



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1162411  
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: \_\_\_\_\_



1162411

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:  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

<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	EISELE B 1
Doc ID	1162411

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	EISELE B 1
Doc ID	1162411

Tops

Name	Top	Datum
HEEBNER	4113	
TORONTO	4138	
LANSING	4207	
KANSAS CITY	4612	
MARMATON	4757	
PAWNEE	4855	
CHEROKEE	4898	
ATOKA	5111	
MORROW	5151	
CHESTER	5305	
ST. GENEVIEVE	5377	
ST. LOUIS	5607	



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

FIELD SERVICE TICKET  
 1717 04431 A

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

DATE OF JOB: <b>6/15/13</b>	DISTRICT _____	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>Eisele B</b>	I		WELL NO.			
ADDRESS _____	COUNTY: <b>Haskell</b>	STATE: <b>KS</b>					
CITY _____	STATE _____	SERVICE CREW: <b>Ed, Victor, Santiago</b>					
AUTHORIZED BY: <b>Tyce</b>	JOB TYPE: <b>242 Surface</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE
<b>74939</b>	<b>5</b>						<b>6:00</b>
<b>30464 39924</b>	<b>5</b>					ARRIVED AT JOB	<b>9:00</b>
<b>39223 39926</b>	<b>5</b>					START OPERATION	<b>12:02</b>
<b>38119 19566</b>	<b>5</b>					FINISH OPERATION	<b>1:56</b>
						RELEASED	<b>2:30</b>
						MILES FROM STATION TO WELL	<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: *[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	Celloflake	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	Centralizer	EA	15	108 75	1631 25
10915	Cement Basket	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 1001' to 2000'	4hr	1		1125 00
10270	Plug Container	Job	1		187 50
10356	Pickup Mileage	Mi	45	3 19	143 55
10354	Service Super User	EA	1		131 25
SUB TOTAL					<b>19209 08</b>

CHEMICAL / ACID DATA:			

**LIBECAP**

AP LOCATION/DEPT: \_\_\_\_\_ SERVICE & EQUIPMENT: \_\_\_\_\_ %TAX ON \$ \_\_\_\_\_

LEASE/WELL/FAC: \_\_\_\_\_ MATERIALS: **EISELE B-1** %TAX ON \$ \_\_\_\_\_

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

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

PROJECT # **1170356** CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE: **Chad Hinz**

PRINTED NAME: \_\_\_\_\_

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

FIELD SERVICE ORDER NO. \_\_\_\_\_

Use of these services/materials have been received



**BASIC**<sup>SM</sup>  
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET CONT.

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	S AMOUNT
10797	Cement Data	EA	1		412 50
10269	High Head Charge	EA	1		225 0

Customer <i>Oxy USA</i>	Lease No.	Date <i>6/14/13</i>
Lease <i>Eisell B</i>	Well # <i>1</i>	Service Receipt
Casing <i>8 5/8</i>	Depth	County <i>Haskell</i>
Job Type <i>surface</i>	Formation	State <i>KS</i>
		Legal Description <i>17-28-32</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>350 5x A-Com</i>
Depth <i>1645.69</i>	Depth	From	To	@ <i>12.1 #</i>
Volume <i>102</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 5x 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 6.33</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>09:00</i>					<i>on loc. spottacks, R.O., safety gully</i>
<i>12:02</i>	<i>2010</i>				<i>Test Lines</i>
<i>12:06</i>	<i>150</i>		<i>0</i>	<i>5</i>	<i>start mixing @ 12.1 #</i>
<i>12:34</i>	<i>70</i>		<i>148.6</i>	<i>5</i>	<i>on tail @ 14.8 #</i>
<i>12:52</i>	<i>0</i>		<i>58.5</i>	<i>0</i>	<i>shut down, drop plug</i>
<i>12:56</i>	<i>70</i>		<i>0</i>	<i>5</i>	<i>start disp, wash up on plug</i>
<i>13:15</i>	<i>380</i>		<i>90</i>	<i>2.2</i>	<i>slow Rate</i>
<i>13:20</i>	<i>430-1030</i>		<i>102</i>	<i>0</i>	<i>Plug down</i>
<i>13:25</i>	<i>1030-0</i>				<i>check float (held)</i>
<i>13:26</i>	<i>1500</i>				<i>Test Csg.</i>
<i>13:56</i>	<i>0</i>				<i>Release 13i</i>
					<i>Job Complete.</i>

Service Units	<i>74939</i>	<i>3722337726</i>	<i>3046437924</i>	<i>3811919564</i>
Driver Names	<i>C. Hinz</i>	<i>E. Mendoza</i>	<i>S. Chavez</i>	<i>V. Vasquez</i>

