



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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- 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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1046325

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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<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 (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BLACK B 2
Doc ID	1046325

All Electric Logs Run

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



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 00927 A

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

DATE OF JOB <b>7-14-10</b> DISTRICT <b>Liberal</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>Black "B"</b>		WELL NO. <b>2</b>		
ADDRESS		COUNTY <b>Haskell</b>		STATE <b>KS</b>		
CITY		STATE		SERVICE CREW <b>Arrington/Lopez</b>		
AUTHORIZED BY <b>Jerry Bennett JRB</b>		JOB TYPE: <b>Z 42 8 3/8 Surface</b>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <b>7-14-10</b> DATE <b>7-14-10</b> TIME <b>9:00</b>
<b>30464</b>	<b>5</b>					ARRIVED AT JOB <b>7-14-10</b> TIME <b>10:30</b>
<b>19919</b>	<b>5</b>					START OPERATION <b>7-14-10</b> TIME <b>14:24</b>
<b>19805</b>	<b>5</b>					FINISH OPERATION <b>7-14-10</b> TIME <b>15:45</b>
<b>19883</b>	<b>5</b>					RELEASED <b>7-14-10</b> TIME <b>16:15</b>
<b>14354</b>	<b>5</b>					MILES FROM STATION TO WELL <b>50</b>
<b>19578</b>	<b>5</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: Wes Williams  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL 101	A-Can Blend	SK	430		7998 00
CL 110	Premium Plus Cement	SK	200		3260 00
CC 109	Calcium Chloride	lb	1591		1670 55
CC 102	Celloflake	lb	265		980 50
CC 130	C-51	lb	81		2025 00
CF 1453	Flapper Type Insert 8 3/8	EA	1		280 00
CF 253	Guide Shoe 8 3/8	EA	1		380 00
CF 1773	Centralizer 8 3/8 x 12 1/4	EA	5		725 00
CF 1903	8 3/8 Basket	EA	1		315 00
CF 105	Top Rubber Plug 8 3/8	EA	1		225 00
E 101	Heavy Equipment Mileage	Mi	150		1050 00
CE 240	Blending & Mixing	SK	630		882 00
E 113	Proppant & Bulk Delivery	tn	1483		2372 80
CE 202	Depth Charge 1001-2000'	lbs	1		1500 00
CE 504	Plug Container	job	1		250 00
E 100	Pickup Mileage	Mi	50		212 50
S 003	Service Supervisor	EA	1		175 00
SUB TOTAL					<b>14869 50</b>

CHEMICAL / ACID DATA:			

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

1102100

SERVICE REPRESENTATIVE <u>Jason Arrington</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Wes Williams</u>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer OXY USA	Lease No.	Date 7-14-10
Lease Black "B"	Well # 2	
Field Order # 171700927	Station Liberal	Casing 8 7/8 24"
	Depth 1827	County Haskell
Type Job Z 42 8 5/8 Surface	Formation	State KS
		Legal Description 17-30-33

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size 8 7/8 24"	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth 1827	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative Wes Williman	Station Manager Jerry Bennett	Treater Jason Arrington
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Service Units	30464	19919	19805	19883	14354	19578	19820							
Driver Names	C. Lopez	J. Martinez	V. Vasquez	J. Arrington										

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:30					On Loc.
10:35					Safety Meeting
10:40					Rig up
14:24					Test Lines
14:26	200	—	226	4.5	Pump 430sk A-Con @ 11.4 #
15:11	300	—	47	5.5	Pump 200sk Premium Plus @ 14.8 #
15:24					Drop Plug
15:25	300	—		5	Start Disp
15:43	600	—	100	1.5	Reduce Rate
15:44	1200	—	113		Land Plug
15:45					Release Press, Float Held
15:46					Rig down
16:15					Leave Loc.

