



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: _____



1047802

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum 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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STECKEL FARMS A 1
Doc ID	1047802

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STECKEL FARMS A 1
Doc ID	1047802

Tops

Name	Top	Datum
HEEBNER	3932	-704
LANSING	3962	-734
SWOPE	4322	-1094
MARMATON	4560	-1372
CHEROKEE	4856	-1628
ATOKA	5424	-2196
MORROW	5535	-2307
CHESTER	6026	-2798
ST. LOUIS	6103	-2875

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STECKEL FARMS A 1
Doc ID	1047802

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	5945'-5968' MORROW	20 bbl 7% KCl	5945-5968
		ACID: 48 bbls 7.5% DSFe HCl	5945-5968
		FLUSH: 24 bbls	
		FRAC: 130.2 bbls 15% Fe ACID	5945-5968
		1054 bbls SLF 70-60Q FOAM	
		161250# 20/30 SAND & 36500# 16/30 RESIN COATED SAND	
		FLUSH: 55 bbls 70Q N2 FOAM	



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 00909 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8-16-10	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: Steckert Farm A #1	WELL NO.:						
ADDRESS:	COUNTY: Morton	STATE: KS						
CITY:	STATE:	SERVICE CREW: R. Chavez, U. Vasquez, S. Chavez						
AUTHORIZED BY: J. Bennett	JOB TYPE: 242 85% Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19816	4						8-16-10	3:40
27462	4					ARRIVED AT JOB		5:40
19805	3					START OPERATION		6:00
19808	1					FINISH OPERATION		7:00
19828	3					RELEASED		8:00
19883	1					MILES FROM STATION TO WELL		25 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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con	✓ sk	490		9114 00
CL110	Prem. Plus	✓ sc	200		3260 00
CC109	Calcium Chloride	✓ lb	1759		1846 95
CC102	Cellulose	✓ lb	215		1091 50
CC130	C-ST	✓ lb	93		2325 00
CF1453	85% Flapper Type Insert	✓ ea	1		280 00
CF253	Regular Guide Shoe	✓	1		380 00
CF1773	Centralizer	✓	5		725 00
CF1903	Basket	✓	1		315 00
CF105	Plug	✓	1		225 00
E101	Heavy Equipment Release	mi	75		525 00
CE240	Blending & Mixing Service	sh	690		966 00
E113	Proppant + Bulk Delivery	ton/mi	812		129920
CE202	Pump Rpt. 1000-2000	ea	1		1500 00
CE504	Plug Containers	ea	1		250 00
E100	Unit Mileage	mi	25		106 25
S003	Service Supervisor	ea	1		175 00
SUB TOTAL					14919.09

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____

Customer: Oxy USA	Lease No.:	Date: 8-16-10
Lease: Steckel Farm A	Well #: 1	
Field Order #: 00909	Station: Liberal, KS-1717	Casing: 8 5/8
Type Job: 242-858 Surface	Depth:	County: Morton
	Formation:	State: KS
		Legal Description: 08-32-39

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS #	ISIP	
				490 SKS - A-Con	@ 12.2 #			
Depth	Depth	From	To	Pre Pad	Max			
				200 SKS - Perm Plus	@ 14.8 #			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
				fresh				

Customer Representative:	Station Manager: J. Bennett	Treater: A. Owen
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Service Units	19816	27462	19805	19808	19828	19883
Driver Names	A. Owen	S. Chavez	V. Lopez		P. Armo	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:00					on loc-sik assessment
5:05					break circ -
5:30					spot trucks - rig up
6:30					pressure test 2500 #
6:31	200		10	3	start w/ 10 bbl H ₂ O spacer
6:35	200		204.2	6	mix + pump A-Con w/ 3% CC, 1/2 # Cell-flake, 2% WCA-1
					2.34' @ 3/sk, 13.53 gal/sk @ 12.2 #
7:10	150		47.7	5	switch to tail Perm. plus w/ 2% CC, 1/4 # Cell-flake, 1.34' @ 3/sk, 6.33 gal/sk @
7:25	0		0	5	drop plug, disp csq
7:50	600		93.6	2	slow rate last 10 bbls of disp
8:00	600		104	0	plug didn't land - float held circ 60 bbls out to surface
					job complete



