



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
-----------------------------------	-----------------	-----------------------------------------

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: _____



1046823

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
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BAKER C 1
Doc ID	1046823

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BAKER C 1
Doc ID	1046823

Tops

Name	Top	Datum
HEEBNER	3879	-681
LANSING	3906	-708
SWOPE	4260	-1062
MARMATON	4540	-1342
CHEROKEE	4796	-1598
ATOKA	5370	-2172
MORROW	5485	-2287
LOWER MORROW	5758	-2560
CHESTER	5995	-2797
ST. GENEVIEVE	6060	-2862
ST. LOUIS	6062	-2864



BASICSM
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 00894 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-20-10	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: Baker 'C'					WELL NO. 1	
ADDRESS:		COUNTY: Morton			STATE: Ks			
CITY: _____ STATE: _____		SERVICE CREW: Cookran/Gibson/Stephan/Lopez						
AUTHORIZED BY:		JOB TYPE: Z42 87A surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME	
21755	6	19827	6				7-20 AM 12:00	
27808	6	19566	6			ARRIVED AT JOB	7-20 AM 14:30	
19553	6	14354	6			START OPERATION	7-20 AM 17:45	
		19578	6			FINISH OPERATION	7-20 AM 20:00	
						RELEASED	7-20 AM 21:00	
						MILES FROM STATION TO WELL	63	

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: *A.M. Uy*
(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	490		9114 00
CL110	Premium Plus	sk	200		3260 00
CC102	Celloflake	lb	275		1091 50
CC109	Calcium Chloride	lb	1759		1846 95
CC130	C-51	lb	93		2325 00
CF1453	Insert	ea	1		280 00
CF253	Guide shoe	ea	1		380 00
CF1773	Centralizer	ea	5		725 00
CF1903	Basket	ea	1		315 00
CF105	Top Plug	ea	1		225 00
E101	Heavy Equip. Mileage	mi	75		525 00
CE240	Blending + Mixing Ser. Chrg.	sk	670		966 00
CE202	Depth Chrg. 1001'-2000'	4hrs	1		1500 00
E113	Bulk Delivery	TM	811		1297 60
CE504	Plus Container	job	1		250 00
E100	Pick-up Mileage	mi	25		106 25
5003	Service Supervisor	ea	1		175 00
SUB TOTAL					14918 13

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u><i>Nicky Cook</i></u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u><i>A.M. Uy</i></u>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO. _____



BASICSM
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 00903 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-31-10 8-1-10	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 Baker C #1		WELL NO.			
ADDRESS		COUNTY Morton		STATE KS			
CITY		STATE		SERVICE CREW R Cox, M. Stegman			
AUTHORIZED BY J. Bennett		JOB TYPE: 242-5/2 Production					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME
19816	4						8-31-10 AM 6:00
21462	4					ARRIVED AT JOB	7-31-10 AM 9:30
19828	2					START OPERATION	8-1-10 PM 6:30
19883	2					FINISH OPERATION	PM 9:30
						RELEASED	PM 10:00
						MILES FROM STATION TO WELL	50 mi

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: M. W. J.
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-CON	sk	130		2418 00
CL104	50/50 POZ	sk	130		1430 00
CC124	FCA-115	lb	66		990 00
CC109	Calcium Chloride		246		258 30
CC113	Gal-set		550		412 50
CC111	Salt		728		364 00
CC201	Gilsonik		655		438 85
CC107	Defoamer		28		196 00
CC102	Cell Thatch		31		114 70
CC130	C-51		25		625 00
CF1451	5/2 Flapper Type Insert	ea	1		215 00
CF251	Regular Guide Shoe		1		250 00
CF1651	Turbolizer		20		2200 00
CF501	Stop Ring		1		40 00
CF103	Top Rubber Plug		1		105 00
CC155	Superflush	gal	500		765 00
SUB TOTAL					\$10,649.49

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Shel Owen</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>M. W. J.</u>
--------------------------------------------	----------------------------------------------------------------------------------------

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer	Oxy USA	Lease No.		Date	7-31-10 8-1-10
Lease	Baker C	Well #	1		
Field Order #	00903	Station	Liberal, KS-1717	Casing " #	5 1/2" 1717
Type Job	242-5 1/2 Production	Depth	6084'	County	Morton
		Formation		State	KS
				Legal Description	29-32-39

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME				
Casing Size	5 1/2"	Tubing Size		Shots/Ft		Acid	130 sks A-Con	RATE	PRESS	ISIP
Depth	6084'	Depth		From	To	Pre Pad	130 sks 50/50 Poz			5 Min.
Volume	140 bbls	Volume		From	To	Pad		Min		10 Min.
Max Press	2000 #	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	fresh	Gas Volume		Total Load