Circ 80 BBL to Pit

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <i>Oxy USA</i>	Lease No.	Date <i>7-19-10</i>
Lease <i>Black "B"</i>	Well # <i>2</i>	
Field Order # <i>11100003</i>	Station <i>Liberal</i>	Casing <i>5 1/2</i>
Type Job <i>Z42 5 1/2 L.S.</i>	Formation	Depth <i>4942</i>
		County <i>Haskell</i>
		State <i>Ks</i>
		Legal Description <i>17 30 55</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft.	Acid	Rate	PRESS	ISIP	
		From <i>2.903</i>	<i>1155k A-CON - 2% CC - 1% CaCl2 - 2% WCA-1</i>	<i>18.01 gal/hr @ 11.47 gal</i>		<i>5 Min.</i>	
Depth	Depth	From	Pre Pad	Max			
		From <i>155</i>	<i>50/50 PGE - 5% W-60 - 10% salt -</i>	<i>15 Min</i>		<i>30 Min</i>	
Volume	Volume	From	Post	Avg			
		From <i>.67</i>	<i>5% biconite + 1/4" Defoamer</i>	<i>15 Min</i>			
Max Press	Max Press	From	Frac	HP Used			
		From <i>1.52</i>	<i>3/5k 6.65 gal/hr @ 13.8 gal</i>				
Well Connection	Annulus Vol.	From	Flush	Gas Volume		Annulus Pressure	
		From					
Plug Depth	Packer Depth	From	To			Total Load	

Customer Representative <i>Wes</i>	Station Manager <i>J. Bennett</i>	Treater <i>M. Cochran</i>			
Service Units	21755	27808	19633	19805	19885
Driver Names	<i>Cochran</i>	<i>T. Gibson</i>	<i>M. Stegmann</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>02:00</i>					<i>on Loc. / Held Safety Meeting</i>
<i>02:00</i>					<i>Start Csg.</i>
<i>01:30</i>					<i>Csg on Bottom / air w/ Rig</i>
<i>03:14</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>03:16</i>	<i>250</i>		<i>5</i>	<i>4</i>	<i>Start fresh H<sub>2</sub>O</i>
<i>03:18</i>	<i>250</i>		<i>12</i>	<i>4</i>	<i>Start Super Flush II</i>
<i>03:20</i>	<i>250</i>		<i>5</i>	<i>4</i>	<i>Start Pres H<sub>2</sub>O</i>
<i>03:35</i>	<i>300</i>		<i>34</i>	<i>5</i>	<i>Start Lead Cmt 65sk @ 11.47</i>
<i>03:44</i>	<i>300</i>		<i>42</i>	<i>5</i>	<i>Start Tail Cmt 155sk @ 13.8</i>
<i>03:56</i>					<i>Shutdown + Wts k up</i>
<i>03:59</i>					<i>Drop Plug</i>
<i>04:01</i>	<i>200</i>		<i>0</i>	<i>6</i>	<i>Start Disp. w/ Fresh H<sub>2</sub>O</i>
<i>04:16</i>	<i>800</i>		<i>104</i>	<i>3</i>	<i>Slow Rate</i>
<i>04:19</i>	<i>1500</i>		<i>114</i>	<i>3</i>	<i>Bump Plug</i>
<i>04:20</i>	<i>950</i>		<i>114</i>	<i>0</i>	<i>Release / Float Held</i>
<i>04:30</i>					<i>End Job</i>
<i>03:24</i>	<i>100</i>		<i>6</i>	<i>3</i>	<i>Plug Rat Hole w/ 30sk @ 13.8</i>
<i>03:27</i>	<i>100</i>		<i>4</i>	<i>3</i>	<i>Plug Mouse Hole w/ 20sk @ 13.8</i>
	<i>950</i>				<i>Pressure Before Plug landed</i>



