



Confidentiality Requested:  
 Yes  No

KANSAS CORPORATION COMMISSION 1189220  
 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: \_\_\_\_\_

1189220

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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	Top	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	





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1717 04566 A

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

DATE OF JOB <b>12-21-13</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>Frank 'D'</b> WELL NO. <b>1</b>						
ADDRESS		COUNTY <b>Seward</b> STATE <b>Ks</b>						
CITY STATE		SERVICE CREW <b>Juan Hector Edger</b>						
AUTHORIZED BY <b>Jerry Bennett</b>		JOB TYPE: <b>2-4Z Plug to Abandon</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<b>39878</b>	<b>20</b>							<b>4:02</b>
<b>38750</b>						ARRIVED AT JOB		<b>5:30</b>
<b>19847</b>						START OPERATION		<b>10:51</b>
<b>14355</b>						FINISH OPERATION		<b>7:00</b>
<b>37725</b>						RELEASED		<b>9:00</b>
						MILES FROM STATION TO WELL		<b>50</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 Martin Salinas  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
c110	Premium Plus	sk5	125	12 23	1528 75
c110	Premium Plus	sk5	170	12 23	1467 60
cc109	Calcium Chloride	lb	236	79	186 44
e101	Heavy Equipment Mileage	mi	100	5 25	525 00
ce240	Mixing Service Charge	sk5	245	1 05	257 25
e113	Bulk Delivery Charges	tm	578	1 20	693 60
ce207	Depth Charge 1001-2000	4hrs	1		1125 00
e100	Unit Mileage Charge Pickups	mi	50	3 19	159 50
Soa3	Service Supervisor	ea	1		131 20
e729	2" Pop off Valve	ea	1		225 00
<p>AP LOCATION/DEPT. <u>Lib-Cap</u> D02 <input type="checkbox"/> NON D02 <input type="checkbox"/></p> <p>LEASEWELL/FAC <u>Frank D-1</u></p> <p>MAXIMO / WSM # _____</p> <p>TASK <u>01-02</u> ELEMENT <u>3023</u></p> <p>PROJECT # <u>1177379</u> CAPEX / OPEX - Circle one</p> <p>SPO / BPA _____ UNSUPPORTED <input type="checkbox"/></p> <p>PRINTED NAME <u>Martin Salinas</u></p> <p>SIGNATURE: <u>Martin Salinas</u></p>					

SUB TOTAL \$ **6299 33**

CHEMICAL / ACID DATA: <small>I certify that these Services/Materials have been received</small>			

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

SERVICE REPRESENTATIVE Juan Hector Edger  
FIELD SERVICE ORDER NO. \_\_\_\_\_

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Martin Salinas  
(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>12-21-13</b>
Lease <b>Frank 'D'</b>	Well # <b>1</b>	Service Receipt <b>4566</b>
Casing <b>Plug</b>	Depth <b>1900'-660'</b>	County <b>Seward</b> State <b>KS</b>
Job Type <b>2-42</b>	Formation	Legal Description <b>Sec 7 31-34</b>

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size <b>4 1/2" DPipe</b>	Shots/Ft		Lead <b>Dens 14.8</b>
Depth	Depth <b>1900' 660'</b>	From	To	<b>1255ks</b> Yield <b>1.3-1</b>
Volume	Volume <b>19.79 5.75</b>	From	To	<b>9.15k @ 3-1</b>
Max Press	Max Press <b>4.77</b>	From	To	<b>Tail in 14.8</b> <b>605ks</b> <b>1.37 @ 3-1</b>
Well Connection	Annulus Vol.	From	To	<b>205ks</b>
Plug Depth	Packer Depth	From	To	<b>505ks</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:30					On location
10:00					Safety meeting & Rig up
10:50					Prime up Test line's
11:01	50		6	1.0	Pump water Ahead of Cement
11:04	50		29	2.5	Start Cement 1900ft
11:17	50		2	1.0	Pump water behind Cement
11:17	50		17	2.5	Start Displacement w th Mud
11:20	0				Shut Down 1st Plug 1900'
3:35	1000				Rig Psic up Plug Held 15 min
4:00	50		14	2.0	Start cement 2nd Plug 660ft
4:10	50		5	2.0	Start Displacement
4:20					Shut Down
6:00	50		17	2.0	Plug Mouse Hole
6:18	50				Shut Down
6:35	50		5	2.0	Plug casing 70ft
6:40			1	1.0	Displace Drill Pipe
6:45					Shut Down

