



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1176782
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: _____

1176782

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	LBSLU 103S
Doc ID	1176782

Tops

Name	Top	Datum
HEEBNER	3835	
LANSING	3941	
KANSAS CITY	4143	
MARMATON	4565	
ATOKA	4972	
MORROW	5186	
ST GENEVIEVE	5696	
ST LOUIS	5714	
WARSAW	5927	
OSAGE	6193	
VIOLA	6780	
ARBUCKLE	7007	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04338 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-1-13	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: LB5LU		#103		WELL NO.			
ADDRESS:		COUNTY: Grant		STATE: KS					
CITY:		STATE:		SERVICE CREW: I. Chmoe, Som, Cesar, Roger					
AUTHORIZED BY: Jerry Best		JOB TYPE: 242 ft Long String 5 1/2							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78938	9	30463	9	14355	9	ARRIVED AT JOB	10-1-13	AM	1200
		19566	1	37725	1	START OPERATION	10-1-13	PM	230
70897	9					FINISH OPERATION	10-1-13	AM	530
19570	1					RELEASED	10-1-13	PM	730
						MILES FROM STATION TO WELL	60		

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	220	13 95	3069 00
CL106	A-Serv Lite	SK	375	9 75	3656 25
CC109	Calcium Chloride	16	621	79	490 59
CC102	Celloflake	16	149	2 78	414 22
CC105	C-41P	16	82	3 00	246 00
CC206	Alaxcrete STE	16	2250	38	855 00
CF251	Grade Shoe	EA	1		187 50
CF1451	Insert Float Valve	EA	1		161 25
CF4105	Stop Collar	EA	1		63 00
CF4452	Centrifugal	EA	31	56 25	1743 75
CF103	Rubber Plug	EA	1		78 75
CC105	Stoploss Polymer	bl	840	4 50	3780 00
CL1060	Stoploss LCM	16	300	3 94	1182 00
E101	Heavy Equipment Mileage	mi	180	5 25	945 00
CE240	Blending & Mixing Charge	SK	595	1 05	624 75
E113	Build Delivery Charge	tm	1602	1 20	1922 40
CE208	Depth Charge	4hrs	1		2700 00
CE504	Plus Contour Charge	job	1		187 50
E100	Picking Mileage	mi	60	3 19	191 40
SUB TOTAL					22854 61
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. _____



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>10-1-13</i>
Lease <i>LB52U</i>	Well # <i>103</i>	Service Receipt <i>04338</i>
Casing <i>5 1/2</i>	Depth <i>7303</i>	County <i>Grant</i> State <i>KS</i>

Job Type <i>242 Long String</i>	Formation	Legal Description <i>7-30-38</i>
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Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>	Tubing Size	Shots/Ft		Lead <i>220sk A-Con</i>
Depth <i>7303</i>	Depth <i>55.42</i>	From	To	<i>2.95 FT 2.5K</i>
Volume <i>168.5 b/s</i>	Volume	From	To	<i>18.1 Gal-slk 11.4#</i>
Max Press <i>3200</i>	Max Press	From	To	Tail in <i>375 slk A-Senkite</i>
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	<i>1.93 FT 2.5K</i>
Plug Depth <i>5472</i>	Packer Depth	From	To	<i>10.31 Gal-slk 12.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>210</i>					<i>Arrive On location</i>
<i>230</i>					<i>Safety Meeting - Rig Up</i>
<i>200</i>					<i>Rig Pump Casing</i>
<i>420</i>					<i>Circulate w/ Rig</i>
<i>505</i>					<i>Hook up To BCS</i>
<i>510</i>	<i>3500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>515</i>	<i>500</i>		<i>20</i>	<i>4.0</i>	<i>Pump Stoploss Polymer</i>
<i>525</i>	<i>400</i>		<i>105</i>	<i>6.0</i>	<i>Pump Lead amt @ 11.4#</i>
<i>545</i>	<i>300</i>		<i>129</i>	<i>6.0</i>	<i>Pump Tail amt @ 12.8#</i>
<i>605</i>					<i>Drop Plug - Wash Up</i>
<i>610</i>	<i>900</i>		<i>126</i>	<i>6.3</i>	<i>Displace</i>
<i>630</i>					<i>Rig Rane out of water</i>
					<i>Tried To pump mud, mud pumps</i>
					<i>Not Working</i>
<i>650</i>	<i>3000</i>		<i>11</i>	<i>11</i>	<i>Displace w/ BCS</i>
					<i>Pressured up To 3000 PSI</i>
<i>710</i>					<i>Shut Down</i>
					<i>Job Complete</i>
<i>Thanks For Using Basic Energy Services</i>					

Service Units	<i>74938</i>	<i>70847-19570</i>	<i>30463-19566</i>	<i>14355-37725</i>
Driver Names	<i>J. Chavez</i>	<i>Sam</i>	<i>Roger</i>	<i>Cesa</i>

Early
Customer Representative
Sam Ball
Station Manager
Jerry Chavez
Cementer



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04249 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-23-13	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: LBSLU	WELL NO. 103						
ADDRESS:	COUNTY: Grant	STATE: KS						
CITY: API LOCATION/DEPT. LIB CAP	STATE: KS	SERVICE CREW: Ruben - Carlos - Gregorio - Mario						
AUTHORIZED BY: _____	WELL/FAC: LBSLU LBSLU 103	D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>		JOB TYPE: 2-42 8 5/8 Surface				
EQUIPMENT # WSM #HRS	EQUIPMENT #	HRS	EQUIPMENT #	HRS	TRUCK CALLED	DATE	AM/PM	TIME
TASK: 01-02	ELEMENT: 3003	8940		6.5	ARRIVED AT JOB	9-23-13	AM	1030
PROJECT #: 1172145	CAP/OP/PL: Circ	3875019842		6.5	START OPERATION		AM	1436
SPO/BPA: _____	UNSHIP FOR: _____	3096437724		6.5	FINISH OPERATION		AM	1630
PRINTED NAME: Cal Wjlv	SIGNATURE: _____	1435537725		6.5	RELEASED		AM	1700
MILES FROM STATION TO WELL					60			

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: *M.W.*
(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	335	13 95	4673 25
CL 110	Premium Plus	SK	245	12 23	2996 35
CC 109	Calcium Chloride	Lb	1407	79	1111 53
CC 102	Celloflake	Lb	145	2 78	403 10
CC 130	C-S1	Lb	63	18 75	1181 25
CF 253	8 5/8 Guide Shoe	Eg	1		285 00
CF 453	8 5/8 Insert float Valve	Eg	1		210 00
CF 4405	8 5/8 Centralizer	Eg	15	108 75	1631 25
CF 105	Top Rubber Plug 8 5/8	Eg	1		168 75
CF 4109	8 5/8 Stop Collar	Eg	1		75 00
E 101	Heavy Equipment Mileage	Mi	180	5 25	945 00
CE 240	Bleeding and Mixing Service Charge	SK	580	1 05	609 00
E 113	Proppant and Bulk Delivery charge	TM#	1638	1 20	1965 60
CE 202	Depth Charge 1001-2000'	Eg	1		1125 00
CE 504	Plug Container Charge	Eg	1		187 50
E 100	Pickup Charge	Mi	60	3 19	191 40
S 003	Service Supervisor Charge	Eg	1		131 25
T 105	Cement Data	Eg	1		412 50
CF 3000	Thread Lock	Eg	1		25 50

SUB TOTAL **18328 23**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Ruben Matay*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *M.W.*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer OXY USA		Lease No.		Date 9-23-13	
Lease LB5LU		Well # 103		Service Receipt	
Casing		Depth		County Grant	
				State KS	
Job Type		Formation		Legal Description 7 30 38	
Pipe Data			Perforating Data		
Casing size 8 5/8 24#			Tubing Size		
Depth 1805'			Shots/Ft		
Volume 112 bbl			From		
Max Press			To		
Well Connection			Annulus Vol.		
Plug Depth 1765'			Packer Depth		
			From		
			To		
			Lead 335 SKS @ 12.1 PPG		
			3% CC, 1/4# Polyflake		
			2% WCA-1		
			Tail in 2455 SKS @ 14.8 PPG		
			2% CC, 1/4# Polyflake		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1030					On location Rig up
2415					Safety Meeting
2436	2000				Pressure Test
2437	0		143	5	Pump 335 SKS @ 12.1 PPG
1510	100		58	5	Pump 245 SKS @ 14.8 PPG
1528					Drop Plug
1531	0			5	Start Displacement
1548	400		90	2	Slow Rate
1553	1000		112	2	Bump Plug - Float Held
1558	0				Release Pressure
1606	1500			2	Test Casing
16300	0				Release Pressure - Rig Down
Service Units		78940	358750/19842	3046437724	1435537725
Driver Names		Ruben	Carlos	Gregorio	Mario

Cal Walie

Customer Representative

Jerry Bennett

Station Manager

Ruben Martinez

Cementer