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 00893 A

DATE 7-20 TICKET NO. \_\_\_\_\_

DATE OF JOB <u>7-19-10</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>Dxy USA</u>		LEASE <u>Black 'B'</u>				WELL NO. <u>2</u>	
ADDRESS		COUNTY <u>Haskell</u>		STATE <u>Ks</u>			
CITY		STATE		SERVICE CREW <u>Cochran/Gibson/Sycamore</u>			
AUTHORIZED BY		JOB TYPE: <u>Z42 5 1/2 L.S.</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME
<u>21785</u>	<u>8.5</u>						<u>7-19 AM 07:30</u>
<u>27808</u>	<u>8.5</u>					ARRIVED AT JOB	<u>7-19 AM 2:00</u>
<u>19333</u>	<u>8.5</u>					START OPERATION	<u>7-20 PM 07:10</u>
<u>19805</u>	<u>8.5</u>					FINISH OPERATION	<u>7-20 PM 04:25</u>
<u>19883</u>	<u>8.5</u>					RELEASED	<u>7-20 PM 05:30</u>
						MILES FROM STATION TO WELL	<u>37</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 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: Weo Will  
(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	115		2139 00
CL104	50/50 Poz	SK	155		1705 00
CC113	Gypsum	lb	655		491 25
CC111	Salt	lb	864		432 00
CC124	FIA-115	lb	79		1185 00
CC201	Gilsonite	lb	775		519 25
CC101	C-42P	lb	33		264 00
CC109	Calcium Chloride	lb	218		228 90
CC102	Cell Flake	lb	29		107 30
CC130	C-51	lb	22		550 00
CF1451	Fraser	EA	1		215 00
CF251	Guide shoe	EA	1		250 00
CF1651	Turbolizer	EA	25		2750 00
CF103	Top Plug	EA	1		105 00
CC155	Super-Fluor II	gal	500		765 00
E101	Heavy Equip. Mileage	Mi	100		700 00
CE240	Blending + Mixing Serv. Chrg.	SK	290		378 00
E113	Bulk Delivery	TM	600		960 00
CE206	Depth Chrg. 4000'-5001'	Yrs	1		2520 00
SUB TOTAL					<u>10659 32</u>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Mickey Coch THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Weo Will

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.





DRILLER'S LOG

OXY USA, INC.  
BLACK B-2  
SECTION 17-T30S-R33W  
HASKELL COUNTY, KANSAS

COMMENCED: 07-12-10  
COMPLETED: 07-20-10

SURFACE CASING: 1827' OF 8 5/8" CMTD  
W/430 SKS A CONN + 3% CC+ 1/4 #/SK  
CELL FLAKE. TAILED W/200 SKS  
PREMIUM PLUS + 2% CC + 1/4#/SK CELL  
FLAKE.

FORMATION	DEPTH
SAND	0 - 488
OGALLALA	488 - 647
SURFACE	647 - 1420
RED BED	1420 - 1786
SHALE & ANHYDRITE	1786 - 1828
STONE CORRAL	1828 - 1980
PERMIAN	1980 - 2300
COUNCIL GROVE	2300 - 2706
CHASE	2706 - 3106
COUNCIL GROVE	3106 - 4148
LANSING	4148 - 4315
LIMESTONE	4315 - 4616
SHALE & LIMESTONE	4616 - 4800
MARMATON	4800 - 4943 RTD

I DO HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

TRINIDAD DRILLING LP



JACK PEPPER

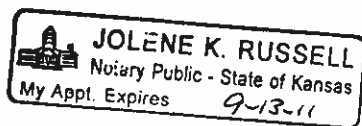
STATE OF KANSAS: ss:

SUBSCRIBED AND SWORN TO BEFORE ME THIS 24<sup>TH</sup> DAY OF JULY, 2010.

JOLENE K. RUSSELL



NOTARY PUBLIC





*Mark Parkinson, Governor  
Thomas E. Wright, Chairman  
Joseph F. Harkins, Commissioner  
Ward Loyd, Commissioner*

November 01, 2010

LAURA BETH HICKERT  
OXY USA Inc.  
5 E GREENWAY PLZ  
PO BOX 27570  
HOUSTON, TX 77227-7570

Re: ACO1  
API 15-081-21909-00-00  
BLACK B 2  
SE/4 Sec.17-30S-33W  
Haskell County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
LAURA BETH HICKERT