



**APPLICATION FOR COMMINGLING OF PRODUCTION (K.A.R. 82-3-123) OR FLUIDS (K.A.R. 82-3-123a)** *Commingling ID #* \_\_\_\_\_

OPERATOR: License # \_\_\_\_\_ API No. 15 - \_\_\_\_\_  
Name: \_\_\_\_\_ Spot Description: \_\_\_\_\_  
Address 1: \_\_\_\_\_ - - - - - Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
Address 2: \_\_\_\_\_ Feet from  North /  South Line of Section  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_ Feet from  East /  West Line of Section  
Contact Person: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

1. Name and upper and lower limit of each production interval to be commingled:  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_

2. Estimated amount of fluid production to be commingled from each interval:  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_

3. Plat map showing the location of the subject well, all other wells on the subject lease, and all wells on offsetting leases within a 1/2 mile radius of the subject well, and for each well the names and addresses of the lessee of record or operator.

4. Signed certificate showing service of the application and affidavit of publication as required in K.A.R. 82-3-135a.

**For Commingling of PRODUCTION ONLY, include the following:**

- 5. Wireline log of subject well. Previously Filed with ACO-1:  Yes  No
- 6. Complete Form ACO-1 (*Well Completion form*) for the subject well.

**For Commingling of FLUIDS ONLY, include the following:**

- 7. Well construction diagram of subject well.
- 8. Any available water chemistry data demonstrating the compatibility of the fluids to be commingled.

**AFFIDAVIT:** I am the affiant and hereby certify that to the best of my current information, knowledge and personal belief, this request for commingling is true and proper and I have no information or knowledge, which is inconsistent with the information supplied in this application.

**Submitted Electronically**

**KCC Office Use Only**  
 Denied  Approved  
15-Day Periods Ends: \_\_\_\_\_  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

*Protests may be filed by any party having a valid interest in the application. Protests must be in writing and comply with K.A.R. 82-3-135b and must be filed within 15 days of publication of the notice of application.*



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1187816  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

**CONFIDENTIAL** 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: \_\_\_\_\_

1187816

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:  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> <input type="checkbox"/> Other <i>(Specify)</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	BRANSTETTER CHESTER UNIT 412
Doc ID	1187816

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BRANSTETTER CHESTER UNIT 412
Doc ID	1187816

Tops

Name	Top	Datum
HEEBNER	4128	
LANSING	4212	
KANSAS CITY	4612	
MARMATON	4752	
PAWNEE	4859	
CHEROKEE	4910	
ATOKA	5138	
MORROW	5192	
CHESTER	5301	
STE GENEVIEVE	5387	



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

FIELD SERVICE TICKET  
 1717 04594 A

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

DATE OF JOB: <b>10-29-13</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>OKY USA</b>	LEASE: <b>TRCU</b>	# <b>412</b>		WELL NO.:			
ADDRESS:		COUNTY: <b>Haskell</b>		STATE: <b>KS</b>			
CITY:		STATE:		SERVICE CREW: <b>I. Chavez, Sam, Cesar</b>			
AUTHORIZED BY: <b>Jay Burt</b>		JOB TYPE: <b>242 5 1/2 long string</b>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED: <b>10-28-13 AM 7:00</b>	
<b>78938</b>	<b>9</b>	<b>70847</b>	<b>9</b>	<b>14355</b>	<b>9</b>	ARRIVED AT JOB: <b>10-28-13 AM 9:10</b>	
		<b>19570</b>	<b>1</b>	<b>37725</b>	<b>1</b>	START OPERATION: <b>10-29-13 AM 1:30</b>	
						FINISH OPERATION: <b>10-29-13 AM 2:30</b>	
						RELEASED: <b>10-29-13 AM 3:30</b>	
						MILES FROM STATION TO WELL: <b>60</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 Martin Goñi Salazar  
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50-50PUZ	SK	270	8 25	2227 50
CC113	Gypsum	16	1135	56	635 60
CC111	Salt	16	1658	38	630 04
CC103	C-15	16	137	9 38	1285 06
CC105	C-41A	16	57	3 00	171 00
CC201	Gilsonite	16	1350	50	675 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Insert Float Valve	EA	1		161 25
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizer 5/2	EA	25	56 25	1406 25
CF103	Rubber Plug	EA	1		78 75
CC135	Super Flush	SD	500	1 15	575 00
E101	Heavy Equipment Mileage	mi	120	5 25	630 00
CE240	Blending + Mix Charge	SK	270	1 05	283 50
E113	Bulle Delivery Charge	TR	681	1 20	817 20
CE206	Death Charge	4hrs	1		216 00
CE504	Plus Contingency Charge	job	1		187 50
E100	Pickup Mileage	mi	60	3 19	191 40
5003	Service Supervisor	EA	1		131 25
SUB TOTAL					<b>12721 80</b>
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
TOTAL					