*Early* Customer Representative      *Jerry Bennett* Station Manager      *Chad Hinz* Cementer



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

FIELD SERVICE TICKET  
1717 04459 A

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

DATE OF JOB <b>6-19-13</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>Eisele 'B' #</b> WELL NO. <b>1</b>							
ADDRESS		COUNTY <b>Haskell</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>Ruben - Ed M - Hector R</b>							
AUTHORIZED BY <b>Jerry Bennett JRB</b>		JOB TYPE: <b>5 1/2 Production 2-42</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				<b>78940</b>	<b>5</b>		<b>6-19-13</b>		<b>2000</b>
				<b>38750</b>	<b>2</b>	ARRIVED AT JOB		AM	<b>2200</b>
				<b>19842</b>	<b>3</b>	START OPERATION		AM	<b>0111</b>
				<b>14355</b>	<b>2</b>	FINISH OPERATION		AM	<b>0210</b>
				<b>37725</b>	<b>3</b>	RELEASED		AM	<b>0300</b>
						MILES FROM STATION TO WELL	<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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	AMOUNT	
CL 104	50/50 P02	SK	340			
CC 105	C-41 P	Lb	82			
CC 113	Gypsum	Lb	1640			
CC 111	Sulf	Lb	2396			
CC 103	C-15	Lb	197			
CC 201	Gilsonite	Lb	1950			
CC 155	Super flush	gal	500			
CF 251	5 1/2 Guide Shoe	Eg	1			
CF 1451	5 1/2 Flapper Type Insrt f/ bot Valve	Eg	1			
CF 103	Top Rubber Plug	Eg	1			
CF 4105	Stop Collar	Eg	1			
CF 4452	Centralizer	Eg	25			
E 101	Heavy Equipment Mileage	Mi	90			
CE 240	Blending and Mixing Service Charge	Mi	390			
E 113	Proppant and Bulk Delivery Charge	Mi	738			
CE 206	Depth Charge 500' - 6000'	Eg	1			
CE 304	Plug Container Charge	Eg	1			
E 100	Pick up Charge	Mi	45			
S 003	Service Supervisor Charge	Eg	1			
SUB TOTAL					<b>14511</b>	<b>89</b>
CHEMICAL / ACID DATA:						
SERVICE & EQUIPMENT					%TAX ON \$	
MATERIALS					%TAX ON \$	
TOTAL						

AP LOCATION/DEPT: **Liberal**  **NON D02**  
 LEASEWELL/FAC: **EISELE B-1**  
 MAXIMO / WSM #: **0102** ELEMENT **302E**  
 TASK: **1170556** CAPEX / OPEX - Circle one  
 PROJECT # **1170556** UNSUPPORTED   
 SPO / BPA Circle one  
 PRINTED NAME: **Victor Benavides**  
 SIGNATURE: \_\_\_\_\_  
I certify that these Services/Quantities have been reviewed.

SERVICE REPRESENTATIVE **Ruben Marts**  
FIELD SERVICE ORDER NO. \_\_\_\_\_

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
Liberal, Kansas

### Cement Report

Customer <b>OXY USA</b>		Lease No.		Date <b>6-19-13</b>	
Lease <b>Eisele B</b>		Well # <b>1</b>		Service Receipt	
Casing Depth		County <b>Haskell</b>		State <b>KS</b>	
Job Type		Formation		Legal Description	
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <b>5 1/2 17 #</b>		Tubing Size		Shots/Ft	
Depth <b>5721'</b>		Depth		From To	
Volume <b>131.8 bbls</b>		Volume		From To	
Max Press		Max Press		From To	
Well Connection		Annulus Vol.		From To	
Plug Depth <b>5683'</b>		Packer Depth		From To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2200					On Location Rigup
0042					Safety Meeting
0108	2500				Pressure Test
0110	100		5	5	Pump water Ahead
0114	100		11	5	Pump Super flush
0119	100		5	5	Pump water behind
0124	100		90	6	Pump 320 SKS @ 13.5
0140					Drop Plug Wash up
0144	100			6	Start Displacement
0149	250		80	5	Catch Cement
0155	800		115	2	Slow Rate
0158	1400		131	2	Plug landed - float Held
0203	0				Release Pressure
0210	0		6	2	Plug Mouse Hole
Service Units		3875019842		1435537725	
Driver Names		Ruben		Ed M Heator B	

Victor  
Customer Representative

Jerry Bennett  
Station Manager

Ruben Martin  
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 10, 2013

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

Re: ACO1  
API 15-081-22020-00-00  
EISELE B 1  
SE/4 Sec.17-28S-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