



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



1048366

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> <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	W. E. PREEDY 4
Doc ID	1048366

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	W. E. PREEDY 4
Doc ID	1048366

Tops

Name	Top	Datum
HEEBNER	4068	-1107
LANSING	4124	-1163
MARMATON	4744	-1783
CHEROKEE	4925	-1964
ATOKA	5097	-2136
MORROW	5217	-2256
CHESTER	5351	-2390
ST. GENEVIEVE	5436	-2475

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	W. E. PREEDY 4
Doc ID	1048366

#### Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5322-5326, 5336-5344 MORROW	15 bbl 4% KCl	5322-5344
		3000 gal. 7% DS FeHCl w/ Additives	5322-5344
4	4756-4766, 4766-4776 MARMATON	35 bbl 4% KCl	4756-4776
4	4784-4790, 4834-4840 MARMATON	76 bbl 4% KCl	4784-4840
		3600 gal. 15% DS FeHCl w/ 10% Xylene & Additives	4754-4840
		Flush 1260 gal 4% KCl	
4	4608-4611, 4658-4666 KANSAS CITY		4608-4666
		1500 gal. 15% DS FeHCl w/10% Xylene & Additives	4608-4666
		Flush 1218 gal. 4% KCl	
4	4420-4422 LANSING	25 bbl 4% KCl	4420-4422
		500 gal. 15% DS FeHCl w/10% Xylene & Additives	4420-4422
		Flush 1113 gal. 4% KCl	
4	4210-4216 LANSING (SQUEEZED)	78 bbl 4% KCl	4210-4216



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

December 17, 2010

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

Re: ACO1  
API 15-081-21916-00-00  
W. E. PREEDY 4  
NE/4 Sec.33-29S-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



**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 01006 A

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

DATE OF JOB <b>8-25-10</b> DISTRICT <b>1717-Liberal, Ks</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>W.E. FREEDY</b>		WELL NO. <b>4</b>				
ADDRESS		COUNTY <b>HASKEL</b>		STATE <b>KANSAS</b>				
CITY <b>Liberal, Ks</b> STATE <b>KANSAS</b>		SERVICE CREW <b>C. Lopez - Robert Cox</b>						
AUTHORIZED BY <b>Jerry Bennett JRB</b>		JOB TYPE: <b>8 5/8 Surface Z-42</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<b>27462</b>	<b>5</b>						<b>8-25-10</b>	<b>PM 5:00</b>
<b>33021</b>	<b>5</b>					ARRIVED AT JOB	<b>8-25-10</b>	<b>PM 9:00</b>
<b>33016</b>	<b>5</b>					START OPERATION	<b>8-25-10</b>	<b>PM 11:45</b>
<b>14354</b>	<b>5</b>					FINISH OPERATION	<b>8-25-10</b>	<b>AM 1:22</b>
<b>19578</b>	<b>5</b>					RELEASED	<b>8-25-10</b>	<b>AM 2:30</b>
						MILES FROM STATION TO WELL	<b>38</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 by 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 Wilkin  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL 101	A" CON BLEND	SKS	430		7998 00
CL 110	Premium Plus CEMENT	SKS	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 Float Valve 8 5/8"	ea	1		280 00
CF 253	Guide Shoe - Regular 8 5/8"	ea	1		380 00
CF 1773	Centralizer 8 5/8" x 12 1/4"	ea	5		725 00
CF 1903	8 5/8" BASKET	ea	1		315 00
CF 105	Top Rubber Cement Plug - 8 5/8"	ea	1		225 00
E 101	Heavy Equipment Mileage	Mi	150		1050 00
CE 240	Blending & Mixing Service Charges	SKS	630		882 00
E 113	Proppant & Bulk Delivery Charges	Tm	1483		2372 80
CE 202	Depth Charge; 1001-2000'	4HRS	1		1500 00
CE 504	Plug Container Utilization Charge	Jobs	1		250 00
E 100	Unit Mileage Charge Pickups, Small Vans	Mi	50		212 50
S 003	SERVICE SUPERVISOR, FIRST 8 hrs on loc.	ea	1		175 00
SUB TOTAL					<b>14,819 50</b>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Carlos Lopez THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Wes Wilkin  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

1104079

Customer <b>OXY USA</b>	Lease No.	Date <b>8-25-10</b>
Lease <b>W.E. FREEDY</b>	Well # <b>4</b>	
Field Order # <b>1006A</b>	Station <b>Liberal, KS 1717</b>	Casing <b>8 5/8</b>
		Depth <b>1886</b>
Type Job <b>2-42 SURFACE</b>	Formation	County <b>HASKELL</b>
		State <b>KS</b>
		Legal Description <b>33-29-33</b>

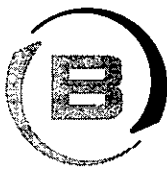
PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<b>8 5/8"</b>								
Depth <b>1886</b>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press <b>1370 psi</b>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <b>1842.61</b>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <b>WES. C</b>	Station Manager <b>JERRY BENNETT</b>	Treater <b>Carlos LOPEZ</b>
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Service Units	<b>27462</b>	<b>33021</b>	<b>33016</b>	<b>14354</b>	<b>19578</b>	<b>19902</b>				
Driver Names	<b>R. COX</b>	<b>VICTOR</b>	<b>VASQUEZ</b>	<b>DAVID</b>	<b>CANADAY</b>	<b>C. LOPEZ</b>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>8:55 am</b>					<b>ARRIVE to LOCATION</b>
<b>9:00 am</b>					<b>PRE Rig up Safety Huddle</b>
<b>9:10 am</b>					<b>Spot in TRUCKS &amp; Rig up Hoses &amp; IRON</b>
<b>11:02 am</b>					<b>Stable CRT Heard @ Circ. Well</b>
<b>11:10 am</b>					<b>Safety Meeting w/ Co. Man &amp; Rig Crew</b>
<b>11:45</b>	<b>2000</b>				<b>Test Pumps &amp; Lines</b>
<b>11:47</b>			<b>10</b>	<b>4</b>	<b>H<sub>2</sub>O Spacer Ahead</b>
<b>11:50</b>	<b>150</b>	<b>11.4#</b>	<b>226.7</b>	<b>5.5</b>	<b>A'-CON Blend 3% CC - 1/2# CENFLAKE - 2% WCA-2</b>
<b>pm 12:35</b>	<b>160</b>	<b>14.8#</b>	<b>47.7</b>	<b>5.5</b>	<b>P.P. CRT - 2% CC - 1/4# CENFLAKE</b>
<b>12:46</b>					<b>Shut Down - Switch Lines - Drop Top Plug</b>
<b>12:49</b>	<b>200</b>		<b>117.2</b>	<b>6</b>	<b>BEGAN Displacement w/ H<sub>2</sub>O</b>
<b>1:16</b>	<b>400</b>				<b>Slow Down to 2 bpm LAST 10 bbl disp.</b>
<b>1:20</b>	<b>450</b>			<b>2</b>	<b>Bump Plug up to 1000psi</b>
<b>1:22</b>					<b>Release PRESSURE Back to Pump TRUCK</b>
<b>1:27</b>					<b>Rig Down TRUCKS &amp; Equipment</b>
<b>2:30</b>					<b>DEPART from LOCATION</b>





**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 01077 A

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

DATE OF JOB: 9/2/10	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: W.E. Preebly		4 WELL NO.						
ADDRESS:		COUNTY: Haskell		STATE: KS						
CITY:		STATE:		SERVICE CREW: Royce, Jose						
AUTHORIZED BY: Tuce Davis IRB		JOB TYPE: 5 1/2 L.S. Z.42								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
194866	6.5					ARRIVED AT JOB				4:12
30463	6.5					START OPERATION				8:15
194843	6.5					FINISH OPERATION				9:41
14354	6.5					RELEASED				10:30
19578	6.5					MILES FROM STATION TO WELL				

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	150		2790.00
CL104	50/50 Poz	SK	210		2310.00
CC113	Gypsum	lb	485		663.75
CC111	Salt	lb	1146		573.00
CC124	FLA-115	lb	107		1605.00
CC107	C-42 P.	lb	45		360.00
CC207	Gilsonite	lb	1047		701.49
CC130	C-51	lb	29		125.00
CC102	Celloflake	lb	38		140.60
CC109	Calcium Chloride	lb	282		296.10
CF1451	Flapper Float Valve 5 1/2	EA	1		215.00
CF1451	Turbolizer 5 1/2	EA	35		3850.00
CF103	Top Rubber Plug 5 1/2	EA	1		105.00
CF251	Guide shoe 5 1/2	EA	1		250.00
CF501	5 1/2 Stop Ring	EA	1		40.00
CC155	Super Flush II	gal	500		765.00
E101	Heavy Equip Mileage	mi	100		700.00
CE240	Blending + mixing Charge	SK	360		504.00
E113	Bulk Delivery Charge	fm	795		1272.00

SUB TOTAL 13499.06

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Chad Hinz</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

1104079



Customer <i>Oxy USA</i>	Lease No.	Date <i>9/2/10</i>
Lease <i>W.E. Preedy</i>	Well # <i>4</i>	
Field Order #	Station <i>Liberal</i>	Casing <i>5 1/2</i>
		Depth <i>3575</i>
Type Job <i>5 1/2 Longstring Z42</i>	Formation	County <i>Haskell</i>
		State <i>KS</i>
		Legal Description <i>3-2-29-33</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid <i>100 sk A-Con @ 11.1 #</i>	RATE <i>20.38 gal/sk</i>	PRESS <i>3 1/2 CaCl</i>	ISIP <i>14 # Cell/Block</i>
Depth <i>3575</i>	Depth	From	To	Pre Pad <i>325 cuft/sk</i>	Max		5 Min.
Volume <i>127</i>	Volume	From	To	Pad <i>270 sk 50/50 post @ 13.8 #</i>	Min		70 Min.
Max Press <i>1500</i>	Max Press	From	To	Fluid <i>10% C-15, 1/4 # Dacromag</i>	Avg		15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	Flush <i>1.52 cuft/sk</i>	HiHP Used <i>6.63 gal/sk</i>		Annulus Pressure
Plug Depth	Packer Depth	From	To		Gas Volume		Total Load

Customer Representative <i>Wes Williamson</i>	Station Manager <i>Serry Bennett</i>	Treater <i>Chad Hines</i>
Service Units <i>19988 30463 19843</i>		
Driver Names <i>Chavez R Olds J. Martinez</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
16:12					on loc, spot trucks, Rig up, safety mtg
18:30					Break Circ
20:00					safety mtg w/Rig
20:13	2500	<del>25</del>			Psi test
20:15	100		25	2	Pump H2O spacer
20:17	100		12	3	Pump Super Flush
20:21	100		5	3	Pump H2O spacer
20:23					Plug R+M
20:36	200		0	6	Start mix A-Con @ 11.1 #
20:51	100		58	6	Switch to tail 50/50 post @ 13.8 #
21:01	50		57	6	Finish mixing
21:05					Shutdown, washup, Drop Plug
21:10	0		0	4-6	Start Disp.
21:26	500		48	6	Caught Cement
21:29	600		107	3	Slow Rate.
21:39	1000-1500		127	-	Plug Down
21:41	1500-0				Release Psi float held
					Job Complete
					Thank You
					Chad & Crew



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Oxy USA Inc.  
 P.O. Box 27570 Houston, TX 77227  
 ATTN: Austin Garner

