							1:40
30223 39926	6					ARRIVED AT JOB		4:00
14355 39926	6					START OPERATION		7:04
30464 39924	6					FINISH OPERATION		9:07
						RELEASED		10:00
						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 [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
10777	A-Con Blend	SK	350	13 95	4882 50
10795	Premium Plus	SK	245	12 23	2996 35
10296	Calcium Chloride	LB	1449	79	1144 71
10289	Cello Flake	LB	149	2 78	414 22
10317	C-51	LB	66	18 75	1237 50
10402	Guide Shoe	EA	1		285 00
10529	Flapper Float Valve	EA	1		210 00
10883	Centrifizer	EA	15	108 75	1631 25
10915	Bucket	EA	1		787 50
10369	Top Plug	EA	1		168 75
10842	stop Collar	EA	1		75 00
CF3000	Thread Lock	EA	12	25 50	306 00
10357	Heavy Equip Mileage	Mi	135	5 25	708 75
10258	Blending & Mixing Charge	SK	595	1 05	624 75
10360	Bulk Delivery	TM	1260	1 20	1512 00
CE202	Depth Charge 100' to 2000'	Chr	1		1125 00
10270	Plug Container	EA	1		187 50
10356	Pickup Mileage	Mi	45	3 19	143 55
10354	Service Superuser	EA	1		131 25

SUB TOTAL **16,796.58**

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT LEASE/DEPT **LEASCAP** D02 NON D02

MATERIALS LEASE/WELL/FAC **Watson D-1** TAX ON \$ _____

TOTAL _____

MAXIMO / WSM # _____

TASK **01-02** ELEMENT **3023**

PROJECT # **117/235** CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE **Chad Hinz** THE ABOVE MATERIAL AND SERVICES ORDERED BY CUSTOMER **UNSUPPORTED**

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

FIELD SERVICE ORDER NO. _____

I certify that these Services/Materials have been received



Cement Report

Customer <i>OKI USA</i>	Lease No.	Date <i>6/25/13</i>
Lease <i>Watson D</i>	Well # <i>1</i>	Service Receipt
Casing <i>4 5/8</i>	Depth	County <i>Haskell</i> State <i>KS</i>
Job Type <i>Surface</i>	Formation	Legal Description <i>22-30-32</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>4 5/8</i>	Tubing Size	Shots/Ft		Lead <i>360 sk A-Com</i>
Depth <i>1580.44</i>	Depth	From	To	<i>@12.1 #</i>
Volume <i>97.6</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 sk P.P.</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	<i>@14.8 #</i>
Plug Depth	Packer Depth	From	To	<i>1.34 6.35</i>

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>04:00</i>					<i>on loc, spot & R.O., Surface mtg</i>
<i>07:07</i>	<i>2100</i>				<i>Test Lines</i>
<i>07:13</i>	<i>210</i>		<i>0</i>	<i>5</i>	<i>start mixing @12.1 #</i>
<i>07:43</i>	<i>140</i>		<i>150</i>	<i>5</i>	<i>on tail @14.8 #</i>
<i>08:02</i>	<i>0</i>		<i>59</i>	<i>0</i>	<i>Finished mixing, Drop Plug</i>
<i>08:05</i>	<i>170</i>		<i>0</i>	<i>5</i>	<i>start disp, washup</i>
<i>08:23</i>	<i>330</i>		<i>78</i>	<i>2</i>	<i>slow Rate</i>
<i>08:31</i>	<i>420-410</i>		<i>98</i>		<i>Plug Down</i>
<i>08:35</i>	<i>0</i>				<i>check floats (held)</i>
<i>08:39</i>	<i>1510</i>				<i>Test Csg</i>
<i>08:39</i>	<i>0</i>				<i>Release, Rsi</i>
					<i>Job Comp</i>

Service Units	<i>748939</i>	<i>37223377261435538983046439</i>
Driver Names	<i>Chad Hinz</i>	<i>T. Morce Hoss S. Chavez G. Sandover</i>