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: I. Chavez

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X Martin Goñi Salazar  
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
Liberal, Kansas

### Cement Report

Customer <i>OKY USA</i>			Lease No.		Date <i>10-29-13</i>
Lease <i>BCU</i>			Well # <i>412</i>		Service Receipt <i>4594</i>
Casing <i>5 1/2</i>	Depth <i>5612</i>		County <i>Haskell</i>		State <i>KS</i>
Job Type <i>242 Long Strg</i>		Formation	Legal Description <i>31-27-33</i>		
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <i>5 1/2 17. #</i>		Tubing Size	<b>Shots/Ft</b>		<b>Lead</b>
Depth <i>5615</i>		Depth <i>55, 43</i>	From	To	Tail in <i>290 sk 50-50</i> <i>1158 FT 3-52 POZ</i> <i>7.366 sk 13.5 #</i>
Volume <i>129.5615</i>		Volume	From	To	
Max Press <i>2000</i>		Max Press	From	To	
Well Connection <i>5 1/2</i>		Annulus Vol.	From	To	
Plug Depth <i>5569</i>		Packer Depth	From	To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	
<i>2100</i>					<i>Arrive On Location</i>
<i>2110</i>					<i>Safety Meeting Plus Up</i>
<i>2200</i>					<i>Run Pumping Casing</i>
<i>1245</i>					<i>Circulate w/ Run</i>
<i>125</i>					<i>Hook up To BES</i>
<i>130</i>	<i>2000</i>		<i>6.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>133</i>	<i>350</i>		<i>5</i>	<i>5.5</i>	<i>Pump Water Spacer</i>
<i>138</i>	<i>300</i>		<i>12</i>	<i>5.5</i>	<i>Pump Super Flush</i>
<i>141</i>	<i>250</i>		<i>5</i>	<i>5.5</i>	<i>Pump Water Spacer</i>
<i>145</i>	<i>200</i>		<i>70</i>	<i>5.9</i>	<i>Pump cent @ 13.5 #</i>
<i>200</i>					<i>WASH UP - DISPLACE</i>
<i>205</i>	<i>350</i>		<i>119</i>	<i>6.0</i>	<i>Displace</i>
<i>225</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>230</i>	<i>1500</i>		<i>11</i>	<i>11</i>	<i>Lead Plug - Float Held</i>
					<i>Plug Mouse Hole</i>
					<i>Job Complete</i>
					<i>Thanks For Using BASIC Energy</i>
Service Units	<i>78938</i>	<i>70897-1950</i>	<i>14355-37725</i>		
Driver Names	<i>L. Chavez</i>	<i>Sam</i>	<i>Cesar</i>		

