



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: _____



1047801

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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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HICKS D 1
Doc ID	1047801

Tops

Name	Top	Datum
CHASE	2534	
COUNCIL GROVE	2822	
HEEBNER	3889	
LANSING	3935	
MARMATON	4455	
CHEROKEE	4589	
ATOKA	4735	
MORROW	4776	
ST. GENEVIEVE	4843	
ST. LOUIS	4862	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HICKS D 1
Doc ID	1047801

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	4773'-4778', 4783'-4789' MORROW	70 bbl 7% KCl	4773-4789
		ACID: 450 gal. 5% HCl ACID, 450 gal.	4773-4789
		3% HC ACID, 600 gal. 0.5% HF ACID	
		FLUSH: 1210 gal. 2% NH4Cl	
		FRAC: 65000 gal. CO2 X-LINK FOAM	4773-4789
		w/ 4% KCl WATER BASE FLUID, 140000#	
		BRADY BROWN SAND WITH 144.68 TONS CO2	
		FLUSH: 4661 gal. CO2	
	CIBP W/ 2 SKS CMT		4750
6	4459'-4464' MARMATON	25 bbl 4% KCl	4459-4464
	CIBP W/ 2 SKS CMT		4416
6	4330'-4343' LANSING	36 bbl 4% KCl	4330-4343



BASIC
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 01027 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-14-10	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 Hicks "D"				WELL NO. 1	
ADDRESS		COUNTY Finney		STATE Ks			
CITY		STATE		SERVICE CREW Cochran/Stepman/Ruben C. / Ruben C. / Dave C.			
AUTHORIZED BY Bennett JRB		JOB TYPE: Z42 8 7/8 surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 8-14 AM 10:30
21755	6	14359	5			ARRIVED AT JOB	8-14 AM 12:30
27809	6	19578	5			START OPERATION	8-14 AM 17:00
19553	6					FINISH OPERATION	8-14 AM 18:30
17828	5					RELEASED	8-14 AM 19:30
19883	5					MILES FROM STATION TO WELL	65

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	
CL101	'A-con' Blend	sk	430		7998 00	
CL110	Premium Plus	sk	200		3260 00	
CC109	Calcium Chloride	lb	1591		1670 55	
CC102	Celloflake	lb	265		980 50	
CC130	C-51	lb	81		2025 00	
CF1453	Inert	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	150		1050 00	
CE240	Blending + Mixing Service Chrg	sk	630		882 00	
E113	Bulk Delivery	Tm	1483		2372 80	
CE202	Depth Chrg. 1001-2000'	4hr	1		1500 00	
CE504	Plug Container	job	1		250 00	
E100	Pick-up Mileage	mi	50		210 50	
5003	Service Supervisor	ea	1		175 00	
					SUB TOTAL	14869 56

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE 	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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 01030 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8-21-10	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: Hicks "D"				WELL NO.: 1	
ADDRESS:		COUNTY: Finney		STATE: Ks			
CITY:		STATE:		SERVICE CREW: Cochran/Gibson/R. Chavez			
AUTHORIZED BY: Bennett JRB		JOB TYPE: Z42 5 1/2 L.S.					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	
21753	9					8:20 AM	16:00
27809	9					8:20 AM	22:00
19553	9					8:21 PM	09:20
19828	9					8:21 AM	06:00
19883	9					8:21 AM	07:00
						MILES FROM STATION TO WELL: 66	

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: *And R. Hansen*
(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	175		3255 00
CL104	50/50 Poz	sk	110		1210 00
CL100	Premium	sk	50		800 00
CC113	Gypsum	lb	465		348 75
CC111	Salt	lb	602		301 00
CC124	FJA-115	lb	56		840 00
CC107	C-42P	lb	24		192 00
CC201	Gilsonite	lb	550		368 50
CC130	C-57	lb	33		825 00
CC102	Celloflake	lb	44		162 80
CC109	Calcium Chloride	lb	330		346 50
CF1451	Insert	ea	1		215 00
CF1651	Turbolizer	ea	20		2200 00
CF103	Top Plug	ea	1		105 00
CF257	Guide Shoe	ea	1		250 00
CF501	Stop Ring	ea	1		40 00
CC155	Super Flush II	gal	500		765 00
E101	Heavy Equip. Mileage	mi	150		1050 00
CE240	Blending + Mixing Service Chrg	sk	335		469 00
SUB TOTAL					11510 61

