

Confidentiality Requested:					
	Yes	N	lo		

#### Kansas Corporation Commission Oil & Gas Conservation Division

1189220

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 #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R East _ West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.				
□ Deepening       □ Re-perf.       □ Conv. to ENHR       □ Conv. to SWD         □ Plug Back       □ Conv. to GSW       □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:				
Dual Completion Permit #:					
SWD         Permit #:	Location of fluid disposal if hauled offsite:				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date	QuarterSec.         TwpS. 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:					

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		
Final Radioactivity Lo files must be submitted					gs must be ema	iled to kcc-well-log	gs@kcc.ks.go	. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L		n (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(	CASING REC	ORD Ne	w Used			
		· ·		ıctor, surface, inte	ermediate, producti		T	
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	# Sacks Used Type and Percent Additives				
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski)	o questions 2 ar	nd 3)
Does the volume of the to		•				_	o question 3)	(" 100 ")
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill o	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int						d Depth
	, ,				,		,	
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bl	ols. G	ias-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		, 4 CT - 1		TION:		DRODUCTIO	AN INTEDVAL.
Vented Solo	ON OF GAS:  Used on Lease	Open Ho		IOD OF COMPLE $\Box$		nmingled	PHODUCIIC	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	FRANK D 1
Doc ID	1189220

## All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	FRANK D 1
Doc ID	1189220

### Tops

Name	Тор	Datum
HEEBNER	4071	
TORONTO	4089	
LANSING	4176	
KANSAS CITY	4623	
MARMATON	4787	
CHEROKEE	4951	
ATOKA	5144	
MORROW	5290	
CHESTER	5416	
STE GENEVIEVE	5603	
ST LOUIS	5688	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	FRANK D 1
Doc ID	1189220

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
SURFACE	12.25	8.625	24	1806	A- CON/PRE M+	SEE ATTACH ED



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

#### FIELD SERVICE TICKET 1717 04566 A

	TILLOOCHIL TOWN	THO G VVINLENTE					DATE	TICKET NO	
DATE OF 12-21-13 DISTRICT 1717			NEW WELL	OLD F	ROD   INJ	□ wbw □ 8	CUSTOMER ORDER NO.:		
CUSTOMER OX V USA			LEASE F	ank	0	1	WELL NO.		
ADDRESS				COUNTY SELECT STATE (S					
CITY STATE				SERVICE CI	1	1412Ha	1.051.0	1-	
AUTHORIZED B	v . 1000	D i.			JOB TYPE:	7-47	DI.	to Abando	
EQUIPMENT		Kennett EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALL		
39878	20						ARRIVED AT		001
38750							START OPER		\$ 10!51
19847							FINISH OPER		
14355							RELEASED	ATION	7.00
37925								I STATION TO WEL	AM 9:00
							WILES FROM		50
become a part of th	is contract withou	ll of and only those terms and ut the written consent of an o	fficer of Basic E	Energy Se	rvices LP.		GIGNED Ma	ER, OPERATOR, CON	dalin
ITEM/PRICE REF. NO.		MATERIAL, EQUIPMENT	AND SERVI	CES US	ED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
cllo	Vienian	Plas				sts	175	12 23	
cillo	Premiur	Plus	1117			sks	170	12 23	
60109	Calciun	n Chloride				16	736	79	1001
6101		guipment M. leage	2			ma	100	5 25	525 00
Ce240	Mixing Servica Charge					SKS	745	1 05	2572
e115	Bulk Delavery Charges					4m 4hrs	578	1 20	6936
6100	Depth Charge 1001-7000				ZAFF TOLLAR	**	50	3 19	1595
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	SIGNAT	TURE Martin 6	10/8 6/11	Na:	La manual de la constantina della constantina de			SUB TOTA	1 200 K
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SERVICE REPRESENTATI	VE MAAN	MARI	1		RIAL AND SE		D BY:	Marchi An	111
CICI D CEDVICE	1	D	1				3/	OR CONTRACTOR O	R AGENT)

FIELD SERVICE ORDER NO.

(B)	BASIC"
(	ENERGY SERVICES Liberal, Kansas

Cement Report

	Libera	l, Kansas						ocinoni i top	011						
Customer		A		Lease No. Date 12 - 21 - 13											
Lease F	rank'	'n "		Well #		Se	ervice Receipt 4	ce Receipt 4566							
Casino (A)	16	Depth 190	0'-6601	County Se	2 ward										
Job Type 2-47 Formation Legal Description Sec 7 31-34															
		Pipe D	Data		Perforating Data Cement I										
Casing size			Tubing Size	DPipe Shots/Fi				Lead Dens 14.8							
Depth			Depth 900	660	From	To		1253ks Viel	£.						
Volume			Volume 19.79	5.75	From	To		0.1ck 6.30							
Max Press			Max Press	477	From	To	l	Tail in Villa 605KS 1.3	gelsk						
Well Connec	tion		Annulus Vol.		From	To		1605KS 1.5	C G. J1						
Plug Depth			Packer Depth		From	To		Tusks 50sks							
	Casing	Tubing													
Time	Pressure	Pressure	Bbls. Pumbed	Rate	(0, 1)	I. I.									
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8	170-	7													
Service Unit	s 3487	78	38750	19847		14355	3772	0							
Driver Name	Driver Names July Hector Edger														
	n /			0		1 (		A I							
Lal Derry Bennett DUAN OFFIZ															
Custome	r Represe	ntative	Şta	tion Manag	Customer Representative Station Manager Cementer										



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

# 1717 **04480** A

		Y SERVICES MPING & WIRELINE	ne 620-6	24-2277			DATE	TICKET NO				
DATE OF 12	NEW WELL	OLD F	ROD [INJ	[] WDW	□ CL OF	STOMER IDER NO.:						
CUSTOMER ()	LEASE Frank D 1 WELL NO.											
ADDRESS	COUNTY COUNTY STATE OF U											
CITY		STATE	SERVICE C	REW 10	mmy,	Daniel	50	+100				
AUTHORIZED B	Y TYO				JOB TYPE:	34	<u>Z Sur</u>	face				
EQUIPMENT# HRS EQUIPMENT# HRS EQU						HRS	TRUCK CALL	.ED	DATE	AW/JY	5	
1769 39	4				ARRIVED AT JOB							
0112200111C	6 6				START OPERATION (7.3)							
24/11 20A1	7 6						FINISH OPERATION			SM 85/		
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							MILES FROM	STATION TO	WELL	40		
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1177379

THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED BY

Learly tractions of Agent)

FIELD SERVICE ORDER NO.

**SERVICE** 

REPRESENTATIVE



**Cement Report** 

Customer V// /) S//				Lease No.		ana den vigo, a se du un e prun posto ha li militare abra en hinio ni den me de rabancia esta mal i moci de de	Date 12	Date 12/17/13			
Lease Frank D			erija storaja ku esta nome en se firstolova di seja nimen en en en pali Nahri VII in Vivi en en esta nime dissilativa	Well#	in a la company de la comp	nder managen der under der der der der der der der der der	Service Receipt				
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Casing size	49/6		Tubing Size			Shots/	Ft To	Lead 3	ZSX A CO		
Depth 16	11		Depth	From	«·						
Volume 1	2,5				From		То	2.40	14,00		
Max Press	150C		Max Press	From		To	Tail in	45 SX 72.			
Well Connection P. C.			Annulus Vol.	From		To	LITIO	The state of the s			
Plug Depth			Packer Depth	From		To	11.34	6,33			
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate	N-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A		Service Lo	g .			
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Custome	r Represer	ntative	Station Manager				Cemei	nter	Taylor Printing, Inc.		