*Martin*  
Customer Representative

*Key Beith*  
Station Manager

*Israel Chavez*  
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 04591 A

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

DATE OF JOB <b>10-25-13</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>BCU #412</b>		WELL NO.		
ADDRESS		COUNTY <b>Haskell</b>		STATE <b>KS</b>		
CITY STATE		SERVICE CREW <b>J. Chavez, Sam, Santiago, Daniel</b>				
AUTHORIZED BY <b>Jay Pratt</b>		JOB TYPE: <b>242 8 9/8 Surface</b>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <b>10-24-13</b> DATE AM PM - TIME
<b>78938</b>	<b>10</b>	<b>70899</b>	<b>10</b>	<b>38119</b>	<b>10</b>	ARRIVED AT JOB <b>10-24-13</b> AM PM - TIME
		<b>19570</b>	<b>1</b>	<b>19566</b>	<b>1</b>	START OPERATION <b>10-25-13</b> AM PM - TIME
<b>30464</b>	<b>10</b>					FINISH OPERATION <b>10-25-13</b> AM PM - TIME
<b>37724</b>	<b>1</b>					RELEASED <b>10-25-13</b> AM PM - TIME
						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: *[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	335	13 95	4673 25
CL110	Propane Plus Cont	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1407	79	1111 53
CC102	Celloflake	lb	145	2 78	403 10
CC130	C-51	lb	63	18 75	1181 25
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Float Valve	EA	1		210 00
CF4403	Centralizer	EA	15	108 75	1631 25
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equipment Mileage	mi	150	5 25	787 50
CE240	Blending & Mixing Charge	SK	580	1 05	609 00
E113	Bulk Delivery Charge	tn	1365	1 20	1638 00
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plus Container Charge	sub	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
E724	2" Pop off Valve Rental	EA	1		225 00
SUB TOTAL					<b>17823 23</b>

SIGNATURE: *[Signature]*  
 PRINTED NAME: *[Name]*  
 TITLE: *[Title]*  
 CONTRACT # **179547**  
 MAKE/NO./WSM # **01-02**  
 LEASEWELL/FAC **BCU #112**  
 AP LOCATION/DEPT. **Lib. Cap**  
 ELEMENT **3023**  
 D02 NON D02C  
 CAPEX/OP-EX - Circle one  
 UNSUPP/RTED

CERTIFICATE NO. **179547**  
 ALL MATERIALS HAVE BEEN RECEIVED

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>10-25-13</i>	
Lease <i>BCU</i>		Well # <i>412</i>		Service Receipt <i>4591</i>	
Casing <i>8 5/8</i>	Depth <i>1790</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>31-27-33</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>		Tubing Size		Shots/Ft	
Depth <i>1799</i>		Depth <i>55.42</i>		From	To
Volume <i>111.7 b15</i>		Volume		From	To
Max Press <i>1800</i>		Max Press		From	To
Well Connection <i>8 5/8</i>		Annulus Vol.		From	To
Plug Depth <i>1757</i>		Packer Depth		From	To
				Lead <i>335 sk A-Con</i> <i>2.4 Ft 7-Sk</i>	
				Tail in <i>245 sk Class C</i> <i>1.34 Ft 7-Sk</i>	
				14.0 Gd-Sk 12.1#	
				6.3 Gd-Sk 14.8#	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1900</i>					<i>Arrive On location</i>
<i>1920</i>					<i>Safety Meeting - Rig Up</i>
<i>1930</i>					<i>Rig Pumping Casing</i>
<i>220</i>					<i>Circulate w/ Rig</i>
<i>300</i>					<i>Hook up to BES</i>
<i>305</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>310</i>	<i>300</i>		<i>143</i>	<i>5.0</i>	<i>Pump Lead amt @ 12.1#</i>
<i>345</i>	<i>200</i>		<i>58</i>	<i>4.0</i>	<i>Pump Tail amt @ 14.8#</i>
<i>400</i>					<i>Drop Plug - Wash Up</i>
<i>405</i>	<i>300</i>		<i>101</i>	<i>6.0</i>	<i>Displace</i>
<i>425</i>	<i>700</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down</i>
<i>430</i>	<i>1200</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Float Held</i>
					<i>Cement To Surface</i>
					<i>Job Complete</i>
<i>500</i>					<i>Test Casing - OK</i>
					<i>Thanks For Using BASIC Energy Services</i>
Service Units	<i>78998</i>	<i>70897-19570</i>	<i>38119-19566</i>	<i>30464-37724</i>	
Driver Names	<i>I. Chavez</i>	<i>Sam</i>	<i>Daniel</i>	<i>Sam</i>	

*Murky*  
Customer Representative

*Sam Best*  
Station Manager

*Izzy Chavez*  
Cementer

**AFFIDAVIT OF NOTICE SERVED**

RE: Application for: OXY USA, INC.

