



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1166809
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: _____



1166809

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WIGGAINS 12 12
Doc ID	1166809

Tops

Name	Top	Datum
HEEBNER	4329	
TORONTO	4346	
LANSING	4469	
KANSAS CITY	4792	
MARMATON	4855	
PAWNEE	5491	
CHEROKEE	5684	
ATOKA	5854	
MORROW	5987	
CHESTER	6360	
ST. GENEVIEVE	6660	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04413 A

DATE _____ TICKET NO. _____

DATE OF JOB	7-10-13	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	Wiggins		#	12-12 WELL NO.	
ADDRESS				COUNTY	Stevens		STATE	KS	
CITY	STATE			SERVICE CREW	I. Chavez, Sam, Hector R, Cesar				
AUTHORIZED BY	Joy Best			JOB TYPE:	242 898 SURFACE				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78938	4	30463	4	14355	4	ARRIVED AT JOB	7-10-13	PM	-230
		37547	1	37725	1	START OPERATION	7-10-13	PM	-400
70897	4					FINISH OPERATION	7-10-13	PM	-730
19570	1					RELEASED	7-10-13	PM	-930
						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: *Martin Apu Salinas*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con Thread	SK	250	13 95	3487 50
CL110	Premix Plus Cont	SK	245	12 23	2996 35
CL109	Calcium Chloride	lb	1167	79	921 93
CL102	Cellulose	lb	124	2 78	344 72
CL130	C-51	lb	47	18 75	881 25
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Flood Valve	EA	1		210 00
CF4405	Centralizer	EA	10	108 75	1087 50
CF4556	Cont Basket 898	EA	1		787 50
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CC165	Stoploss Polymer	Gal	840	4 50	3780 00
CC160	Stoploss LCM	lb	240	3 94	945 00
E101	Hourly Equipment Mileage	mi	45	5 25	236 25
CE240	Blending Mixing Charge	SK	495	1 05	519 75
E113	Bulk Delay Charge	ton	350	1 20	420 00
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plus Containing Charge	job	1		187 50
E100	Picking Mileage	mi	15	3 19	47 85
SUB TOTAL					19501 20

AP LOCATION/DEPT: Lib/Capex D02 NON D02
LEASEWELL/FAC: Wiggins 12-12
MAXIMO/WSM #: 01-0A
TASK: ELEMENT 3023
PROJECT # 117799 CAPEX OPEX - Circle one
SPO/BPA Circle Dec Type
PRINTED NAME: Martin Apu Salinas
SIGNATURE: Martin Apu Salinas
1 copy of this ticket/materials have been received

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Ismael Chavez*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Martin Apu Salinas*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>7-10-13</i>
Lease <i>Wiggins</i>	Well # <i>1212</i>	Service Receipt <i>04413</i>
Casing <i>8 7/8</i>	Depth <i>1389</i>	County <i>STURGIS</i> State <i>KS</i>
Job Type <i>242 Surface</i>	Formation	Legal Description <i>12-35-36</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 7/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>2505K A-Con</i>
Depth <i>1395</i>	Depth	From	To	<i>2.4 FT 2.5K</i>
Volume <i>86.5615</i>	Volume	From	To	<i>11.601-516 12.1#</i>
Max Press <i>1600</i>	Max Press	From	To	Tail in <i>2454L Class L</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT 2.5K</i>
Plug Depth <i>1348</i>	Packer Depth	From	To	<i>6.360-516 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1600</i>					<i>Arrive On Location</i>
<i>1620</i>					<i>Safety Meeting - Rig Up</i>
<i>1670</i>					<i>Rig Run Casing</i>
<i>1700</i>					<i>Circulate w/ Plug</i>
<i>1800</i>					<i>Hook up TO BES</i>
<i>1920</i>	<i>2000</i>				<i>Pressure Test</i>
<i>1930</i>	<i>250</i>		<i>20</i>	<i>4.5</i>	<i>Pump Stop loss Polymer</i>
<i>1950</i>	<i>200</i>		<i>108</i>	<i>4.5</i>	<i>Pump Lead Cmt @ 12.1#</i>
<i>2015</i>	<i>100</i>		<i>58</i>	<i>4.5</i>	<i>Pump Tail Cmt @ 14.8#</i>
<i>2030</i>					<i>Drop Plug - Wash Up</i>
<i>2035</i>	<i>400</i>		<i>76</i>	<i>5.0</i>	<i>Displace</i>
<i>2100</i>	<i>700</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - h</i>
<i>2105</i>	<i>1200</i>		<i>11</i>	<i>1.1</i>	<i>Land Plug - Float Held</i>
<i>2105</i>	<i>1500</i>		<i>11</i>	<i>1.1</i>	<i>Test Casing - OK</i>
					<i>Cement To Surface</i>
					<i>Job Complete</i>

Thanks For Using Basic Energy Services

Service Units	<i>78938</i>	<i>76897-19570</i>	<i>30463-37547</i>	<i>14355-37725</i>
Driver Names	<i>J. Chavez</i>	<i>SAM</i>	<i>CESUR</i>	<i>Hecker R</i>

Martin
Customer Representative
Ray Bennett
Station Manager
Samuel Chavez
Cementer
Taylor Printing, Inc.



