



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1161269  
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: \_\_\_\_\_



1161269

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GRIFFIN D 1
Doc ID	1161269

Tops

Name	Top	Datum
HEEBNER	4123	
TORONTO	4142	
LANSING	4211	
KANSAS CITY	4624	
MARMATON	4778	
PAWNEE	4874	
CHEROKEE	4918	
ATOKA	5142	
MORROW	5194	
ST. GENEVIEVE	5466	
ST. LOUIS	5556	



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1717 04407 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: <b>6-8-13</b>	DISTRICT: <b>1717</b>	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: <b>Oxy USA</b>	LEASE: <b>Griffin "D" #1</b>		WELL NO.:						
ADDRESS:		COUNTY: <b>Haskell</b>		STATE: <b>KS</b>					
CITY:		STATE:		SERVICE CREW: <b>I. Chavez, Abel, Sergio, Tommy, Cesar</b>					
AUTHORIZED BY: <b>Serg Burt</b>		JOB TYPE: <b>242 8 3/8 SURFACE</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>78938</b>	<b>9</b>	<b>33021</b>	<b>9</b>	<b>14355</b>	<b>9</b>	<b>ARRIVED AT JOB</b>	<b>6-8-13</b>	<b>AM</b>	<b>5:50</b>
		<b>19546</b>	<b>1</b>	<b>37725</b>	<b>1</b>	<b>START OPERATION</b>	<b>6-8-13</b>	<b>AM</b>	<b>8:00</b>
<b>70897</b>	<b>9</b>					<b>FINISH OPERATION</b>	<b>6-8-13</b>	<b>AM</b>	<b>1:30</b>
<b>19570</b>	<b>1</b>					<b>RELEASED</b>	<b>6-8-13</b>	<b>AM</b>	<b>3:30</b>
						<b>MILES FROM STATION TO WELL</b>	<b>45</b>		

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 Martin Jose Salinas**  
(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 Cement	SK	245	12.23	2996.35
CC109	Calcium Chloride	16	1449	.79	1144.71
CC102	Cello Flake	16	149	2.78	414.22
CC130	C-51	16	66	18.75	1237.50
CF253	Guide Shoe	EA	1		285.00
CF1453	Insert Float	EA	1		210.00
CF4405	Centralizer 8 3/8	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	135	5.25	708.75
CE240	Blendy + Mixing Charge	SK	595	1.05	624.75
E113	Bulk Delivery Charge	tm	1260	1.20	1512.00
CE202	Perth Charge	4hrs	1		1125.00
CE504	Plus Contingency Charge	job	1		187.50
E100	Pickup Mileage	mi	45	3.19	143.55
5003	Service Super Visa	EA	1		131.25
E774	2" Pop-off Valve Rental	EA	1		225.00
SUB TOTAL					<b>18490.58</b>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <b>Sergio Chavez</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <b>X Martin Jose Salinas</b> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	







**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1717 04453 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>6-12-13</b> DISTRICT <b>1717</b>		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 <b>OXY USA</b>		LEASE <b>Griffin D</b>		WELL NO. <b>1</b>		
ADDRESS		COUNTY <b>Haskell</b>		STATE <b>KS</b>		
CITY STATE		SERVICE CREW <b>Ruben - Carlos - Cesar</b>				
AUTHORIZED BY <b>Tyre Davis IRB</b>		JOB TYPE: <b>Production 5 1/2 17# Z-42</b>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <b>6-12-13</b> DATE AM PM <b>10:00</b> TIME
		<b>78940</b>	<b>6</b>			ARRIVED AT JOB AM PM <b>10:15</b>
		<del>38</del> <b>37850</b>	<b>3</b>			START OPERATION AM PM <b>11:50</b>
		<b>19842</b>	<b>3</b>			FINISH OPERATION AM PM <b>13:15</b>
		<b>14355</b>	<b>3</b>			RELEASED AM PM <b>14:00</b>
		<b>37725</b>	<b>3</b>			MILES FROM STATION TO WELL <b>4.5</b>

