



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1191310
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: _____

1191310

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	IRENE A 1
Doc ID	1191310

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
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	IRENE A 1
Doc ID	1191310

Tops

Name	Top	Datum
CHASE	2648	
HEEBNER	4059	
LANSING	4105	
KANSAS CITY	4572	
MARMATON	4724	
CHEROKEE	4883	
ATOKA	5143	
MORROW	5219	
CHESTER	5387	
ST GENEVIEVE	5461	
ST LOUIS	5644	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04478 A

DATE _____ TICKET NO. _____

DATE OF JOB 12/2/13	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 Oxy USA	LEASE IRENE A 1	WELL NO.						
ADDRESS	COUNTY Haskell	STATE KS						
CITY	STATE	SERVICE CREW Tommy, Daniel						
AUTHORIZED BY Type	JOB TYPE: Z4Z L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
78939	4						PM 10:30	
372337726	4					ARRIVED AT JOB	AM 1:45	
3048 19566	4					START OPERATION	AM 2:53	
						FINISH OPERATION	AM 4:00	
						RELEASED	AM 4:30	
						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: 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	400	8 25	3300 00
CC113	Gypsum	Lb	1650	56	940 80
CC111	Salt	Lb	2454	38	932 52
CC103	C-15	Lb	202	9 38	1894 76
CC105	C-41P	Lb	84	3 00	252 00
CC201	Gilsonite	Lb	2000	50	1000 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Flapper Float	EA	1		161 25
CF4105	stop collar	EA	1		63 00
CF4452	Centralizers	EA	25	56 25	1406 25
CF103	Top Plug	EA	1		78 75
CF3000	Thread lock	EA	12	25 50	306 00
CC155	Super flush II	gal	500	1 15	575 00
E101	Heavy Equip Mileage	Mi	100	5 25	525 00
CE240	Blending & Mixing Charge	SK	400	1 05	420 00
E113	Bulk Delivery	Ton	840	1 20	1008 00
CE206	Depth Charge 500' to 6000'	4hrs	1		2160 00
CE504	Pllg Container	Job	1		187 50
E100	Pickup Mileage	Mi	50	3 19	159 50
SUB TOTAL					16,326.58

CHEMICAL / ACID DATA:			

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

AP LOCATION/DEPT. Libecap D02 NON D02 TOTAL

LEASE/WELL/FAC. IRENE A-1

MAXIMO / WSM # _____

SERVICE REPRESENTATIVE <u>Chad Hine</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <u>EARLY ZION</u>	ELEMENT # <u>3023</u>
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FIELD SERVICE ORDER NO. _____

SPO / BPA Circle Doc Type EARLY ZION

PRINTED NAME EARLY ZION

SIGNATURE EA 3



Cement Report

Customer Oxly OSA		Lease No.		Date 12/2/13			
Lease 1 Rene		Well # A 1		Service Receipt			
Casing 5 1/2	Depth	County Haskell		State KS			
Job Type L.S.	Formation	Legal Description					
Pipe Data			Perforating Data		Cement Data		
Casing size 5 1/2	Tubing Size	Shots/Ft		Lead 400-5x 50/50			
Depth 5795.09	Depth	From	To	Poz @ 13.5#			
Volume 133.5	Volume	From	To	1.58	7.36		
Max Press 2500	Max Press	From	To	Tail in			
Well Connection P.C	Annulus Vol.	From	To				
Plug Depth	Packer Depth	From	To				
Time	Casing Pressure	Tubing Pressure	Bbbs. Pumbed	Rate	Service Log		
13:45					on loc, spot + R.v., safety mtg		
14:53	3200				Test Lines		
14:55	210		17	3	Pump superflush & H2O spacer		
15:02					Plug moose		
15:06	240		0	6	Start mixing @ 13.5#		
15:22	Ø		98.5	Ø	Finished mixing, Drop Plug, Washup		
15:28	150		Ø	6	Start Disp		
15:51	990		120	2	Slow Rate		
15:56	1200-1730		133	Ø	Plug Down		
16:01	Ø				Release Psi, float held		
					Job Complete		
Service Units		74939		37223	37726	30413	19566
Driver Names		C. Hinz		T. Marcelkus	D. Beck		