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

FIELD SERVICE TICKET
1717 04414 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-15-13 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 Wiggins #12-12 WELL NO.							
ADDRESS		COUNTY Stewarts STATE KS							
CITY STATE		SERVICE CREW J. Chavez, Sam, Cesar							
AUTHORIZED BY Sam Powell		JOB TYPE: 242 5 1/2 Lay String							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78938	8	30463	8	70897	8	ARRIVED AT JOB	7-15-13	AM	500
		37547	1	19570	1	START OPERATION	7-15-13	AM	1000
						FINISH OPERATION	7-15-13	AM	1200
						RELEASED	7-15-13	AM	100
						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
CL101	A-Con Blend	SK	180	13 95	2511 00
CL106	A-Serv Lite	SK	160	9 75	1560 00
CC109	Calcium Chloride	lb	510	79	402 90
CC102	CelloFlake	lb	86	2 78	239 08
CC105	C-410	lb	35	3 00	105 00
CC200	Plexcrete STE	lb	960	38	364 80
CC165	Stoploss Polymer	gal	1680	4 50	7560 00
CC166	Stoploss LCM	lb	1100	3 74	3940 00
E101	Heavy Equipment Mileage	mi	30	5 25	157 50
CE240	Blends + Misc Charge	SK	340	1 05	357 00
E113	Bulk Delivery Charge	tn	233	1 20	279 60
CE207	Depth Charge	4hrs	1		2430 00
CE504	Plex Contey Utility Charge	gas	1		187 50
E100	Pickup Mileage	mi	15	3 19	47 85
S003	Service Supervisor	EA	1		131 25
E724	2" Pom Off Rental	EA	1		225 00
T105	Cement Pate Acquistega	EA	1		412 50
SUB TOTAL					22807 73

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT _____ %TAX ON \$ _____
 AP LOCATION/DEPT **LEBEAP** D02 NON D02
 LEASEWELL/FAC **Wiggins 12-12** TOTAL _____
 MAXIMO / WSM # _____
 TASK **01-02** ELEMENT **3023**
 PROJECT # **1171799** CAPEX / OPEX - Circle one
 THE ABOVE MATERIAL AND SERVICE _____
 CONSIDERED BY CUSTOMER AND RECEIVED BY: UNSUPPORTED
 PRINTED NAME **[Signature]** (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
 SIGNATURE: **EARLY ZION**
 I certify that these services/materials have been received

SERVICE REPRESENTATIVE **[Signature]**
 FIELD SERVICE ORDER NO. _____

Cement Report

Customer <i>OKY USA</i>	Lease No.	Date <i>7-15-13</i>
Lease <i>Wiggins</i>	Well # <i>12-12</i>	Service Receipt <i>04414</i>
Casing <i>5 1/2</i>	Depth <i>6915</i>	County <i>Stevens</i>
Job Type <i>242</i>	Formation	State <i>KS</i>
		Legal Description <i>12-35-36</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>180sk A-Cen</i>
Depth <i>6903</i>	Depth <i>5542</i>	From	To	<i>2.95F2SK</i>
Volume <i>160615</i>	Volume	From	To	<i>18.15AL SK 11.4#</i>
Max Press <i>2500</i>	Max Press	From	To	Tail in <i>160sk A-Sen LAC</i>
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	<i>1.93F+2SK</i>
Plug Depth <i>6864</i>	Packer Depth	From	To	<i>10.36AL SK 12.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>500</i>					<i>Arrive On Location</i>
<i>515</i>					<i>Safety Meeting - Rig Up</i>
<i>500</i>					<i>Rig Pump Casing</i>
<i>830</i>					<i>Circulate w/ Rig</i>
<i>910</i>					<i>Hook Up TO BES</i>
<i>920</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>930</i>	<i>350</i>		<i>40</i>	<i>4.0</i>	<i>Pump Stop loss Polymer</i>
<i>940</i>	<i>300</i>		<i>95</i>	<i>5.5</i>	<i>Pump Lead amt @ 11.4</i>
<i>1000</i>	<i>250</i>		<i>55</i>	<i>5.0</i>	<i>Pump Tail amt @ 12.8#</i>
<i>1015</i>					<i>Prep Pkg - Wash Up</i>
<i>1020</i>	<i>1000</i>		<i>150</i>	<i>6.0</i>	<i>Displace</i>
<i>1045</i>	<i>1250</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>1050</i>					<i>Land Pkg - Float HD</i>
					<i>Job Complete</i>

Service Units	<i>78938</i>	<i>70897-19570</i>	<i>30463-37547</i>		
Driver Names	<i>T. Chan</i>	<i>SAM</i>	<i>CESAR</i>		

Early
 Customer Representative

Ben Bentt
 Station Manager

James Oliver
 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

November 06, 2013

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

Re: ACO1
API 15-189-22802-00-00
WIGGAINS 12 12
SE/4 Sec.12-35S-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