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	50/50 P-2	SK	390	8 25	3217 50
CC 105	C-41 P	Lb	82	3 00	246 00
CC 113	64.5um	Lb	1640	56	918 40
CC 111	Salt	Lb	2396	38	918 48
CC 103	C-15	Lb	197	9 38	1847 66
CC 201	Gilsonite	Lb	1950	50	975 00
CC 155	Super flush	gal	500	1 15	575 00
CF 251	guide shoe 5 1/2	Eg	1		187 50
CF 1451	flapper Type Insert float	Eg	1		161 25
CF 103	Top Rubber Plug	Eg	1		78 75
CF 4105	Top Collar	Eg	1		63 00
CF 4452	Centralizer	Eg	25	56 25	1406 25
E 101	Heavy Equipment M. lease	M:	90	5 25	472 50
CE 240	Blending and Mixing Service Charge	M:	390	1 05	409 50
E 113	Proppand and Bulk Del. very charge	M:	738	1 20	885 60
CE 206	Depth Charge 5001-6000	Eg	1		2160 00
CE 504	Plug Container Charge	Eg	1		187 50
E 100	Pickup Charge	M:	45	3 19	143 55
S 003	Service Supervisor Charge	Eg	1		131 25
SUB TOTAL					<b>14976.89</b>

CHEMICAL / ACID DATA:

AP LOCATION/DEPT **Liberal**

LEASE/WELL/FAC **Griffin D-1**

MAXIMO / WSM # \_\_\_\_\_

D02  NON D02

SERVICE & EQUIPMENT %TAX ON \$

MATERIALS %TAX ON \$

TOTAL

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

PROJECT # **1170352** CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE Type **SPO / BPA**

PRINTED NAME **ZARYN ZION**

UN SUPPORTED

ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE SIGNATURE NO.  **171704453**

I certify that these Services/Materials have been received

# Cement Report

Customer <b>Oxy USA</b>		Lease No.		Date <b>6-12-13</b>	
Lease <b>Griffin D</b>		Well # <b>1</b>		Service Receipt	
Casing		Depth		County <b>Haskell</b>	
Job Type		Formation		State <b>KS</b>	
				Legal Description <b>11-28-33</b>	
<b>Pipe Data</b>			<b>Perforating Data</b>		
<b>Cement Data</b>					
Casing size <b>5 1/2 17#</b>		Tubing Size		<b>Shots/Ft</b>	
Depth <b>5819' ft</b>		Depth		From To	
Volume <b>135 bbls</b>		Volume		From To	
Max Press		Max Press		From To	
Well Connection		Annulus Vol.		From To	
Plug Depth <b>5780' ft</b>		Packer Depth		From To	
				<b>Tail in</b>	
				<b>Lead 390SKS-5/W60</b>	
				<b>@ 13.5 PPG 10% Silt</b>	
				<b>50/50 P2-61-C-15</b>	
				<b>Y4# Determer</b>	
				<b>5# Gilsenite</b>	
				<b>Tail in</b>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1015					On location Rig up
1120					Safety Meeting
1150	2500		.5	.5	Pressure Test
1153	0		5.5	4	Plug Mouse Hole 20SKS @ 13.5
1201	60		104	5	Pump 370 SKS @ 13.5
1235	60		5	4	Drop Plug Wash up
1241	60			5	Start Displacement
1327	850		120	2	Slow Rate
1335	850		135.5	2	Stop Shut Down Hold it for
1340	0				5 minutes
					Release Pressure - Rig down
Service Units		78940	37850/9842	14355/3725	
Driver Names		Ruben	Carlos	Cesar	

Early  
Customer Representative

Jerry Bennett  
Station Manager

Ruben Mark  
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

October 03, 2013

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

Re: ACO1  
API 15-081-22021-00-00  
GRIFFIN D 1  
NW/4 Sec.11-28S-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