Well Name: BCU 412  
Legal Location: SW NE SE SE 31-27S-33W

The undersigned hereby certifies that he/she is a duly authorized agent for the applicant, and that on the 24th day of March, 2014, a true and correct copy of the application referenced above was delivered or mailed to the following parties:

NOTE: A copy of this affidavit must be served as a part of the application.

<b><u>Name:</u></b>	<b><u>Address:</u></b> (attach additional sheets if necessary).
Oxy USA, Inc.	P.O. Box 2528, Liberal, KS 67905
Mobil Oil Corporation	100 S Main STE 505, Wichita, KS 67207

Please see attached for surface Owners Information.

Signed this 24th day of March, 2014.

  
Idania B. Medina  
Applicant or Duly Authorized Agent

Subscribed and sworn to before me this 24 day of March, 2014





  
Anita Peterson  
Notary Public

My Commission Expires: Oct. 1, 2017

Protests may be filed by any party having a valid interest in the application. Petitions for protests shall be in writing and shall clearly identify the name and address of the protestant and the title of the application. The petition shall include a clear and concise statement of the direct and substantial interest of the protestant in the proceedings, including the manner in which the protestant may be affected, and the nature, extent, character and grounds of the protest. Protestants shall serve the protest upon the applicant by mail or personal service at the same time or before the protestant files the protest with the Conservation Division.