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Mickey Cochran</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>And R. Hansen</i>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO. _____

Customer <i>Oxy USA</i>	Lease No.	Date <i>8-20-10</i>
Lease <i>Hicks "D"</i>	Well # <i>1</i>	
Field Order # <i>171701030</i>	Station <i>Liberal</i>	Casing <i>5 1/2</i>
Type Job <i>242 5 1/2 L.S.</i>	Depth <i>5106</i>	County <i>Finney</i>
	Formation	State <i>Ks</i>
		Legal Description <i>9-25-32</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	Acid	DATE	PRESS	ISIP	
		<i>175sk 1 con</i>	<i>2% CC - 1/4" Cellflare</i>		<i>2% WCA-1</i>		
Depth	Depth	From	From	Max		5 Min.	
		<i>3.25sk</i>	<i>20.8gal/sk</i>	<i>11.1" gal</i>			
Volume	Volume	From	From	Min		10 Min.	
		<i>110sk</i>	<i>50% POE 5% W-20</i>	<i>10% salt - .6%</i>		<i>2-15-</i>	
Max Press	Max Press	From	Frac	Avg		15 Min.	
		<i>1/4" Defoamer</i>	<i>5" Gilsomite</i>				
Well Connection	Annulus Vol.	From	From	PLP Used		Annulus Pressure	
		<i>1.52sk</i>	<i>6.65gal/sk</i>	<i>15.8" gal</i>			
Plug Depth	Packer Depth	From	Flush	Gas Volume		Total Leab	
		<i>20sk</i>	<i>Premium - Neat</i>	<i>15.8" gal for Rat</i>		<i>Mouse</i>	

Customer Representative <i>A. Hanson</i>	Station Manager <i>J. Bennett</i>	Treater <i>M. Cochran</i>
Service Units <i>21755 27808 19553 19828 19823</i>		
Driver Names <i>Cochran T. Gibson R. Chance</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>22:00</i>					<i>on loc. / Held Safety Meeting</i>
<i>22:10</i>					<i>Spot + Rig up Equip.</i>
<i>22:30</i>					<i>Start Csg (5106ft 5 1/2 17")</i>
<i>01:50</i>					<i>Csg. on Bottom Cir w/ Rig</i>
<i>04:29</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>04:30</i>	<i>100</i>		<i>5</i>	<i>4</i>	<i>Start Fresh H₂O</i>
<i>04:31</i>	<i>250</i>		<i>12</i>	<i>5</i>	<i>Start Super Flush II</i>
<i>04:34</i>	<i>250</i>		<i>5</i>	<i>5</i>	<i>Start Fresh H₂O</i>
<i>04:36</i>	<i>200</i>		<i>5</i>	<i>3</i>	<i>Switch over to mouse Hole + Plug w/ 25sk</i>
<i>04:38</i>	<i>400</i>		<i>5</i>	<i>3</i>	<i>Switch over to Rat Hole + Plug w/ 25sk</i>
<i>04:40</i>					<i>Switch Back to Pipe</i>
<i>04:54</i>	<i>250</i>		<i>101</i>	<i>6.5</i>	<i>Start Lead Cmt 175sk @ 11.1"</i>
<i>05:02</i>	<i>250</i>		<i>30</i>	<i>6</i>	<i>Start Tail Cmt 110sk @ 13.8"</i>
<i>05:17</i>					<i>Shut down + Wash up</i>
<i>05:18</i>					<i>Drop Plug</i>
<i>05:25</i>	<i>200</i>		<i>0</i>	<i>5.5-7</i>	<i>Start Disp. w/ Fresh H₂O</i>
<i>05:43</i>	<i>800</i>		<i>110</i>	<i>3</i>	<i>Slow Rate</i>
<i>05:46</i>	<i>1400</i>		<i>118</i>	<i>3</i>	<i>Bump Plug</i>
<i>05:49</i>	<i>0</i>		<i>118</i>	<i>0</i>	<i>Release / float Held</i>
<i>05:55</i>					<i>End Job</i>
	<i>900</i>				<i>Pressure before Plug landed</i>

Attachment to Hicks D-1 (API # 15-055-22078)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 430	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	A-Con	Lead: 175	2%CC, 1/4# Cellflake, 0.2 WCA-1
	50-50 Poz	Tail: 110	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite



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

December 09, 2010

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

Re: ACO1
API 15-055-22078-00-00
HICKS D 1
NW/4 Sec.09-25S-32W
Finney 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