Customer Representative	C. Wylie	Station Manager	J. Bennett	Treater	A. Olvera
Service Units	19816 27462 19878 19883				
Driver Names	A. Olvera R. Cox M. Stegmann				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30	7-31-10				on loc-site assesment (highly depi)
9:35	"				spot trucks - rig up
1:00	8-1-10				start csg + float equip
5:00					csg on btm, break circ 1/2 hr.
6:00					safety meeting
6:30					switched over to cmtt lines
7:20					pressure test lines 3500#
7:21	250		5	3	pump 5 bbl H2O spacer
7:23	250		12	3	pump 12 bbl (500 gal) superflush
7:29	250		5	3	pump 5 bbl H2O spacer
7:31	50		12	3	mix + pump 850 sks for rat r mouse hole
7:35	250		44.7	5	mix + pump 80 sks A-Con w/ 2%cc 1/4# Cellflake, .2% WCA-1 3.14 ft 3sk, 19.53 gal/sk @ 11.2 app
7:45	150		35.2	5	switch to tail cmt 50/50 Poz 5%W-60 10% Salt, 6% C-15 1/4# Deformer, 5# Gilsomir 1.52 ft 3sk, 6.67 gal/sk @ 13.8 app
8:20					drop plug, wash lines
8:25	0		0	6	disp csg
9:00	1300		139.2	0	land plug, float held



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

November 09, 2010

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

Re: ACO1
API 15-129-21919-00-00
BAKER C 1
SE/4 Sec.29-32S-39W
Morton 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



BASICSM
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 00872 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7/22/10	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: Baker "C"		WELL NO. 1				
ADDRESS:		COUNTY: Mottont		STATE: KS				
CITY:		STATE:		SERVICE CREW: Royce, Victor				
AUTHORIZED BY: Jerry Bennett JRB		JOB TYPE: 4 5/8 Squeeze 247						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19858	4							2:00
30463	4					ARRIVED AT JOB		5:52
19843	4					START OPERATION		7:55
33021	4					FINISH OPERATION		9:17
33016	4					RELEASED		10:00
						MILES FROM STATION TO WELL	63	

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	
CL110	Premium Plus	✓ SK	75		1222.50	
CC109	Calcium Chloride	✓ lb	282		296.10	
E101	Heavy Equip Mileage	mi	126		882.00	
CE240	Blending & mixing Charge	SR	150		210.00	
F113	Bulk Delivery	Ton	444		710.40	
CE202	Depth Charge 1001' to 2000'	hr	4		1500.00	
E100	Pickup Mileage	mi	63		267.75	
5003	Service SUPERVISOR	EA	1		175.00	
					SUB TOTAL	3158.35

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.

Customer OK USA	Lease No.	Date 7/22/10
Lease Baker 'C'	Well # 1	
Field Order #	Station Liberal	Casing 7 5/8"
		Depth
Type Job 5 5/8" squeeze	Formation	County Morton
		State Ks
		Legal Description 29-32-39

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 8 5/8"	Tubing Size 4 1/2" D.P.	Shots/Ft		ADP 155x Premium Plus @ 14.8#	RATE 2.5 gal/HK	PRESS 0% CaCl	ISIP 2.54 cu/HK
Depth 1043	Depth 1416	From	To	Pad 0.55 gal/HK	Max		5 Min.
Volume 4.34	Volume 21.27	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection D. Pin	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 1416	Packer Depth	From	To	Flush Fresh	Gas Volume		Total Load

Customer Representative Cal Wulie	Station Manager Samy Bennett	Treater Chad Hine
Service Units 19446	19843	30463
Driver Names Chine	R. Olds	V. Vasquez

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
05:52					on loc, spot trucks, softening,
07:40					softening mixer w/ Rig + Co man
07:54	1100#		5	1.5	Fresh water spacer
08:00	1100#		0	1.8	Start mix from Plus @ 14.8#
08:16	850		18	1.8	Finish mixing
08:17	850-0				Shut down, washup to pit
08:26	0		0	1.6	Start Disp
08:55	1800#		22.5	0	Shut Down
09:05	150-200		22.5		bump Psi
09:15	150-200		22.5		bump Psi
09:17	1500-0				Check flowback, No Flow
					Job Complete
					Thank You
					Chad + Crew

Attachment to Baker C-1 (API # 15-129-21919)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 490	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	A-Con	Lead: 80	2% CC, 1/4# Cellflake, 0.2% WCA1
	50-50 Poz	Tail: 130	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite