



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196546
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
-----------------------------------	-----------------	---

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: _____

1196546

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> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GREEN H 2
Doc ID	1196546

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GREEN H 2
Doc ID	1196546

Tops

Name	Top	Datum
CHASE	2651	
HEEBNER	4064	
LANSING	4118	
KANSAS CITY	4578	
MARMATON	4742	
CHEROKEE	4903	
ATOKA	5183	
MORROW	5271	
CHESTER	5448	
LOWER CHESTER	5545	
STE GENEVIEVE	5701	



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04339 A

DATE _____ TICKET NO. _____

DATE OF JOB 12-12-13 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 Green "H" #2 WELL NO.							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW I. Chavez, Juan, Hector							
AUTHORIZED BY Ben Beth		JOB TYPE: 242 5 1/2" log string							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							12-12-13		500
78938	8	70897	8	30463	8	ARRIVED AT JOB	12-12-13	AM	715
		19570	1	19566	1	START OPERATION	12-12-13	AM	1000
						FINISH OPERATION	12-12-13	AM	1115
						RELEASED	12-12-13	AM	1200
						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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50-50 PIZ	SK	390	8 25	3217 50
CC113	Gypsum	lb	1640	56	918 40
CC111	Salt	lb	2396	38	910 48
CC103	C-15	lb	197	9 38	1847 86
CC105	C-41P	lb	82	3 00	246 00
CC201	Gilsonite	lb	1950	50	975 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Insert Float	EA	1		161 25
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizer 5 1/2"	EA	25	56 25	1406 25
CF103	Rubber Plug	EA	1		78 75
CC165	Stoploss Pulpinet	set	940	4 50	3780 00
CC166	Stoploss CCM	lb	240	3 94	945 60
E101	Heavy Equipment Mileage	mi	100	5 25	525 00
CE240	Bleeding & Mixing Charge	SK	390	1 05	409 50
E113	Bulk Acting Charge	tm	820	1 20	984 00
CE206	Depth Charge	4/hrs	1		2160 00
CE504	Plug Container Charge	job	1		187 50
E100	Pickup Mileage	mi	50	3 19	159 50
SUB TOTAL					9931 84

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]*

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04715 A

DATE _____ TICKET NO. _____

DATE OF JOB: 12-6-13	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: Green "H" #2		WELL NO.:						
ADDRESS:		COUNTY: Haskell		STATE: KS					
CITY:	STATE:	SERVICE CREW: I. Chava, Sam, Roger, Ricardo							
AUTHORIZED BY: Jerry Bent		JOB TYPE: 242 8 5/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78938	18	70897	18	30464	18	ARRIVED AT JOB	12-6-13	AM	600
		19570	1	37547	1	START OPERATION	12-6-13	AM	1200
30463	18					FINISH OPERATION	12-7-13	AM	415
19566	1					RELEASED	12-7-13	AM	530
						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: *[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	Premix Plus Cement	SK	245	12.23	2996.35
CC109	Calcium Chloride	16	1563	.79	1234.77
CC102	Celloflake	16	159	2.78	442.02
CC130	C-51	16	74	18.75	1387.50
CF253	Guide Shoe	EA	1		285.00
CF1453	Insert Float Valve	EA	1		210.00
CF4405	Centralizer 8 5/8	EA	17	108.75	1848.75
CF105	Rubber Plug	EA	1		168.75
CF4109	Stop Collar	EA	1		75.00
E101	Heavy Equipment Mileage	mi	180	5.25	987.50
CE240	Blendy + Mixy Charge	SK	635	1.05	666.75
E113	Bulk Delivery Charge	tm	1495	1.20	1794.00
CE202	Depth Charge	4hrs	1		1125.00
CE304	Plug Conformance Charge	job	1		187.50
E100	Pickup Mileage	mi	50	3.19	159.50
5003	Service Supervisor	EA	1		131.25
CE503	Derrick Charge	EA	1		225.00
CC403	Additional Hours Overtime	hr	10	375.00	3750.00
SUB TOTAL					22915.14

APPLICATION/DEPT: Lib cap
 LEASE/WELL/FAC: Green H-2
 MAX/IMO / WSM #: 0109
 TASK: ELEMENT 3023
 PROJECT #: 1176101
 SPC/EPA: UNSUPPORTED
 PRINTED NAME: Victor Benavides
 SIGNATURE: *[Signature]*

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.

Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>12-6-13</i>
Lease <i>Green "H"</i>	Well # <i>2</i>	Service Receipt <i>4775</i>
Casing <i>8 5/8</i>	Depth <i>2003</i>	County <i>Haskell</i>
Job Type <i>742 Surface</i>	Formation	Legal Description <i>10-28-34</i>
State <i>KS</i>		

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>390 slk A-Con</i>
Depth <i>2009</i>	Depth <i>55.37'</i>	From	To	<i>2.4 FT³-slk</i>
Volume <i>1256 1/5</i>	Volume	From	To	<i>14.06 d-slk 12.1 #</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>245 slk Class C</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT³-slk</i>
Plug Depth <i>1966</i>	Packer Depth	From	To	<i>6.336 d-slk 14.8 #</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>930</i>					<i>Arrive On Location</i>
<i>1030</i>					<i>Safety Meeting - Rig Up</i>
<i>1700</i>					<i>Rig Runny Casing</i>
<i>145</i>					<i>Circulate w/ Rig</i>
<i>225</i>					<i>Hook Up To BES</i>
<i>230</i>	<i>2000</i>		<i>1</i>	<i>1</i>	<i>Pressure Test</i>
<i>235</i>	<i>350</i>		<i>167</i>	<i>5.5</i>	<i>Pump Lead amt @ 12.1 #</i>
<i>310</i>	<i>300</i>		<i>58</i>	<i>5.5</i>	<i>Pump Tail amt @ 14.8 #</i>
<i>325</i>					<i>Drop Plug - Wash Up</i>
<i>330</i>	<i>400</i>		<i>115</i>	<i>5.5</i>	<i>Displace</i>
<i>355</i>	<i>900</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>400</i>	<i>1400</i>		<i>.1</i>	<i>.1</i>	<i>Land Plug - Float Held</i>
<i>430</i>	<i>1500</i>				<i>Pressure Test Casing - OK</i>
					<i>Cement To Surface</i>

Service Units	<i>78938</i>	<i>70897-19570</i>	<i>30467-37547</i>	<i>30463-19566</i>
Driver Names	<i>JEFF</i>	<i>Sam</i>	<i>Roger</i>	<i>Ricardo</i>

Vicker Customer Representative
 Jeff Smith Station Manager
 JEFF Cementer