

Kansas Corporation Commission Oil & Gas Conservation Division

1048793

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	QuarterSec TwpS. R East West
ENHR Permit #:	County: Permit #:
GSW Permit #:	
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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 Approved by: Date:									

Side Two

1048793

Operator Name:			Lease Name: _			Well #:						
Sec Twp	S. R	East West	County:									
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pe t-in pressures, whether st, along with final char- well site report.	shut-in pressure rea	ached static level,	hydrostatic press	sures, bottom h	nole temperature, fluid					
Drill Stem Tests Taker (Attach Additional		☐ Yes ☐ No		_og Formatio	n (Top), Depth an	d Datum	Sample					
Samples Sent to Geo	logical Survey	Yes No	Nan	ne		Тор	Datum					
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy		Yes No Yes No Yes No										
List All E. Logs Run:												
				lew Used								
D (0):	Size Hole	Report all strings set Size Casing	t-conductor, surface, in Weight	termediate, producti Setting	on, etc. Type of	# Sacks	Type and Percent					
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives					
		ADDITIONA	U OFMENITING (OO	UEEZE DEOODD								
Purpose:	Depth			CEMENTING / SQUEEZE RECORD								
Perforate	Top Bottom	Type of Cement	# Sacks Used	Sed Type and Percent Additives								
Protect Casing Plug Back TD												
Plug Off Zone												
Shots Per Foot	PERFORATI	ON RECORD - Bridge Plu	ugs Set/Type		cture, Shot, Cement							
	Specify	Footage of Each Interval Pe	errorated	(AI	mount and Kind of Ma	ateriai Used)	Depth					
TUDING DECORD.	Si-o.	Cat Atı	Packer At:	Lines Duni								
TUBING RECORD:	Size:	Set At:	Facker At.	Liner Run:	Yes No							
Date of First, Resumed	Production, SWD or EN	HR. Producing Me		Gas Lift C	Other (Explain)							
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	ter B	bls. (Gas-Oil Ratio	Gravity					
		·										
	ON OF GAS:		METHOD OF COMPL			PRODUCTIO	ON INTERVAL:					
Vented Solo		Open Hole			nmingled mit ACO-4)							
(If vented, Sui	bmit ACO-18.)	Other (Specify)										

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	W. E. PREEDY 6
Doc ID	1048793

All Electric Logs Run

AHV
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
BOREHOLE SONIC ARRAY LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	W. E. PREEDY 6
Doc ID	1048793

Tops

Name	Тор	Datum		
HEEBNER	4077	-1116		
LANSING	4132	-1171		
MARMATON	4758	-1797		
CHEROKEE	4959	-1968		
ATOKA	5105	-2144		
MORROW	5222	-2261		
CHESTER	5370	-2409		
ST. GENEVIEVE	5537	-2576		
ST. LOUIS	5572	-2611		

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	W. E. PREEDY 6
Doc ID	1048793

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5573-5580, 5584- 5594 ST. LOUIS	20 bbl 4% KCI	5573-5594
		Acid: 2000 gal. 15% DS Fe HCl w/ 10% Xylene	5573-5594
		w/ Additives Flush: 1386 gal. 4% KCl	
	CIBP	2 sx CMT	
4	4790-4794, 4834- 4843 MARMATON	25 bbl 4% KCl	4790-4843
		Acid: 1500 gal. 15% DS Fe HCl w/ 10% Xylene	4790-4843
		w/ Additives Flush: 1272 gal. 4% KCl	
4	4662-4667 KANSAS CITY	80 bbl 4% KCI	4662-4667
		Acid: 1000 gal. 15% DS Fe HCl w/ 10% Xylene	4662-4667
		w/ Additives Flush: 1176 gal. 4% KCl	



FIELD SERVICE TICKET 1717 01037 A

	EN	ERGY		one 620-62		3							
	PRESSL	JRE PUMF	PING & WIRELINE					DATE	TICKET NO				
DATE OF 9.	5-10	0 [DISTRICT /7/			WEN X	OLD	ROD INJ	□WDW		STOMER DER NO.:		
CUSTOMER	Oxu	1 4	15 A		_	LEASE U	1.E.	Precd	· ·		WELL NO.	6	
ADDRESS						COUNTY	435K	e	STATE	KS			
CITY			STATE			SERVICE C	REW /	chidu/	hibson/ Te	ChIV	cz/K.	Chia	
AUTHORIZED	BY	į	Bennett IR	B		JOB TYPE:	24		Surfac				
EQUIPME	NT#	HRS	EQUIPMENT#	HRS	EQL	IIPMENT#	HRS	TRUCK CALL	ED .	DATE	TI ON	1.00	
21755	7	5.5	14354	5.5				ARRIVED AT	JOB	9-5-	400	:30	
27808	7	5.5	19578	5.5				START OPER	RATION C	سی- ہ	<u> </u>	7:00	
17303	,	7,7	19803	0.0			 	FINISH OPER	RATION	95	AS 15.	00	
.				0.0	, , , , ,			RELEASED	4	7-5	AM /6	:00	
								MILES FROM STATION TO WELL 35					
products, and/or	supplies in	orized to e cludes all	TRACT CONDITIONS: (This execute this contract as an a of and only those terms and the written consent of an of	agent of the cu conditions app	ustomer. As pearing on	s such, the under the front and bac	rsigned agre k of this do	es and acknowle	edges that this con	ntraol for terms an	sofvices, ma	aterials, ns shall	
								(WELL OWNE	R, OPERATOR, C	CONTRA	CTOR OR A	(OENT)	
ITEM/PRICE REF. NO	D.	M	MATERIAL, EQUIPMENT	AND SERV	ICES US	ED	UNIT	QUANTITY	UNIT PRICE	=	\$ AMOU	NT	
CL101	A	-con	Blend				5K	430			7998	žω	
CLIOO	P	remil	um Plus Ce.	MERT			5K	200			3260	, ω	
CC109	Li	1/ciu	m Chloride	<u> </u>			16	1591			1670	5 5	
CC 102	60	110+	lake				1/6	265			980		
CC 130	- 4	-57					16	81				$\frac{1}{2} \infty$	
CF 1933	1	15er			· · · · · · · · · · · · · · · · · · ·		22				280	38	
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CEIGNS	1/3	1-4	lizer				11 01	1			725	8	
CFIDS	7	DI P	luc				27				225	F	

 		 					
E101	HEAVY EGUID, Miledge		Mi	150		j 090	φı
CE 240	Heavy Equip. Mileage Blending + Mixing Serv	ice Chra	38	630		883	
6115	Bulk Delivery	/	Thy	1483		2372	80
66202	Denth Charge 1001'-	2000'	4/1	/		1500	ာထ
CE504	Plug Container		job			250	β
6100	Pick-up Miledec		Mi	50		212	<u>. 50</u>
5003	Service Supervisor		63	1		175	<u>cd</u> :
	,						
CHI	EMICAL / ACID DATA:				SUB TOTAL	- 14869	56
		SERVICE & EQUIF	PMENT	%TA	X ON \$	1001	
		MATERIALS	MICIAI		X ON \$	+	+-
		WATERWALD		70171.	·		
L					TOTAL	-	
						I	- 1

SERVICE REPRESENTATIVE J

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR ACENT)



TREATMENT REPORT

	87 ~ 3		0 0, 2.													
Customer	Dx4 h	15A		Le	ase No.						Date	_				
Lease W	15. 1	reed	///	W	ell #	6	,					9-	سرح	10		
Field Order #	Station	1/1/	17/				Casi	ing	Depti	1856	County	Ha.	skel	//	State	K5
Type Job	242	8	5/8 3	Sai	r FIC	? E	_		Formation)			Legal D	escription	7 29	7 33
PIP	E DATA	PER	FORAT	ING	NG DATA FLUID USED						-	TREAT	MENT	RESUME	Ē	
Casing Size	Tubing Si	ze Shots/	Ft 431	751	6 1	Ac	OU	· B	leud -	3%	RATE	PRE	Cell	Flake	2	7 WCA
Depth/856	Depth	From	2. 9	6	43/	1%	Pad	18.1	0901/5	Wax 6	1/.	45	131	5 Min.		
Volume	Volume	From	200	TOS	k P	Pa	d Mi'UM	, P	1/45 - 1	MA C	2-	1/4	Le/1	11/1/1	<u></u>	
Max Press	Max Pres	From	1.35	Toff	<u> 1/5/</u>	Fra		33	at /5/	Avg @	14.	8/	Z]/	15 Min.		
Well Connection	on Annulus \	ol. From		То						HHP Use		//		Annulus	Pressu	e
Plug Depth	Packer De	epth From		То		Flu				Gas Volur				Total Loa	ıd	
Customer Rep	presentative	Wes			Station	n Mar	nager	7.	Benne	#	Trea	ater //	<u> 7. C.</u>	ochra	M	
Service Units	21755	27808	1953	7	1435	4	195	18	19828	19883	·					
Driver Names	Cochran	T. bu	150h		R. 1	Ch	100	ح	5.CM	BVEZ	:					
Time	Casing Pressure	Tubing Pressure	Bbls.	Pump	oed		Rate						ce Log			
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11:00	×.	<u> </u>							Star	+ Csq			,	<u></u>		
12:30									Cip.	09 6	0401	<u>rg /</u>	Cir.	wy Rig	Pu	mp_
13:18	2500		<u> </u>		_		2	,	Test	Pum	p+	Lin	125		,	<u>_</u>
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14.16	200		- 9	8	<u></u>	4	-5		Star	+ 71.	1/ (SM.	+ 20	005K	<u> </u>	4.8
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1700 S. Country Estates • P.O. Box 129 • Liberal, KS 67905 • (620) 624-2277 • Fax (620) 624-2280



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

1717 01042 A

PRESSURE PUMPING & WIRELINE DATE TICKET NO. DATE OF JOB WEW X CUSTOMER ORDER NO.: OLD □ PROD □ INJ □ WDW DISTRICT CUSTOMER **LEASE** WELL NO. **ADDRESS** STATE COUNTY Cibson/5. CITY STATE SERVICE CREW **AUTHORIZED BY** JOB TYPE: **EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS TRUCK CALLED 21755 ARRIVED AT JOB START OPERATION **FINISH OPERATION** 3302 RELEASED 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: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO. MATERIAL, EQUIPMENT AND SERVICES USED UNIT QUANTITY **UNIT PRICE** \$ AMOUNT 5K cmium 50 800 205 50/50 Poz 16 15 sonite NICT . 3850 105 250 DO 40 765 700 357 880 2880 212 SUB TOTAL CHEMICAL / ACID DATA: **SERVICE & EQUIPMENT** %TAX ON \$ MATERIALS %TAX ON \$ TOTAL

SERVICE REPRESENTATIVE LINE OF	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:	A	R. Hren
	(WELL OWNER)	OPERATOR C	CONTRACTOR OR AGENT)



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

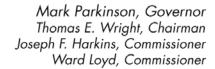
TICKET NO. 17/17010 42

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE		\$ AMOUNT		
-5003	Scrvice Supervisor Insert Additional Hrs Additional Hrs	टर्न			+			
CF 1451	Insert	11	1		\top	175 215	50	
15405	Additional HVS	7.7	3			1500	00	
CE405	Additional HVS	21 21 23	3	NIC		*****		
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TREATMENT REPORT

Customer	<u>89 50</u>	· C /	U 15, 2.1.	Lease No.				Date						
Lease VI C A				Well #										
Field Order	W. E. Preedu			Casing 4 Depth			1 -4	9-13-10 - County // / State //						
17/10/ Type Job	042	Liber	<u> </u>		ي المحادث	Formation	5695		Ho	SKE /	escription,		Ks	
	292	<u> </u>	2 4,5	٢,	T	, omianor				Logar	Compileos	129	7 73	
PIP	PIPE DATA PERFORATIN			NG DATA FLUID USED			TREATMENT RESUME							
Casing Size	Tubing Si	ze Shots/F	1 205	SKS.	080 F	02-564-60-9008 PRESP/+ ISIP								
Depth	Depth	From	·660	0-15	Prefig	form of	JM CH Max 5 Wilsonit & Min.							
Volume	Volume	From	1.5%	11/	Pari 6	6591/1	Mig/ C	9/	5.8	4/92	10 Min.	vlin.		
Max Press	Max Pres	s From	503	17 1	Frachium	1 - Ned	19 fo	r h	94	4 p.	15 Min.	lin. 15 C		
Well Connecti	ion Annulus V	/ol. From	1,18	45/5/	1 5.	22401/3	HHP Used	O,	15.0	5 4/1	Appdlus	s Pressure		
Plug Depth	Packer De	epth From	To		Flush		Gas Volun	ne			Total Lo	ad		
Customer Re	presentative	4. HJ 11.	50h	Station	Manager 1	Benne	-#	Trea	ater /	7. C	och	14		
Service Units	21755	27808	1950	5701	20 3301	4								
Driver Names	Cochian	6.650	n	5.6	HAUCE									
Time	Casing Pressure	Tubing Pressure	Bbls. Pu		Rate				Servi	ce Log				
15:30						on L	oc.	401	1/5	T fet	4 1	rec.	ting	
17:00						Start	C59.							
23:00						Csg on Bottom Cir. W/ Rig								
01:40	2500					Test	Test Pump + Lines							
01:42	700		5		5	Star	y fra	sh	Hal	7			·	
01:43	300		12		5	STAV	F 50	Super flush II						
01:46	300		5		5	Star	+ Fres	1 11 0						
01:47						Shutdo	WN +	+ Switch to Rathole + Mo				Mouse Ho		
01:51	100		1R 3	144	2	Plug	R.H.	H. w/255K / Plug Mouse my					_	
02:00						Swite	h Ba	ck	to	Pip	ر کے		•	
02:02	450		55		5-2	STAY	+ Cr	nt	20	5-K	10	13.9	-tt	
02:25							down							
01:27						1 2	Plus				/			
01:32	150		0		65				N/	fre:	sh b	10		
02:53	150		121	/	2		Rate							
02:57	1.400		/3/	<u>′</u>	2	Bump Plug								
0158	0		131	<u>' </u>	Ð	7	15e		61	+ HE	-16			
03:00						End								
						·								
	900					Pres	sure	Be	fore	o Plu	9/34	des		
						Lost								
						Space	ers 7	UPH	ed	Col	ner	4		
1700	S. Coun	try Estat	es • P.O	. Box 1	29 • Liber	ral, KS 679							-2280	





December 30, 2010

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

Re: ACO1 API 15-081-21917-00-00 W. E. PREEDY 6 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

Attachment to WE Preedy #6 (API # 15-081-21917)

Cement & Additives

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