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P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01032 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8-26-10 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: OKY USA	LEASE: Steckel Farms "A" WELL NO. 1								
ADDRESS:	COUNTY: Morton STATE: Ks								
CITY: STATE:	SERVICE CREW: Cochran/Olds/R. Chavez								
AUTHORIZED BY:	JOB TYPE: 242 5 1/2 L.S.								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21755	12						8-25	AM	18:00
27808	12					ARRIVED AT JOB	8-25	AM	22:00
19553	12					START OPERATION	8-26	AM	09:00
19828	12					FINISH OPERATION	8-26	AM	09:00
19883	12					RELEASED	8-26	AM	10:00
						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: C.M. Wyl
(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	150		2790 00
CL104	50/50 Pot	SK	155		1705 00
CC109	Calcium Chloride	lb	423		444 15
CC102	Celloflake	lb	75		277 50
CC130	C-51	lb	29		725 00
CC113	Gypsum	lb	655		491 25
CC111	Salt	lb	864		432 00
CC107	C-42P	lb	333		264 00
CC124	FIA-115	lb	79		1185 00
CC201	Gilsonite	lb	775		519 25
CF1451	Insert	ea	1		215 00
CF251	Guide shoe	ea	1		250 00
CF1651	Turbolizer	ea	20		2200 00
CF103	Top Plug	ea	1		105 00
CF501	Stop Ring	ea	1		40 00
CC155	Super Flush II	gal	500		765 00
E101	Heavy Equip. Mileage	Mi	50		350 00
CE240	Blending + Mixing Service Chrg.	SK	305		427 00
E113	Bulk Delivery	Tm	340		544 00
SUB TOTAL					10921 74

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Michael Cochran THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: C.M. Wyl
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer <i>Oxy USA</i>	Lease No.	Date <i>8-25-10</i>
Lease <i>Steckel Farms A</i>	Well # <i>1</i>	
Field Order # <i>17701032</i>	Station <i>Liberal</i>	Casing <i>5 1/2</i>
Type Job <i>292 5 1/2 L.S.</i>	Formation	Depth <i>6196</i>
		County <i>Morton</i>
		State <i>Ks</i>
		Legal Description <i>20-32-39</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	<i>150sk A-Cori - 3% C-10</i>	Acid	<i>2% Cell Make</i>	PRESS	<i>ISIP .2% WCA-1</i>
Depth	Depth	From	<i>2.54 # 1/2 R</i>	Pre Pad	<i>13.53 # 1/2 R @ 12.2 # 1/2 R</i>	Max	<i>5 Min</i>
Volume	Volume	From	<i>15.5 sk 5050 Pol - 5 # W-60 - 10 # 5 # 1/4 Det</i>	Pad		Min	<i>10 Min</i>
Max Press	Max Press	From	<i>.67 C-10</i>	Trac	<i>5 # Wilsonite</i>	Avg	<i>15 Min.</i>
Well Connection	Annulus Vol.	From	<i>1.5 # 1/2 # 1/2 sk</i>	Flush	<i>6.65 # 1/2 # 1/2 R @ 13.8 # 1/2 R</i>	Min Used	Annulus Pressure
Plug Depth	Packer Depth	From		Flush		Gas Volume	Total Load

Customer Representative <i>C. Wylie</i>	Station Manager <i>J. Bennett</i>	Treater <i>M. Cochran</i>
Service Units <i>21753 21808 19553 19828 19883</i>		
Driver Names <i>Cochran R. Olds R. Chavez</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>22:00</i>					<i>On Loc. / Held Safety Meeting</i>
<i>23:45</i>					<i>Start Csg</i>
<i>05:00</i>					<i>Csg on bottom / Cir. w Rig</i>
<i>07:20</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>07:21</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>Start fresh H₂O</i>
<i>07:22</i>	<i>300</i>		<i>12</i>	<i>5</i>	<i>Start Super Flush II</i>
<i>07:25</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>Start fresh H₂O</i>
<i>07:26</i>	<i>100</i>		<i>5</i>	<i>3</i>	<i>Shutdown + Plug mouse Hole w/ 25sk</i>
<i>07:29</i>	<i>100</i>		<i>5</i>	<i>3</i>	<i>Switch to rat Hole Plug w/ 25sk</i>
<i>07:35</i>					<i>Switch back to 5 1/2 17" Pipe</i>
<i>07:40</i>	<i>200</i>		<i>42</i>	<i>5</i>	<i>Start Lead Cmt 100sk @ 12.2 #</i>
<i>07:55</i>	<i>350</i>		<i>42</i>	<i>5</i>	<i>Start Tail Cmt 155sk @ 13.8 #</i>
<i>08:03</i>					<i>Shutdown + Wash up</i>
<i>08:05</i>					<i>Drop Plug</i>
<i>08:10</i>	<i>100</i>		<i>0</i>	<i>7</i>	<i>Start Disp w/ fresh H₂O</i>
<i>08:32</i>	<i>150</i>		<i>132</i>	<i>3</i>	<i>Slow Rate</i>
<i>08:34</i>	<i>1500</i>		<i>142</i>	<i>3</i>	<i>Bump Plug</i>
<i>08:35</i>	<i>400</i>				<i>Release / float didn't hold</i>
<i>08:50</i>	<i>950</i>				<i>Shut in</i>
<i>09:00</i>					<i>End Job</i>
	<i>1000</i>				<i>Pressure before Plug/Lead</i>

Attachment to Steckel Farms A-1 (API # 15-129-21921)

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: 100	3%CC, 1/2# Cellflake, 0.2 WCA-1
	50-50 Poz	Tail: 155	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 15-129-21921-00-00
STECKEL FARMS A 1
SE/4 Sec.28-32S-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