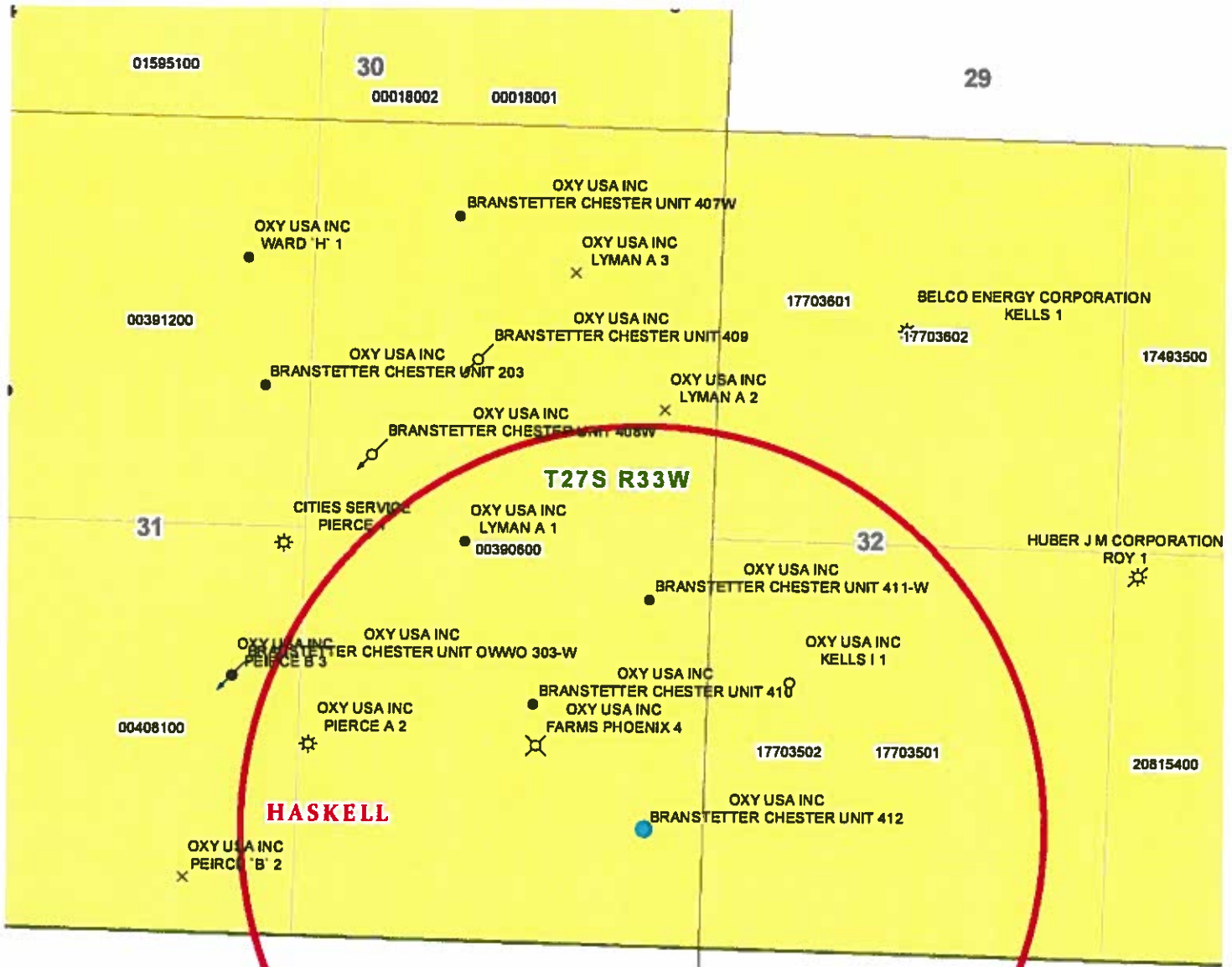
**Surface Owners Information**

**Name:**

Maurice W. Hendershot  
Edna Hendershot  
Scott Hendershot  
Winnie Hendershot  
Robert A. Hendershot  
Duane R. Johnson  
Stanley L. Hendershot

**Address:**

2020 N. Kessler, Wichita, KS 67203-1038  
3009 Princeton Drive, Hutchinson, KS 67502  
1719 South Mission Road, Wichita, KS 67207  
1501 North Glenhurst, Wichita, KS 67212  
4502 Nickerson Blvd., Hutchinson, KS 67502  
1078 Shawnee Road, Lindsborg, KS 67456  
112 Champa, Pratt, KS 67124



NORTHERN NATURAL GAS COMPANY  
NELSON /A/ 1



Commingle Map Kansas	
Scale: 1:12,000	Projection: NAD 27 State Plane Kansas South
Date: 03/19/2014	Author: M. Jackson



Proof of Pu

State of Kansas,  
County of Haskell, ss:

Rolf Jungclas

of lawful age, being duly sworn upon oath states that he/she is the editor of THE HASKELL COUNTY MONITOR CHIEF.

THAT said newspaper has been published at least weekly 50 times a year and has been so published for at least five years prior to the first publication of the attached notice.

THAT said newspaper was entered as second class matter at the post office of its publication;

THAT said newspaper has a general paid circulation on a daily, weekly, monthly, or yearly basis in HASKELL County, Kansas and is NOT a trade, religious or fraternal publication and has been printed and published in HASKELL County, Kansas.

THE ATTACHED was published on the following dates in a regular issue of said newspaper:

- 1st Publication was made on the 26 day of Feb, 20 14
- 2nd Publication was made on the \_\_\_ day of \_\_\_, 20 \_\_\_
- 3rd Publication was made on the \_\_\_ day of \_\_\_, 20 \_\_\_
- 4th Publication was made on the \_\_\_ day of \_\_\_, 20 \_\_\_
- 5th Publication was made on the \_\_\_ day of \_\_\_, 20 \_\_\_
- 6th Publication was made on the \_\_\_ day of \_\_\_, 20 \_\_\_

Publication fee \$ 6120  
 Affidavit, Notary's Fees \$ \_\_\_\_\_  
 Additional Copies @ \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Publication Fee \$ 6120

Rolf Jungclas

(Signed)

Witness my hand this 26 day of Feb, 20 14

SUBSCRIBED and SWORN to before me this 26 day of Feb, 20 14.

