



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189222
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: _____

1189222

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	MAXINE A 1
Doc ID	1189222

Tops

Name	Top	Datum
HEEBNER	3925	
LANSING	3973	
KANSAS CITY	4403	
MARMATON	4552	
PAWNEE	4678	
CHEROKEE	4722	
ATOKA	4881	
MORROW	5024	
CHESTER	5241	
STE GENEVIEVE	5344	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04620 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-15-13 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 Maxine A'		WELL NO. 1					
ADDRESS		COUNTY Grant		STATE KS					
CITY STATE _____		SERVICE CREW Ruben - Carlos - Cesar							
AUTHORIZED BY Tyre Davis		JOB TYPE: 2-44 Plug To Abandon							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				78940	10.5		11-15-13		1300
				3875019842	10.5	ARRIVED AT JOB		AM	1600
				1435537725	10.5	START OPERATION		AM	1740
						FINISH OPERATION		AM	2305
						RELEASED		AM	2330
						MILES FROM STATION TO WELL			50

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: Victor Benguies
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL 110	Premium Plus Cement	SK	205	12 23	2507 15
CC 109	Calcium Chloride	Lb	388	79	306 52
E 101	Heavy Equipment Mileage	Mi	100	5 25	525 00
CE 240	Blending & Mixing Service Charge	SK	205	1 05	215 25
E 113	Proppant & BULK Delivery Charge	Tm	485	1 20	582 00
CE 202	Depth Charge 100'-2000'	Yhs	1		1125 00
E 100	Pick up Charge	Mi	50	3 19	159 50
S 003	Service Supervisor Charge	Es	1		131 25
E 724	2" Pop Off Valve Rental	Ea	1		225 00
CE 403	Cement Pumper Additional hrs on loc.	hr	1		375 00
AP LOCATION/DEPT. Liberal D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>					
LEASE/WELL/FAC Maxine A-2					
MAXIMO / WSM # _____					
TASK 0102 ELEMENT 3023					
PROJECT # 1175208 (APEX) OPEX - Circle one					
SPOT/BPA Circle Doc Type UNSUPPORTED <input type="checkbox"/>					
PRINTED NAME Victor Benguies					
SIGNATURE: <u>Victor Benguies</u>					
I certify that these Services/Materials have been received					

SUB TOTAL **6151 67**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Ruben Mad

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Victor Benguies
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



BASIC
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer OXY USA		Lease No.		Date 11-15-13					
Lease Maxine A		Well # 1		Service Receipt					
Casing	Depth	County Grant		State KS					
Job Type		Formation		Legal Description					
Pipe Data			Perforating Data			Cement Data			
Casing size			Tubing Size			Shots/Ft			Lead 205 SKS @ 14.8 PPG 2.1% Calcium Chloride Premium Plus Cement Tail in
Depth			Depth			From		To	
Volume			Volume			From		To	
Max Press			Max Press			From		To	
Well Connection			Annulus Vol.			From		To	
Plug Depth			Packer Depth			From		To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log				
1600					On Location - Rig up				
1720					Safety Meeting				
1740	2000				Pressure Test				
					1st Plug @ 1864' - 125 SKS @ 14.8 PPG				
1740	200		6	4	Pump Water Ahead				
1742	200		30	4.5	Pump 125 SKS @ 14.8 PPG				
1750	200		2	4.5	Pump Water behind				
1751	200		15	4.5	Displace with Mud				
1755	0				Shut Down				
2134	1000				Test Plug				
2150	0				Release Pressure - Plug Held				
					2nd Plug @ 776' - 40 SKS @ 14.8 PPG				
2155	200		9.5	4.5	Pump 40 SKS @ 14.8 PPG				
2159	200		2	4.5	Pump Water behind				
2159	200		5	4.5	Displace with Mud				
2202					Shut Down				
					3rd Plug @ 60' - 20 SKS @ 14.8 PPG				
2250	200		5	4.5	Pump Water Ahead To surface				
2254	200		5	4.5	Pump 20 SKS @ 14.8 PPG				
2258	0				Shut Down				
2305					Plug Mouse Hole 20 SKS @ 14.8 PPG				
2325					Shut Down Key Down				
Service Units		78940	38750	14842	14358	37725			
Driver Names		Roben M	Carlos E	Cesar G					

CAL

Customer Representative

Joey Bennett

Station Manager

Roben Martinez

Cementer

Taylor Printing, Inc.



