



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1165652
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: _____



1165652

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

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: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WINTER I 1
Doc ID	1165652

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WINTER I 1
Doc ID	1165652

Tops

Name	Top	Datum
HEEBNER	4322	
TORONTO	4345	
LANSING	4463	
KANSAS CITY	4777	
MARMATON	4851	
PAWNEE	5486	
CHEROKEE	5686	
ATOKA	5818	
MORROW	5980	
CHESTER	6385	
ST. GENEVIEVE	6668	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04462 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-1-13		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: Winter 'I'				WELL NO. 1	
ADDRESS:				COUNTY: Stevens		STATE: KS			
CITY:				STATE:		SERVICE CREW:			
AUTHORIZED BY:				JOB TYPE: 2-42 Surface 8 5/8					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				78940	7		7-1-13	AM	1430
				3875019842	7	ARRIVED AT JOB		AM	1630
				1435537725	7	START OPERATION		AM	1909
				3046437724	7	FINISH OPERATION		AM	2100
						RELEASED		AM	2130
						MILES FROM STATION TO WELL			15

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
CL 101	A-Con - Blend	SK	250	275	
CL 110	Premium Plus	SK	245		
CC 109	Calcium Chloride	Lb	1449		
CC 102	Celloflake	Lb	149		
CC 130	C-SI	Lb	66		
CF 253	Guide Shoe Reg. 8 5/8	Ea	1		
CF 1453	Flapper Type Inst. 8 5/8	Ea	1		
CF 4405	Centralizer 8 5/8	Ea	10		
CF 4556	Cement Baskets 8 5/8	Ea	1		
CF 105	Top Rubber Plug 8 5/8	Ea	1		
CF 4109	Stop Collar	Ea	1		
E 101	Heavy Equipment Mileage	M:	45		
CE 240	Blending and Mixing Service Charge	M:	595		
E 113	Proppant and Bulk Delivery Charge	M:	420		
CE 202	Depth Charge	Ea	1		
CE 504	Pick up Charge Plug Container Charge	Ea	1		
E 100	Pick up Charge	M:	15		
S 003	Service Supervisor Charge	Ea	1		

AP LOCATION/DEPT. LIBCAP
 LEASEWELL/FAC. WINTER I-1
 MAXIMO / WSM # 1164441
 TASK ELEMENT 3033
 PROJECT # 1164441
 SPO / BPA CIRCLE TYPE UNSUPPORTED
 PRINTED NAME Victor Benavides
 SIGNATURE: *[Signature]*
I certify that these Services/Materials have been received.

CHEMICAL / ACID DATA:			

SUB TOTAL	15324	38
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

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



Cement Report

Customer OXY USA		Lease No.		Date 7-1-13	
Lease Winter 'I'		Well # 1		Service Receipt	
Casing		Depth		County Stevens	
Job Type		Formation		State KS	
Legal Description					
Pipe Data			Perforating Data		Cement Data
Casing size 8 5/8 24#	Tubing Size		Shots/Ft		Lead 380 SKS @ 12.1 PPG 3% C.C., 1/4# Poly Flake, 2% WCA - 1275 SKS A-Cen Blend @ 12.1 PPG Tail in 2455 SKS @ 14.8 PPG 2% C.C., 1/4# Poly Flake Premium Plus Cement
Depth 1482'	Depth		From	To	
Volume 91.6 bbl	Volume		From	To	
Max Press	Max Press		From	To	
Well Connection	Annulus Vol.		From	To	
Plug Depth 1441.580'	Packer Depth		From	To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1630					On Location
1900					Safety Meeting
1909	2500				Pressure Test
1913	100		117	5	Pump 275 SKS @ 12.1 PPG
1936	100		58	5	Pump 245 SKS @ 14.8 PPG
1949					Drop Plug
1952	0			5	Start Displacement
2000	350		78	2	Slow Rate
2013	950		91	2	Plug landed - float held
2016	1500				Test Casing - pressure Test
2048	0				Release Pressure
Service Units		78940	3875019842	3046437724	14355.37725
Driver Names		Ruben	Juan Carlos	Juan Lopez	Hector R

CAL
Customer Representative

Jerry Bennett
Station Manager

Ruben Martinez
Cementer
Taylor Printing, Inc.