Early Zion
Customer Representative

Norry Bennett
Station Manager

Chad Hinz
Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04688 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>11-27-13</u> DISTRICT <u>1717</u>		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 <u>Oxy USA</u>		LEASE <u>Irene A</u> WELL NO. <u>1</u>							
ADDRESS		COUNTY <u>Haskell</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Ruben-Carlos-Santiago-Daniel</u>							
AUTHORIZED BY <u>Tyce Davis</u>		JOB TYPE: <u>2-42 8 5/8 Surface</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				<u>78940</u>	<u>12</u>	<u>11-27-13</u>	<u>11-27-13</u>	<u>PM</u>	<u>0900</u>
				<u>3875019842</u>	<u>12</u>	ARRIVED AT JOB	<u>11-27-13</u>	<u>AM</u>	<u>2230</u>
				<u>3046319566</u>	<u>12</u>	START OPERATION	<u>11-28-13</u>	<u>AM</u>	<u>0634</u>
				<u>3046437547</u>	<u>12</u>	FINISH OPERATION		<u>AM</u>	<u>0832</u>
						RELEASED		<u>AM</u>	<u>0900</u>
						MILES FROM STATION TO WELL			<u>50</u>

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	390	13.95	5440.50
CL 110	Premium plus Cement	SK	245	12.23	2996.35
CC 109	Calcium Chloride	Lb	1563	.79	1234.77
CC 102	Cello flake	Lb	159	2.78	442.02
CC 130	C-51	Lb	74	18.75	1387.50
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 Centralizer	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
EC 111	Salt	Lb	500	38	190.00
E 101	Heavy Equipment Mileage	Mi	150	5.25	787.50
CE 240	Blending & Mixing Service Charge	SK	635	1.05	666.75
E 113	Proppant & Bulk Delivery Charge	TM	1495	1.20	1794.00
CE 202	Depth Charge 2000' 3000'	Yds	1		1125.00
EE 504	Plug Container Charge	Job	1		187.50
E 100	Pick up Charge	Mi	50	3.19	159.50
5003	Service Supervisor Charge	Eq	1		131.25
5003	Holiday Pay per Man	Man	4	375.00	1500.00
SUB TOTAL					20862.64

CHEMICAL / ACID DATA:			

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

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

TASK DRILLING AND SERVICE ELEMENT 3023
ORDERED BY CUSTOMER AND RECEIVED BY: _____
PROJECT # 1176108 Circle one

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SPO / BPA _____
Circle Doc Type _____
PRINTED NAME EARLY ZION
SIGNATURE: EAZ

SERVICE REPRESENTATIVE Ruben Martin

FIELD SERVICE ORDER NO. _____



Cement Report

Customer OXY USA		Lease No.		Date 11-27-13	
Lease Irene A'		Well # 1		Service Receipt	
Casing		Depth		County Haskell	
Job Type		Formation		State KS	
				Legal Description 10-28-34	
Pipe Data			Perforating Data		Cement Data
Casing size 8 5/8 24#		Tubing Size		Shots/Ft	
Depth 2035.25'		Depth		From To	
Volume 126.7 bbl		Volume		From To	
Max Press		Max Press		From To	
Well Connection		Annulus Vol.		From To	
Plug Depth 1993'		Packer Depth		From To	
				Premium Plus Cement	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2230					On Location Rig up
0545					Safety Meeting
0634	2500	3			Pressure Test
0635	200		166	5	Pump 3905X @ 12.1 PPG
0704	200		58	5	Pump 2455X @ 14.8 PPG
0720					Drop Plug
0722	200			5	Star Displacement
0737	600		110	2	Slow Rate
0745	1200		126	2	Bump Plug - Float Did not hold
0802	1500			2	Test Casing for 30 minutes
0832	0				Release Pressure - Close Manifold on Well head with 600 PSI - Rig Down
Service Units		78940	3875019842	3046319566	3046437547
Driver Names		Ruben	Carlos	Daniel	Santiago

Early
Customer Representative

Jerry Bennett
Station Manager

Ruben Martinez
Cementer
Taylor Printing, Inc.