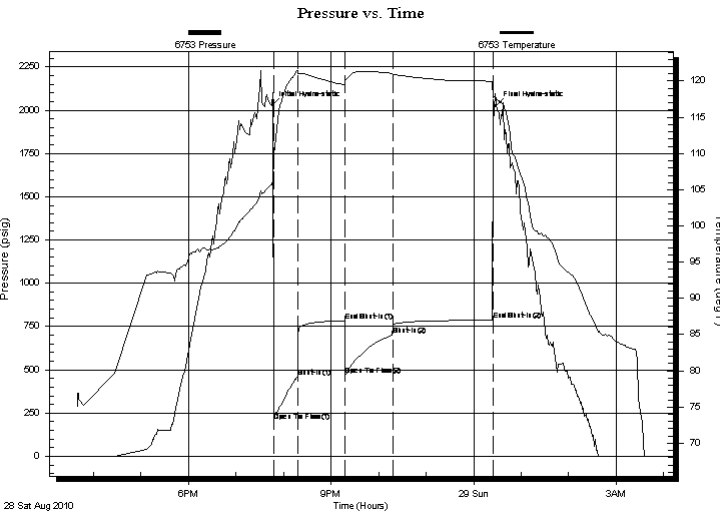
**W.E. Preddy #4**  
**33/29/33**  
 Job Ticket: 37429 **DST#: 1**  
 Test Start: 2010.08.28 @ 15:40:05

## GENERAL INFORMATION:

Formation: **Lansing**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 19:47:24  
 Time Test Ended: 03:36:44  
**Interval: 4217.00 ft (KB) To 4225.00 ft (KB) (TVD)**  
 Total Depth: 4225.00 ft (KB) (TVD)  
 Hole Diameter: 7.78 inches Hole Condition: Good  
 Test Type: Conventional Bottom Hole  
 Tester: Chris Hagman  
 Unit No: 34  
 Reference Elevations: 2961.00 ft (KB)  
 2950.00 ft (CF)  
 KB to GR/CF: 11.00 ft

**Serial #: 6753 Outside**  
 Press @ Run Depth: 701.83 psig @ 4219.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2010.08.28 End Date: 2010.08.29 Last Calib.: 2010.08.29  
 Start Time: 15:40:05 End Time: 03:36:44 Time On Btm: 2010.08.28 @ 19:45:24  
 Time Off Btm: 2010.08.29 @ 00:28:14

**TEST COMMENT:** IF: BOB 30 sec., strong steady blow  
 IS: Blow back 10 sec., BOB 25 min.  
 FF: BOB 4 min., strong steady blow  
 FS: Blow back 5 min., 2 inches in 120 min.



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2027.67	105.75	Initial Hydro-static
2	201.48	109.29	Open To Flow (1)
33	457.43	121.48	Shut-In(1)
93	783.50	119.50	End Shut-In(1)
93	470.19	120.29	Open To Flow (2)
153	701.83	121.08	Shut-In(2)
279	787.43	119.98	End Shut-In(2)
283	2024.16	117.56	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
1400.00	gassy water 5%G,95%W	16.96
62.00	gassy oil 10%G,90%O	0.87

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Oxy USA Inc.  
P.O. Box 27570 Houston, TX 77227  
ATTN: Austin Garner

**W.E. Preddy #4**  
**33/29/33**  
Job Ticket: 37429      **DST#: 1**  
Test Start: 2010.08.28 @ 15:40:05

## Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 36 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 105000 ppm
Viscosity: 43.00 sec/qt	Cushion Volume: bbl	
Water Loss: 9.58 in <sup>3</sup>	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 2000.00 ppm		
Filter Cake: inches		