Old Code	New Code	Material, Equipment & Services Used	Unit	Quantity	Unit Price	\$ Amount	25% Discoun	Discount	CORRECT PRICE
CL101	10777	A-Con Blend	SK	245	18.60	4,548.00	1.16	528.00	4,020.00
CL110	10795	Premium Plus	SK	245	15.30	3,748.50	0.93	348.00	3,400.50
CL102	10778	Thixotropic	SK						
CC165	10343	SLS POLYMER	Gal						
CC166	10344	SLS LCM	lb	1449	1.05	1,521.45	0.26	397.50	1,123.95
CC109	10296	Calcium Chloride	lb	149	3.70	551.30	0.93	51.27	500.03
CC102	10289	Calloflake	lb	66	25.00	1,650.00	6.25	103.13	1,546.87
CC130	10317	C-51	lb	0	0.50	0.00			
CC111	10402	Salt	EA	1	380.00	380.00			380.00
CF253	10529	GUIDE SHOE REG. BLUE 8 5/8	EA	1	280.00	280.00			280.00
CF1453	10883	FLAPPER TYPE INST. FLT VLV.	EA	10	145.00	1,450.00	36.25	517.50	892.50
CF4405	10915	ECONOMIZER HINGED CENTRALIZER	EA	1	1,050.00	1,050.00			1,050.00
CF4556	10369	CEMENT BASKETS	EA	1	225.00	225.00			225.00
CF4109	10842	TOP RUBBER PLUG	EA	1	100.00	100.00			100.00
CF4109	10842	STOP RUBBER PLUG	EA	0	25.00	0.00			
CF3000		THREAD LOCK	EA	0	25.50	0.00			
E101	10357	Heavy Equipment Mileage	mi	45	7.00	315.00	1.75	55.13	259.87
CE240	10258	Blending & Mixing Service Charge	mi	595	1.40	833.00	0.35	208.05	624.95
E113	10360	Proppant and Bulk Delivery Charge	mi	420	1.60	672.00	0.40	168.00	504.00
CE202	?	Depth Charge:	ea	1	1,500.00	1,500.00	375.00	562.50	937.50
CE504	10270	Plug Container Charge	ea	1	250.00	250.00			250.00
E100	10356	Pickup	mi	15	4.25	63.75	1.06	3.19	60.56
S003	10354	Service Supervisor Charge	ea	1	175.00	175.00			175.00
T105	10797	CEMENT DATA	ea	0	550.00	0.00			
CE503	10269	High Head Charge	ea	0	300.00	0.00			
CE403	10263	Cement Pump, Additional hrs on location	hr	0		0.00			
E724	10946	2" POPOFF VALVE RENTAL	hr	1	300.00	300.00	75.00	225.00	75.00
		SUBTOTAL				21,820.00			21,820.00
		Less - 25% Discount				(5,455.00)			16,365.00
		Total on Pressure Pumping Service				16,365.00			16,365.00
		Total For Entire Job - original price				16,365.00			16,365.00
		BID AMT				16,365.00			16,365.00
		ADJ DISC AMT							

3836.25

1224218

15 324.38



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04412 A

DATE _____ TICKET NO. _____

DATE OF JOB	7-7-13	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	Winter "I" #1			WELL NO.							
ADDRESS				COUNTY	Stevens			STATE	KS						
CITY				STATE				SERVICE CREW	I. Chavez, Sam, Daniel, Hector E						
AUTHORIZED BY	Ben Benth JRB			JOB TYPE:	242 5 1/2 long string										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME						
							7-7-13		500						
						ARRIVED AT JOB	7-7-13		800						
78934	4	30464	4	30463	4	START OPERATION	7-7-13		1030						
		37724	1	37547	1	FINISH OPERATION	7-7-13		1230						
70897	6					RELEASED	7-7-13		135						
14570	1					MILES FROM STATION TO WELL	15								