 Customer Representative
  Station Manager
  Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04436 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>6/26/13</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>Watson D 1</u> WELL NO.:							
ADDRESS	COUNTY <u>Haskell</u> STATE <u>KS</u>							
CITY STATE	SERVICE CREW <u>Sam, Santiago</u>							
AUTHORIZED BY <u>Tyler</u>	JOB TYPE: <u>24</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>748939</u>	<u>9</u>							<u>5:30</u>
<u>3922337926</u>	<u>9</u>					ARRIVED AT JOB		<u>8:30</u>
<u>381919566</u>	<u>9</u>					START OPERATION		<u>10:25</u>
						FINISH OPERATION		<u>5:00</u>
						RELEASED		<u>5:30</u>
						MILES FROM STATION TO WELL		<u>25</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
10795	Premium Plus	SK	215	12 23	2629 45
10296	Calcium Chloride	LB	236	79	186 44
E101	Heavy Equip. Mileage	Mi	50	5 25	262 50
10258	Blending & Mixing Charge	SK	215	1 05	225 75
10360	Bulk Delivery	MM	254	1 20	304 80
CE202	Depth Charge 1001 to 2000'	4hr	1		1125 00
10356	Pickup Mileage	Mi	25	3 19	79 75
10354	Service Supervisor	FA	1		131 25
AP LOCATION/DEPT <u>Lib Cap</u> D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>					
LEASE/WELL/FAC <u>Watson D-1</u>					
MAXIMO / WSM # _____					
TASK <u>01-02</u> ELEMENT <u>3023</u>					
PROJECT # <u>1171235</u> CAPEX / OPEX - Circle one					
SPO / BPA _____ UNSUPPORTED <input type="checkbox"/>					
PRINTED NAME <u>Cal Wylie</u>					
SIGNATURE: <u>[Signature]</u> <small>I certify that these Services/Materials have been received</small>					

SUB TOTAL 4,944.94

CHEMICAL / ACID DATA:			

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

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



Cement Report

Customer <i>Oil USA</i>	Lease No.	Date <i>6/25/13</i>
Lease <i>Watson D</i>	Well # <i>1</i>	Service Receipt
Casing	Depth <i>1675'</i>	County <i>Haskell</i>
Job Type <i>PTA</i>	Formation	State <i>Ks</i>
		Legal Description <i>22-30-32</i>

Pipe Data		Perforating Data		Cement Data	
Casing size <i>4 5/8</i>	Tubing Size <i>4 1/2</i>	Shots/Ft		Lead <i>215 SK</i>	
Depth <i>1576'</i>	Depth <i>1663'</i>	From <i>1663' 1st</i>	To	P.P. @ <i>14.8#</i>	
Volume	Volume	From <i>675' 2nd</i>	To	<i>1.32</i>	<i>6.31</i>
Max Press	Max Press	From <i>60' 3rd</i>	To	Tail in	
Well Connection	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>09:30</i>					<i>onloc, spot & R.O., Safety mtg</i>
<i>10:23</i>		<i>210</i>	<i>5</i>	<i>5</i>	<i>H2O @ 1663'</i>
<i>10:25</i>		<i>210</i>	<i>29.3</i>	<i>5</i>	<i>Mix 125SK P.P. @ 14.8# 2% CaCl</i>
<i>10:32</i>		<i>210</i>	<i>1</i>	<i>5</i>	<i>Pump H2O</i>
<i>10:33</i>		<i>0</i>	<i>15</i>	<i>5</i>	<i>Mud</i>
<i>10:36</i>					<i>Tooth, wait 4 hrs</i>
<i>14:44</i>		<i>1000</i>			<i>Test Plug 10min</i>
<i>15:00</i>		<i>210</i>	<i>5</i>	<i>5</i>	<i>H2O @ 675'</i>
<i>15:02</i>		<i>210</i>	<i>12</i>	<i>5</i>	<i>Mix 50SK @ 14.8#</i>
<i>15:06</i>		<i>0</i>	<i>1</i>	<i>5</i>	<i>H2O</i>
<i>15:06</i>		<i>0</i>	<i>5</i>	<i>5</i>	<i>Mud</i>
<i>16:45</i>			<i>5.3</i>		<i>Plug @ 60'</i>
<i>16:48</i>			<i>5.3</i>		<i>Plug Rathole</i>
<i>16:52</i>					<i>Washed</i>
					<i>Job Complete</i>

Service Units	<i>878939</i>	<i>3922337926</i>	<i>3611919566</i>
Driver Names	<i>Cedrinz</i>	<i>Som</i>	<i>Santiago Chavez</i>

Cal Wylie Customer Representative
 Jerry Bennett Station Manager
 Chad Hinz 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

October 01, 2013

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

Re: ACO1
API 15-081-22022-00-00
WATSON D 1
SW/4 Sec.22-30S-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