



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1191014  
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: \_\_\_\_\_

1191014

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	SHALER A 2
Doc ID	1191014

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SHALER A 2
Doc ID	1191014

Tops

Name	Top	Datum
CHASE	2651	
HEEBNER	4069	
LANSING	4113	
KANSAS CITY	4588	
MARMATON	4742	
ATOKA	4909	
MORROW	5171	
CHESTER	5420	
STE GENEVIEVE	5656	





**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 04709 A

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

DATE OF JOB <b>11-23-13</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>Shaler "A" #2</b> WELL NO.							
ADDRESS		COUNTY <b>Haskell</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>J. Chavez, Sam, Edgar</b>							
AUTHORIZED BY <b>Sam Burt</b>		JOB TYPE: <b>242 5 1/2 Long String</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<b>11-23-13</b>	<b>PM</b>	<b>600</b>
<b>78958</b>	<b>8</b>	<b>70897</b>	<b>8</b>	<b>30464</b>	<b>8</b>	ARRIVED AT JOB	<b>11-23-13</b>	<b>AM</b>	<b>730</b>
		<b>19570</b>	<b>1</b>	<b>37724</b>	<b>1</b>	START OPERATION	<b>11-23-13</b>	<b>AM</b>	<b>1045</b>
						FINISH OPERATION	<b>11-23-13</b>	<b>AM</b>	<b>1215</b>
						RELEASED	<b>11-24-13</b>	<b>AM</b>	<b>130</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: X  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CL104	50-50 POZ	sk	300	8 25	2475 00	
CC113	Gypsum	lb	1260	56	705 60	
CC111	Salt	lb	1841	38	699 58	
CC103	C-15	lb	152	9 38	1425 76	
CC105	C-41P	lb	63	3 00	189 00	
CC201	Gilsonite	lb	1500	50	750 00	
CF251	Guide Shoe	EA	1		187 50	
CF1451	Insert + Float	EA	1		161 25	
CF4105	Stop Collar	EA	1		78 75	
CF4452	Centralizer 5/2	EA	25	56 25	1406 25	
CF103	Rubber Plug	EA	1		63 00	
CC155	Super Flush 11	gal	500	1 15	575 00	
E101	Heavy Equipment Mileage	mi	100	5 25	525 00	
CE240	Blending + Mixing Charge	sk	300	1 05	315 00	
E113	Bulk Delivery Charge	tn	630	1 20	756 00	
CE206	Depth Charge	4hrs	1		2160 00	
CE504	Plus Container Charge	job	1		187 50	
E100	Pickup Mileage	mi	50	3 19	159 50	
5003	Service Supervisor				131 25	
					SUB TOTAL	<b>13400 94</b>

AP LOCATION/DEPT. Lib Etg 1 D02  NON D02   
LEASE/WELL/FAC Shaler A-2 SUB TOTAL

MAXIMO / WSM # \_\_\_\_\_  
TASK 01 SERVICE & EQUIPMENT ELEMENT 5063 % TAX ON \$  
PROJECT # 1176106 CAPEX / OPEX - Circle one TOTAL

SPO / BPA \_\_\_\_\_ UNSUPPORTED   
PRINTED NAME Martin Salinas  
SIGNATURE: Martin Salinas

I certify that these services/materials have been received

SERVICE REPRESENTATIVE [Signature]

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



### Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>11-23-13</i>	
Lease <i>Shaler "A"</i>		Well # <i>2</i>		Service Receipt <i>4709</i>	
Casing <i>5 1/2</i>	Depth <i>5808</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>242 Log String</i>		Formation		Legal Description <i>10-28-34</i>	
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <i>5 1/2 17#</i>		Tubing Size		<b>Lead</b>	
Depth <i>5815</i>		Depth <i>5542'</i>			
Volume <i>134615</i>		Volume		From	
Max Press <i>2000</i>		Max Press		To	
Well Connection <i>5 1/2</i>		Annulus Vol.		From	
Plug Depth <i>5769</i>		Packer Depth		To	
				Tail in <i>3005K 50-50</i> <i>1.58 FT 3-5K 102</i> <i>7.36 Gal-SK 13.5#</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2130</i>					<i>Arrive On Location</i>
<i>2200</i>					<i>Safety Meet - Rig Up</i>
<i>2130</i>					<i>Rig Pump Casing</i>
<i>2200</i>					<i>Circulate w/Rig</i>
<i>2300</i>					<i>Hook Up To BES</i>
<i>2305</i>	<i>2500</i>				<i>Pressure Test</i>
<i>2310</i>	<i>475</i>		<i>5</i>	<i>5</i>	<i>Pump Water Spacer</i>
<i>2315</i>	<i>450</i>		<i>12</i>	<i>5</i>	<i>Pump Super Flush</i>
<i>2320</i>	<i>425</i>		<i>5</i>	<i>5</i>	<i>Pump Water Spacer</i>
<i>2325</i>	<i>400</i>		<i>70</i>	<i>5.5</i>	<i>Pump Cmt @ 13.5#</i>
<i>2340</i>					<i>Drop Plug - Wash Up</i>
<i>2345</i>	<i>400</i>		<i>124</i>	<i>6.0</i>	<i>Displace</i>
<i>1205</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Stew Down - Land Plug</i>
<i>1210</i>	<i>1500</i>		<i>1.0</i>	<i>1.0</i>	<i>Land Plug Float Held</i>
<i>100</i>			<i>14</i>	<i>2</i>	<i>Plug Mouse Hole</i>
<i>130</i>					<i>Job Complete</i>
<i>Thanks For Using Basic Energy</i>					
Service Units		<i>78938</i>	<i>70897-19570</i>	<i>30464-37724</i>	
Driver Names		<i>FZZY</i>	<i>SAM</i>	<i>Edger</i>	

*Martin*  
Customer Representative

*Ben Beath*  
Station Manager

*FZZY*  
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 04706 A

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

DATE OF JOB: 11-18-13	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: Shales "A" #2		WELL NO.:					
ADDRESS:		COUNTY: Haskell		STATE: KS					
CITY:		STATE:		SERVICE CREW: J. Chavez, Sam, Cesar, Ricardo					
AUTHORIZED BY: [Signature]		JOB TYPE: 242 8 7/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78958	8	14355	8	38117	8	ARRIVED AT JOB	11-18-13	AM	2:00
		37725	1	37547	1	START OPERATION	11-18-13	AM	3:00
70897	8					FINISH OPERATION	11-18-13	AM	9:00
19570	1					RELEASED	11-18-13	AM	11:15
						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, 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	390	13.95	5440.50
CL110	Premium Pos Coat	SK	245	12.23	2996.35
CC109	Calcium Chloride	lb	1563	.79	1234.77
CC102	Cellulose	lb	159	2.78	442.02
CL130	C-SI	lb	74	18.75	1387.50
CF253	Guide Shoe	EA	1		285.00
CF1453	Insert Float	EA	1		210.00
CF4405	Centralizer	EA	15	108.75	1631.25
CF105	Rubber Plug	EA	1		168.75
CF4109	Step Collar	EA	1		75.00
E101	Heavy Equipment Mixture	mi	150	5.25	787.50
CE240	Blending & Mix Change	SK	2035	1.05	666.75
E113	Bank Delivery Charge	ton	1495	1.20	1794.00
CE202	Depth Charge	4hrs	1		1125.00
CE504	Plug Container Charge	job	1		187.50
E100	Picking Mixture	mi	50		159.00
S003	Service Supervisor	EA	1		131.25
CE503	Drill Charge	EA	1		225.00
				SUB TOTAL	18947.00

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. \_\_\_\_\_