Service Units	39878	38750	19842	14355	37725
Driver Names	SWAN	Hector		Edger	

Cal  
Customer Representative

Jerry Bennett  
Station Manager

SWAN ATCZ  
Cementer



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1717 04480 A

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

DATE OF JOB 12/17/13	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 Frank D I						WELL NO.
ADDRESS		COUNTY <del>Sevier</del> Sevier STATE <del>MO</del> KS					
CITY	STATE	SERVICE CREW Tommy, Daniel, Santiago					
AUTHORIZED BY Tyco		JOB TYPE: ZCZ Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM/PM TIME
176939	6					ARRIVED AT JOB	AM/PM 4:30
3922339926	6					START OPERATION	AM/PM 7:30
1435539925	6					FINISH OPERATION	AM/PM 8:51
386439917	6					RELEASED	AM/PM 10:30
						MILES FROM STATION TO WELL	40

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: X  
(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	335	13 95	4673 25
CL110	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	Lb	1409	79	1111 53
CC102	Collofalcone	Lb	145	2 78	403 10
CC130	C-51	Lb	63	18 75	1181 25
CF253	Guide Sheet	EA	1		285 00
CF1453	Flapper/Float Valve	EA	1		210 00
CF4405	Centralizers	EA	15	108 75	1631 25
CF105	Top Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equip Mileage	Mi	120	5 25	630 00
CE240	Blending & Mixing Charge	SK	560	1 05	609 00
E113	Paulk Delivery	TM	1092	1 20	1310 40
CE202	Depth Change 1001 to 2001	4hrs	1		1125 00
CE504	Plug Container	Sub	1		187 50
E100	Pickup Mileage	Mi	40	3 19	127 60
5003	Service Supervisor	EA	1		131 25
T105	Cement Bulk	EA	1		412 50
CE403	Service Charge	EA	1		225 00
SUB TOTAL					17,493.73

CHEMICAL / ACID DATA:			

AP LOCATION/DEPTH: Lib-Cap  
LEASE/WELL/FAC: Frank D-1  
01/WSM/

01-02 ELEMENT 50283023

1177379 CAP  / OPEX - Circle one

SERVICE REPRESENTATIVE <u>Chad Fire</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <u>Cal Oyle</u> <u>CMU</u>
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FIELD SERVICE ORDER NO.





# Cement Report

Customer <u>Oxy USA</u>		Lease No.		Date <u>12/17/13</u>	
Lease <u>Frank D</u>		Well # <u>I</u>		Service Receipt	
Casing <u>4 5/8</u>	Depth	County <u>Seward</u>		State <u>KS</u>	
Job Type <u>Surface</u>		Formation		Legal Description	
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <u>4 5/8</u>	Tubing Size	<b>Shots/Ft</b>		<b>Lead</b> <u>335 SK A-Cen @ 12.1#</u>	
Depth <u>1811</u>	Depth	From	To		
Volume <u>112.5</u>	Volume	From	To	<u>2.40 14.00</u>	
Max Press <u>1500</u>	Max Press	From	To	<b>Tail in</b> <u>245 SK P.P. @ 14.8#</u>	
Well Connection <u>P.C.</u>	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To	<u>1.34 6.33</u>	
Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<u>04:30</u>					<u>on loc, spot 4 RO, safety, mly</u>
<u>07:32</u>	<u>2050</u>				<u>Test Lines</u>
<u>07:35</u>	<u>270</u>		<u>0</u>	<u>5</u>	<u>Start Mixing @ 12.1#</u>
<u>08:05</u>	<u>190</u>		<u>143</u>	<u>5</u>	<u>on Tail @ 14.8#</u>
<u>08:17</u>	<u>0</u>		<u>58.5</u>	<u>0</u>	<u>Finished Mixing, Drop Plug</u>
<u>08:20</u>	<u>160</u>		<u>0</u>	<u>5</u>	<u>Start Disp</u>
<u>08:46</u>	<u>540</u>		<u>102</u>	<u>2</u>	<u>Slow Rate</u>
<u>08:51</u>	<u>1550</u>		<u>112.5</u>	<u>0</u>	<u>Plug Down</u>
<u>08:56</u>	<u>0</u>				<u>Release Psi, float hold</u>
<u>08:59</u>	<u>1540</u>				<u>Test Log</u>
Service Units	<u>98939</u>	<u>3722339926</u>	<u>1435539925</u>	<u>3046439547</u>	
Driver Names	<u>Cal Wylie</u>	<u>T. Marcellus</u>	<u>S. Chavez</u>	<u>D. Beck</u>	

Cal Wylie  
Customer Representative

Jerry Bennett  
Station Manager

Charles  
Cementer