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04614 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-11-13 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 Maxine A'		WELL NO. 1				
ADDRESS		COUNTY Grant		STATE KS				
CITY STATE		SERVICE CREW Ruben-Carlos-Santiago - Cesar						
AUTHORIZED BY Tyce Davis		JOB TYPE: 2-42 8 5/8 Surface Job						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 11-11-13 DATE	AM	TIME
				78940	12		PM	05000
				3875019842	12	ARRIVED AT JOB	AM	0800
				3811737547	12	START OPERATION	AM	1455
				1982719883	12	FINISH OPERATION	AM	1650
						RELEASED	AM	1700
						MILES FROM STATION TO WELL	PM	50

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: 
(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-51	Lb	63	18 75	1181 25
CF 253	8 5/8 Guide Shoe	Eq	1		285 00
CF 1453	8 5/8 Insert float Valve	Eq	1		210 00
CF 4405	8 5/8 Centralizers	Eq	15	108 75	1631 25
CF 105	8 5/8 Rubber Plug	Eq	1		168 75
CF 4109	8 5/8 Stop Collar	Eq	1		75 00
E 101	Heavy Equipment Mileage	M:	150	5 25	787 50
CE 240	Blending & Mixing Service Charge	SK	580	1 05	609 00
E 113	Proppant & Bulk Delivery Charge	Tm	1365	1 20	1638 00
CE 202	Depth Charge 100' - 2000'	4hrs	1		1125 00
CE 504	Plus Container Charge	Job	1		187 50
E 100	Pick up Charge	M:	50	3 19	159 50
5003	Service Supervisor Charge	Eq	1		131 25
CE 403	Cement Pumper Additional hours on Loc	hr	5	375 00	1875 00
SUB TOTAL					19248 23

CHEMICAL / ACID DATA:			

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

AP LOCATION/DEPT. **Libecap** D02 NON D02
LEASE/WELL/FAC. **Maxine A-1**
MAXIMO / WSM # _____

SERVICE REPRESENTATIVE Ruben Martinez	TASK 01-02 ELEMENT 3023
FIELD SERVICE ORDER NO. _____	PROJ ORDERED BY 1175002 (AND) COVERED BY Circle one

SPO / BPA _____ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
Circle Doc Type

PRINTED NAME **EARLY ZION**
SIGNATURE: 



Cement Report

Customer	Oxy USA	Lease No.		Date	11-11-13
Lease	Maxine 'A'	Well #	1	Service Receipt	
Casing		County	Grant	State	KS
Job Type		Formation		Legal Description	1-27-35

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 24#	Tubing Size		Lead 335SK @ 12.1 PPG
Depth	1813'	Depth	From To	3% CC, 1/4# polyflake, WCA-1
Volume	112.6 bbl	Volume	From To	A-Con blend
Max Press		Max Press	From To	Tail in 245SK @ 14.8 PPG
Well Connection		Annulus Vol.	From To	2% CC, 1/4# polyflake
Plug Depth	1771'	Packer Depth	From To	Premium Plus Cement

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0800					On location - Rig up
1445					Safety Meeting
1455	2500				Pressure Test
1458	200		143	4.5	Pump 335 SK @ 12.1 PPG
1535	200		58	4.5	Pump 245 SK @ 14.8 PPG
1545					Drop Plug
1549	100			4.5	Start Displacement
1610	550		100	2	Slow Rate
1613	1100		112	2	Bump Plug - float
1618	0				Release Pressure - float Held
1619	1500				Pressure Test Casing
1650	0				Release Pressure - Shut Down
1700					Rig Down
					Thanks
					for Using
					Basic Energy Services

Service Units	78940	3875019842	1982719883	3811737547
Driver Names	Ruben	Carlos	Santiago	Cesar

Early Customer Representative
 Jerry Bennett Station Manager
 Ruben Martinez Cementer