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
CL104	5050 POZ	SK	495	8 25	4083 75
CC113	Gypsum	lb	2050	56	1164 80
CC111	Salt	lb	3039	38	1154 82
CC103	C-15	lb	250	9 38	2345 00
CC105	C-410	lb	104	3 00	312 00
CC701	Gilsonite	lb	2475	50	1237 50
CF251	Guide Shot	EA	1		187 50
CF1451	Insert Float Valve	EA	1		161 25
CF103	Rubber Plug	EA	1		78 75
CF4105	Shot Collar	EA	1		63 00
CF4452	Centralizer 5/4	EA	25	56 25	1406 25
CC155	Super Flush 11	gal	500	1 15	575 00
E101	Heavy Equipment Midge	mi	45	5 25	236 25
CE240	Blending & Mixing Chge	SK	495	1 05	519 75
E113	Bulk Delivery Chge	tm	312	1 20	374 40
CE207	Depth Chge	4hrs	1		2430 00
CE504	Plus Conting Chge	job	1		187 50
E100	Pre-Cur Midge	mi	15	3 19	47 85
E724	2" POZ - OFF Valve	EA	1		225 00
SUB TOTAL					17559 12

AP LOCATION/DEPT: Lib Dept
LEASEWELL/FAC: 41104/1
MAXIMUM / WSM #: 1104/1
TASK: DL-02
PROJECT #: 1104/1
SPO / BPA: [blank]
DATE: [blank]
PRINTED NAME: Cal [blank]
SIGNATURE: [Signature]
I certify that these Service Materials have been received.

ELEMENT: 3023
UNUNSUPPORTED: [blank]
CAPEX / OPEX - Circle one
DOZ/DNON/DOZD
1-1

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *[Signature]* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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

FIELD SERVICE TICKET CONT.

TICKET NO. *1717 04412*

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
T105	<i>Comat Data Acquisty</i>	<i>EA</i>	<i>1</i>		<i>412 50</i>
CE503	<i>Derrick Chngl</i>	<i>EA</i>	<i>1</i>		<i>225 00</i>
S003	<i>Service Supervisor</i>	<i>EA</i>	<i>1</i>		<i>131 25</i>



Cement Report

Customer <i>OK USA</i>	Lease No.	Date <i>7-7-13</i>
Lease <i>Winter "I"</i>	Well # <i>1</i>	Service Receipt <i>04412</i>
Casing <i>5 1/2</i>	Depth <i>6821</i>	County <i>Stevens</i>
Job Type <i>242 Log Sky</i>	Formation	State <i>KS</i>
		Legal Description <i>13.35 - 36</i>

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
<i>5 1/2 17#</i>		From	To	
Depth <i>6833</i>	Depth <i>55. 42'</i>	From	To	
Volume <i>15864</i>	Volume	From	To	
Max Press <i>2500</i>	Max Press	From	To	
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	Tail in <i>495 SL 50-50</i>
Plug Depth <i>6787</i>	Packer Depth	From	To	<i>1.58 FT 3 SL PDZ</i>
				<i>9.366 SL 13.5 #</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>830</i>					<i>Arrive On Location</i>
<i>900</i>					<i>Safety Check - Rig Up</i>
<i>1000</i>					<i>Circulate w/Dis</i>
<i>1040</i>					<i>Hook up To BES</i>
<i>1050</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1055</i>	<i>300</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>1100</i>	<i>250</i>		<i>12</i>	<i>5.0</i>	<i>Pump Super Flush</i>
<i>1105</i>	<i>700</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>1110</i>	<i>250</i>		<i>140</i>	<i>6.0</i>	<i>Pump cement @ 13.5 #</i>
<i>1135</i>					<i>Drop Plug - Wash Up</i>
<i>1140</i>	<i>1000</i>		<i>147</i>	<i>5.0</i>	<i>Displace</i>
<i>1210</i>	<i>750</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>1215</i>	<i>1250</i>		<i>11</i>	<i>1.1</i>	<i>Hard Plug - Plant Hold</i>
					<i>Job Complete</i>
					<i>Lost circulation @ 85 bbls out</i>

Thanks For Using Basic Energy Services

Service Units	<i>78938</i>	<i>78997-19570</i>	<i>30464-37724</i>	<i>30463-37547</i>
Driver Names	<i>L. Chavez</i>	<i>Sam</i>	<i>Daniel</i>	<i>Hector E</i>

CAL
Customer Representative
Ben Bett
Station Manager
Fernel Chavez
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 28, 2013

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

Re: ACO1
API 15-189-22790-00-00
WINTER I 1
NE/4 Sec.13-35S-36W
Stevens 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