



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190480
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: _____

1190480

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LADNER MORROW LIME UNIT 405
Doc ID	1190480

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LADNER MORROW LIME UNIT 405
Doc ID	1190480

Tops

Name	Top	Datum
HEEBNER	3930	
LANSING	3974	
KANSAS CITY	4428	
MARMATON	4581	
PAWNEE	4700	
CHEROKEE	4748	
ATOKA	4900	
MORROW	5050	
CHESTER	5256	
ST GENEVIEVE	5403	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04612 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-7-13 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 LMLU		WELL NO. 405					
ADDRESS		COUNTY Grant		STATE KS					
CITY STATE		SERVICE CREW Ruben - Carlos - Ricardo							
AUTHORIZED BY Tyce Davis JRB		JOB TYPE: 2-42- 5 1/2 Production							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				78940	8		11-7-13		0800
				38750 19842	8	ARRIVED AT JOB		AM	1130
				14335 37225	8	START OPERATION		AM	1909
						FINISH OPERATION		AM	1530
						RELEASED		AM	1600
						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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL 104	50/50 Poz	SK	340	8 25	2805 00
CL 105	C-41P	Lb	72	3 00	216 00
CC 113	Gypsum	Lb	1430	56	800 80
CL 111	Salt	Lb	2089	38	793 82
CC 103	C-15	Lb	172	9 38	1613 36
CC 201	Calsonite	Lb	1700	50	850 00
CL 155	Super flush II	gal	500	1 15	575 00
CF 251	Guide Shoe 5 1/2	Eg	1		187 50
CF 1451	Insert Float Valve 5 1/2	Eg	1		161 25
CF 103	Rubber Plug 5 1/2	Eg	1		78 75
CF 4105	Stop Collar 5 1/2	Eg	1		63 00
CF 4452	Centralizers 5 1/2	Eg	25	56 25	1406 25
E 101	Heavy Equipment Mileage	Mi	120	5 25	630 00
CE 240	Blending & Mixing Service Charge	SK	340	1 05	357 00
E 113	Proppant and Bulk Delivery Charge	TM	858	1 20	1029 60
CE 206	Depth Charge 5001'-6000'	4hrs	1		2160 00
CE 504	Plug Container Charge	Job	1		187 50
E 100	Pick up Charge	Mi	60	3 19	191 40
5003	Service Supervisor Charge	Eg	1		131 25
SUB TOTAL					14874 98

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT %TAX ON \$
MATERIALS %TAX ON \$
AP LOCATION/DEPT Libecap D02 NON D02 TOTAL
LEASE/WELL/FAC LMLU 405

MAXIMO / WSM # _____ ELEMENT 3023
TASK 01-02

SERVICE REPRESENTATIVE <u>Ruben Mata</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY _____ / OPEX - Circle one
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SPO / BPA _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
Circle Doc Type

PRINTED NAME EARLY ZION

SIGNATURE: [Signature]
Materials have been received



Cement Report

Customer OXY USA		Lease No.		Date 11-7-13	
Lease LMLU		Well # 405		Service Receipt	
Casing		Depth		County Grant	
				State KS	
Job Type		Formation		Legal Description	
Pipe Data			Perforating Data		
Cement Data					
Casing size 5 1/2 17#		Tubing Size		Shots/Ft	
Depth 5588'		Depth		From To	
Volume 128.5 bbl		Volume		From To	
Max Press		Max Press		From To	
Well Connection		Annulus Vol.		From To	
Plug Depth 5346'		Packer Depth		From To	
				Lead 320SK	
				51. W60 @ 13.5 PPG	
				10% Salt, 6% C-15	
				4# Deformer, SA Gilsonite	
				50/50 PZ	
				Tail in 20SKS @ 13.5 PPG	
				50/50 PZ	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1130					On location Rig up
1336					Safety Meeting
1409	2500				Pressure Test
1410	100		5	4	Pump Water
1411	100		12	4	Pump Super flush
1412	100		5	4	Pump Water
1435	0		6	4	Pump 20 SKS in Mouse Hole @ 13.5 PPG
1443	150		90	6	Pump 320SKS @ 13.5 PPG
1459					Drop Plug Washup
1503	200			6	Start Displacement
1523	400		115	2	Slow Rate
1525	1300		128	2	Bump Plug
1530	0				Release Pressure float held
1600					Shot Down Rig Down
					Thanks for Using
					Basic Energy Services
Service Units	78940	3875019842	1435537725		
Driver Names	Ruben	Carlos	Ricardo		

Early
Customer Representative

Jerry Bennett
Station Manager

Ruben 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 04605 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-2-13 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 OKY USA		LEASE LMLU WELL NO. 405					
ADDRESS		COUNTY Grant STATE Ks					
CITY STATE		SERVICE CREW Ruben - Carlos - Roger - Cesar					
AUTHORIZED BY Tyre Davis		JOB TYPE: 2-42 8 5/8 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
		78940	13		11-1-13		2000
		38750 19842	13	ARRIVED AT JOB	11-1-13	AM	2100
		38117 37547	13	START OPERATION	11-2-13	AM	0738
		30464 37724	13	FINISH OPERATION		AM	0920
				RELEASED		AM	1000
				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: 
(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	(-S)	Lb	63	18 75	1181 25
CF 253	Guide Shoe 8 5/8	Ea	1		285 00
CF 1453	Insert Floal 8 5/8	Ea	1		210 00
CF 4405	Centralizer 8 5/8	Ea	15	108 75	1631 25
CF 105	Rubber plug 8 3/8	Ea	1		168 75
CF 4109	Stop Collar 8 5/8	Ea	1		75 00
E 101	Heavy Equipment Mileage	Mi	150	5 25	787 50
CE 240	Blending & Mixing Service Charge	SK	580	1 05	609 00
E 113	Proppant and Bulk Delivery Charge	TM	1365	1 20	1638 00
CE 202	Depth Charge 100'-2000'	Ea	1		1125 00
E 100	Pick up Charge	Ea/Mi	50	3 19	159 50
S 003	Service Supervisor Charge	A/Ea	1		131 25
CE 504	Plug Container Charge	Ea	1		187 50
CE 403	Cement Pumper Additional hrs on Location	hrs	4	375 00	1500 00

SUB TOTAL **18873 23**

CHEMICAL / ACID DATA:			

AP LOCAL / DISTRICT _____ SERVICE & EQUIPMENT **LMLU 405** %TAX ON \$
LEASE/WELL LEAS **LMLU 405** MATERIALS %TAX ON \$
MAXIMO / WSM # _____ TOTAL
TASK **01-02** ELEMENT **3023**
PROJECT # **1175190** CAPEX OPEX - Circle one

SERVICE REPRESENTATIVE **Ruben Martinez** THE ABOVE MATERIAL AND SERVICE _____ UNSUPPORTED
ORDERED BY CUSTOMER AND RECEIVED BY: **EARLY ZION**

SIGNATURE:  (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
These Services/Materials have been received

FIELD SERVICE ORDER NO. _____