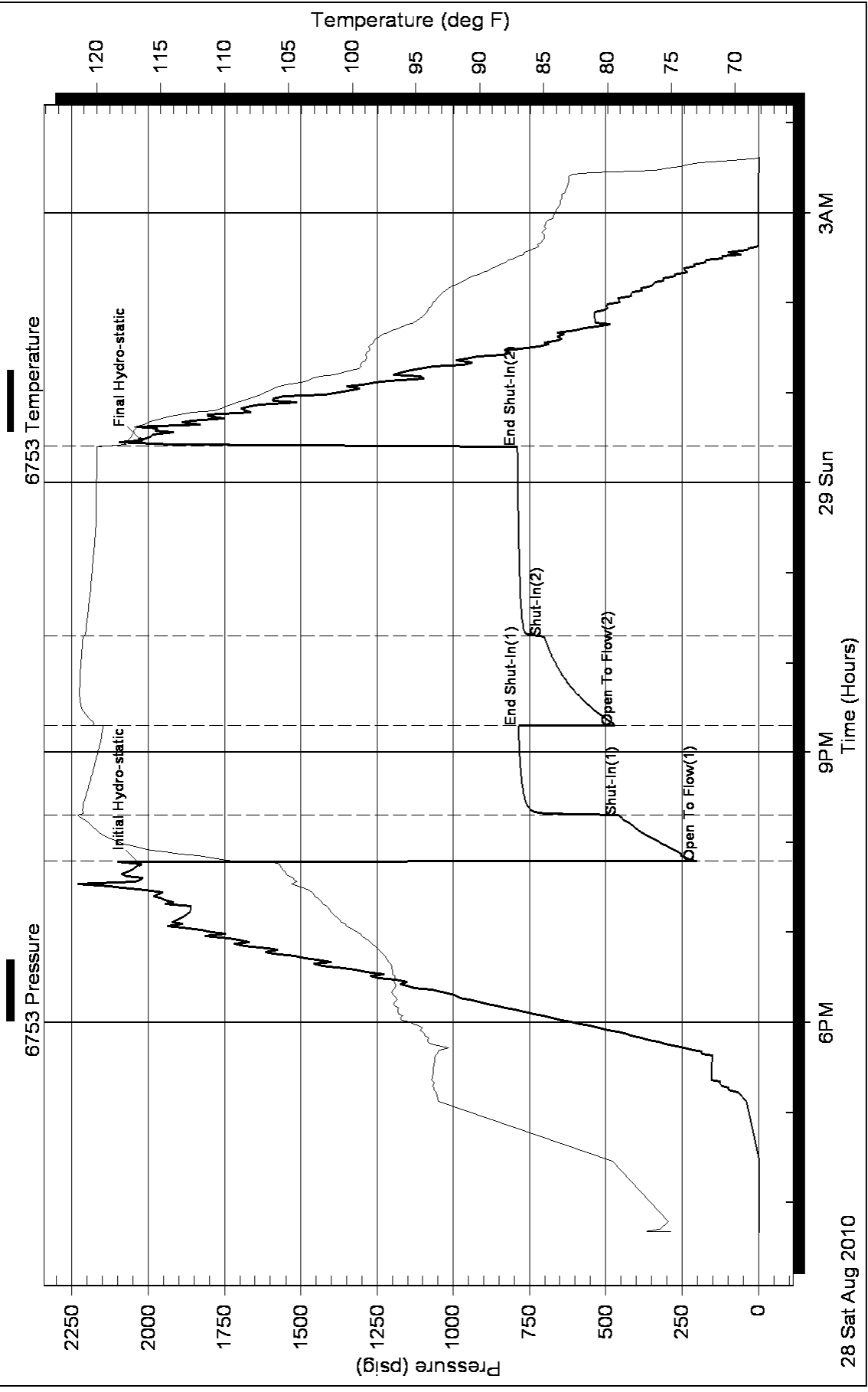
## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1400.00	gassy water 5%G,95%W	16.960
62.00	gassy oil 10%G,90%O	0.870

Total Length: 1462.00 ft      Total Volume: 17.830 bbl  
 Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:  
 Laboratory Name:      Laboratory Location:  
 Recovery Comments: Sampler= 4000ml W @ 400psi  
 RW=.067 @ 79F=105,000ppm

### Pressure vs. Time



**Attachment to WE Preedy #4 (API # 15-081-21916)**

**Cement & Additives**

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 430	3% CC, 1/4# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	A-Con	Lead: 100	3%CC, 1/4# Cellflake
	50-50 Poz	Tail: 210	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite