



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: _____



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HERRICK A 1
Doc ID	1048872

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HERRICK A 1
Doc ID	1048872

Tops

Name	Top	Datum
HEEBNER	3794	-533
LANSING	3876	-615
SWOPE	4305	-1044
MARMATON	4468	-1207
CHEROKEE	4666	-1405
ATOKA	4964	-1703
MORROW	5149	-1888
CHESTER	5540	-2279
ST. GENEVIEVE	5587	-2326
ST. LOUIS	5634	-2373



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 01040 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-11-10	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 Herrick "A"					WELL NO. 1		
ADDRESS		COUNTY Stanton			STATE Ks				
CITY		STATE		SERVICE CREW Cochran, Gibson, S. Chavez, Vasquez					
AUTHORIZED BY		JOB TYPE: 242 85/8 surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21755	8	33021	8				9-11	AM	12:00
27808	8	33016	8			ARRIVED AT JOB	9-11	AM	14:30
19553	8					START OPERATION	9-11	AM	19:30
14354	8					FINISH OPERATION	9-11	AM	21:30
19578	8					RELEASED	9-11	AM	22:00
						MILES FROM STATION TO WELL	70		

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	480		8928.00	
CL110	Premium Plus	SK	200		3260.00	
CC109	Calcium Chloride	lb	1732		1818.60	
CC102	Cellulose	lb	291		1076.70	
CC130	C-51	lb	51		2275.00	
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	195		1365.00	
CE240	Blending - Mixing Service Chrg.	SK	680		952.00	
E113	Bulk Delivery	Tm	2080		3328.00	
CE202	Depth Chrg 1001'-2000'	4hr	1		1500.00	
CE504	Plug Container	job	1		250.00	
E100	Pick-up Mileage	mi	65		276.25	
5003	Service Supervisor	ea	1		175.00	
					SUB TOTAL	16566.48

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u><i>Wicky Cochran</i></u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u><i>[Signature]</i></u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

Customer <i>Oxy USA</i>	Lease No.	Date <i>9-11-10</i>
Lease <i>Herrick "A"</i>	Well # <i>1</i>	
Field Order # <i>171701040</i>	Station <i>Liberal</i>	Casing <i>8 5/8</i>
Type Job <i>Z42 8 5/8 surface</i>	Depth <i>172.7</i>	County <i>Stanton</i>
	Formation	State <i>KS</i>
		Legal Description <i>25-30-40</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	Acid	Max Press	ISIP		
		<i>480sk</i>	<i>A con' - 3% CC - 12 Cell Plug</i>	<i>14.0gall/sk @ 12.1#/gal</i>	<i>27 WCA-V</i>		
Depth	Depth	From	Pre Pad	Min	5 Min.		
		<i>2.41 1/2 sk</i>	<i>14.0gall/sk</i>	<i>@ 12.1#/gal</i>			
Volume	Volume	From	Pad	Avg	10 Min.		
		<i>200sk</i>	<i>Premium Plus</i>	<i>27 CC - 1/4# Cell Plug</i>			
Max Press	Max Press	From	Trac		15 Min.		
		<i>1.34 1/2 sk</i>	<i>6.33gal/sk</i>	<i>@ 14.8#/gal</i>			
Well Connection	Annulus Vol.	From	To	HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume	Total Load	

Customer Representative	Station Manager	Treater					
Service Units	21755	27708	19553	14854	19578	33021	33016
Driver Names	<i>Cochran</i>	<i>T. Gibson</i>	<i>S. Chavez</i>	<i>V. Vasquez</i>			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>14:30</i>					<i>on loc. / Held Safety Meeting</i>
<i>17:10</i>					<i>Start Csg.</i>
<i>19:30</i>					<i>Csg. on Bottom Cir. w/ Rig</i>
<i>19:50</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>19:58</i>	<i>400</i>		<i>206</i>	<i>5.7</i>	<i>Start Lead Cmt 480sk @ 12.1#</i>
<i>20:36</i>	<i>400</i>		<i>48</i>	<i>5</i>	<i>Start Tail Cmt 200sk @ 14.8#</i>
<i>20:47</i>					<i>Shut down + Drop Plug</i>
<i>20:50</i>	<i>150</i>		<i>0</i>	<i>5</i>	<i>Start Disp. w/ Fresh H₂O</i>
<i>21:11</i>	<i>800</i>		<i>90</i>	<i>3</i>	<i>Slow Rate</i>
<i>21:16</i>	<i>1200</i>		<i>107</i>	<i>2</i>	<i>Bump Plug</i>
<i>21:17</i>	<i>0</i>		<i>107</i>	<i>0</i>	<i>Release / Float Held</i>
<i>21:30</i>					<i>End Job</i>
	<i>800</i>				<i>Pressure before Plug landed</i>
					<i>Cir. Cmt to the Pit</i>

(167)



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

January 04, 2011

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

Re: ACO1
API 15-187-21186-00-00
HERRICK A 1
SW/4 Sec.25-30S-40W
Stanton 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

Customer OXY USA	Lease No.	Date
Lease Herrick "A"	Well # 1	9-18-10
Field Order # 171701065	Station Liberal	Casing NA Depth 1750 County Stanton State Ks
Type Job Z44 PTA	Formation	Legal Description 25-30-40

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad		Max		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

Customer Representative **Cal Wylie** Station Manager **Jerry Bennett** Treater **Jasan Arrington**

Service Units	30464	19919	19828	19883	19820				
Driver Names	M. Stegman	R. Chavez	J. Arrington						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
14:50					On Loc.
14:55					Safety Meeting
16:45					Rig up
17:20					Safety Meeting
17:34		100	10	3	Pump H ₂ O Ahead
17:38		100	20	4	Pump 75 sk 60/40 Poz @ 13.5 #
17:43		100	3.5	4	Pump H ₂ O Behind
17:45		100	16		Disp w/ Mud w/Rig
19:20		100	30	4	Pump H ₂ O Ahead
19:30		100	10	4	Pump 40 sk 60/40 Poz @ 13.5 #
19:33		0	6	4	Disp.
21:01		0	5	2	Pump 20 sk 60/40 Poz @ 13.5 #
21:12		0	13	2	Plug RH, MH
21:25					Rig down
21:45					Leave Loc.