Kelly C. Anderson  
(Notary Public)

My commission expires 2.7.2018



**Legal Notice**  
 (Published in Haskell County Monitor-Chief on February 26, 2014.)  
**BEFORE THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS**  
**NOTICE OF FILING APPLICATION**  
 RE: OXY USA Inc. Application for order to commingle Morrow,

L. Morrow, and Chester sources of supply in BCU 412 well, located in Sec. 31 Twp 27S R 33W, Haskell County, Kansas.

TO: All Oil and Gas Producers, Unleased Minerals Interest Owners, Landowners, and all persons whosoever concerned.

You, and each of you, are hereby notified that OXY USA Inc. has filed an application to commingle the production from the Morrow, L. Morrow, and Chester sources of supply in the BCU 412 well, located in the SW NE SE SE of Sec 31 Twp 27S R 33W in Haskell County, Kansas.

Any persons who object to or protest this application shall be required to file their objections or protests with the Conservation Division of the State Corporation

Commission of the State of Kansas within fifteen (15) days from the date of this publication. These protests shall be filed pursuant to Commission regulations and must state specific reasons why the grant of the application may cause waste, violate correlative rights or pollute the natural resources of the State of Kansas. If no protests are received, this application may be granted through a summary proceeding. If valid protests are received, this matter will be set for hearing.

All persons interested or concerned shall take notice of the foregoing and shall govern themselves accordingly.

OXY USA Inc.  
P.O. Box 2528  
Liberal, KS 67905  
(620)-629-4200

**AFFIDAVIT**

STATE OF KANSAS

\  
- SS.  
/

County of Sedgwick

Mark Fletchall, of lawful age, being first duly sworn, deposeth and saith: That he is Record Clerk of The Wichita Eagle, a daily newspaper published in the City of Wichita, County of Sedgwick, State of Kansas, and having a general paid circulation on a daily basis in said County, which said newspaper has been continuously and uninterruptedly published in said County for more than one year prior to the first publication of the notice hereinafter mentioned, and which said newspaper has been entered as second class mail matter at the United States Post Office in Wichita, Kansas, and which said newspaper is not a trade, religious or fraternal publication and that a notice of a true copy is hereto attached was published in the regular and entire Morning issue of said The Wichita Eagle for   1   issues, that the first publication of said notice was

made as aforesaid on the 26<sup>th</sup> of

**February** A.D. **2014**, with

subsequent publications being made on the following dates:

And affiant further says that he has personal knowledge of the statements above set forth and that they are true.

*Mark Fletchall*

Subscribed and sworn to before me this

**26th day of February, 2014**

JENNIFER RAE BAILEY  
Notary Public - State of Kansas  
My Appt. Expires 6/4/2017

*JRB*

Notary Public Sedgwick County, Kansas

Printer's Fee : **\$113.20**

**LEGAL PUBLICATION**

PUBLISHED IN THE WICHITA EAGLE  
FEBRUARY 26, 2014 (3289739)

**BEFORE THE STATE CORPORATION  
COMMISSION OF THE STATE OF KANSAS  
NOTICE OF FILING APPLICATION**

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All persons interested or concerned shall take notice of the foregoing and shall govern themselves accordingly.

OXY USA Inc.  
P.O. Box 2528  
Liberal, KS 67905  
(620)-629-4200

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair  
Thomas E. Wright, Commissioner  
Jay Scott Emler, Commissioner

Sam Brownback, Governor

April 8, 2014

Idania Medina  
OXY USA, Inc.  
5 E Greenway Plz  
Houston, TX 77227-7570

RE: Approved Commingling CO031408  
API No. 15-081-22034-00-00

Dear Ms. Medina:

Your Application for Commingling (ACO-4) for the above described well has been reviewed and approved by the Kansas Corporation Commission (KCC) per K.A.R. 82-3-123. Notice was examined and found to be proper per K.A.R. 82-3-135a. No protest had been filed within the 15-day protest period.

Based upon the depth of the Chester formation perforations, total oil production shall not exceed 200 BOPD and total gas production shall not exceed 50% of the absolute open flow (AOF). **Production from the well must be adjusted to comply with the allowable limit of 200 BOPD unless an application for an increased allowable is approved by the commission**

Sincerely,

Rick Hestermann  
Production Department