



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: _____



1049171

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ATKINS J 4
Doc ID	1049171

All Electric Logs Run

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

Form	ACO1 - Well Completion
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Tops

Name	Top	Datum
CHASE	2605	
COUNCIL GROVE	2863	
HEEBNER	3973	
LANSING	4071	
MARMATON	4597	
ATOKA	4889	
MORROW	4992	
CHESTER	5129	
ST. LOUIS	5209	

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	5068'-5096' MORROW	25 bbl 4% KCl	5068-5096
		FRAC 77,220 gal. CO2 X LINK FOAM @60 Q CO2	5068-5096
		w/ 174340# 16/30 BROWN SAND	
		FLUSH 5068 gal. CO2 LINEAR FLUSH	
6	4626'-4632' MARMATON	20 bbl 7% KCl	4626-4632
		ACID 1500 gal. 15% DS FeHCl ACID W/ ADDITIVES	4626-4632
		FLUSH 1176 gal. 7% KCl	



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 01022 A

9-25-10 DATE TICKET NO. _____

DATE OF JOB 9-25-10 DISTRICT _____		NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.: _____					
CUSTOMER OKY USA		LEASE ATKINS 'J'		WELL NO. 4			
ADDRESS _____		COUNTY FINNEY		STATE KANSAS			
CITY _____ STATE _____		SERVICE CREW Carlos Lopez - Robert Cox					
AUTHORIZED BY JERRY BENNETT JRB		JOB TYPE: 5.5" PRODUCTION Z41					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 9-25-10 DATE	TIME
27462	9					9-25-10	10:30 PM
14354	4					ARRIVED AT JOB 9-25-10	1:00 AM
19578	4					START OPERATION 9-25-10	3:30 AM
						FINISH OPERATION 9-25-10	6:05 AM
						RELEASED 9-25-10	7:30 AM
						MILES FROM STATION TO WELL	60

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).


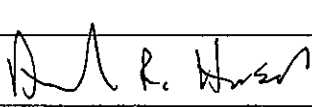
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. 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
CL100	Premium / Common	SKS	50		800 00
CL104	50/50 POL	SKS	210		2310 00
CC113	Gypsum	lb	885		663 75
CC111	Salt	lb	1146		573 00
CC124	FlA-115	lb	107		1605 00
CC107	C-42P	lb	45		360 00
CC201	Gilsonite	lb	1047		701 49
CC130	C-51	lb	10		250 00
CC102	CEILOFLAKE	lb	13		48 10
CC109	Calcium Chloride	lb	94		98 70
CF1451	Flapper Type Insert Valve 5.5"	ea	1		215 00
CF1651	Turbolizer 5 1/2"	ea	25		2750 00
CF103	Top Rubber Cement Plug 5.5"	ea	1		105 00
CF251	Guide Shoe - Regular 5 1/2"	ea	1		250 00
CF501	5 1/2" Stop Ring	ea	1		40 00
E101	Heavy Equipment Mileage	hr	100		700 00
CE240	Blending & Mixing Service Charge	SKS	260		364 00
E113	Proppant & Bulk Delivery Charges	Tm	560		896 00
CE206	Depth Charge 500' - 6000'	4hrs	1		2880 00
					SUB TOTAL 10,711.52

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)

Customer <i>ONY USA</i>	Lease No.	Date <i>9-25-10</i>
Lease <i>ATKINS "J"</i>	Well # <i>4</i>	
Field Order # <i>01022 A</i>	Station <i>Liberal, KS 1717</i>	Casing <i>5 1/2"</i>
		Depth <i>5387.56</i>
Type Job <i>5 1/2" PRODUCTION</i>	Formation	County <i>Finney</i>
		State <i>Ks</i>
		Legal Description <i>33-26-33</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2"</i>				Pre Pad	Max <i>5.5</i>	<i>1500</i>	5 Min.	
Depth <i>5387.56</i>	Depth	From	To	Pad	Min <i>1.5</i>	<i>0</i>	10 Min.	
Volume <i>124</i>	Volume	From	To	Frac	Avg <i>4</i>		15 Min.	
Max Press <i>1500</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <i>5344.56</i>	Packer Depth	From	To					

Customer Representative <i>AMUND HANSON</i>	Station Manager <i>JERRY BENNETT</i>	Treater <i>Carlos Lopez</i>
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Service Units	<i>27462</i>	<i>14354</i>	<i>19578</i>	<i>19902</i>					
Driver Names	<i>R. COX</i>	<i>DAVID CANADAY</i>	<i>C. Lopez</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:00am</i>					<i>Pump Truck ARRIVED @ location from other job</i>
<i>1:00pm</i>					<i>CEMENTER ARRIVED to location</i>
<i>1:30pm</i>					<i>Bulk Truck arrived to location</i>
<i>2:00pm</i>					<i>Spotted in Trucks & Iron</i>
<i>2:05pm</i>					<i>Stabbed CEMENT Head & Circ. Well</i>
<i>3:00pm</i>					<i>Safety Meeting w/ all personnel on loc.</i>
<i>4:25pm</i>	<i>3000</i>				<i>Test Lines & Pump</i>
<i>4:27pm</i>	<i>0</i>		<i>5</i>	<i>3</i>	<i>Water Spacer Ahead</i>
<i>4:29pm</i>	<i>50</i>		<i>12</i>	<i>3</i>	<i>Superflush Spacer</i>
<i>4:31pm</i>	<i>60</i>		<i>5</i>	<i>3</i>	<i>Water Spacer Behind</i>
<i>4:38pm</i>	<i>0</i>		<i>5</i>	<i>3</i>	<i>Plug Rat Hole w/ 20 SKS of Premium</i>
					<i>Common Neat amt @ 13.8 #/gal</i>
<i>4:45pm</i>	<i>0</i>		<i>5.5</i>	<i>3</i>	<i>Plug Mouse Hole w/ 30 SKS of Prem. Comm. Neat</i>
<i>4:50pm</i>	<i>150</i>		<i>56.85</i>	<i>5</i>	<i>Pump 210 SKS of 50/50 P&Z CNT w/ 5% W-60</i>
					<i>10% SALT - 0.6% C-15 - 1/4 # Deformer - 5# Gilsomite</i>
<i>5:21pm</i>					<i>Shut Down Washup & Drop Top Plug</i>
<i>5:37pm</i>	<i>100</i>		<i>124</i>	<i>6</i>	<i>BEGIN Displacement w/ FRESH H2O</i>
<i>6:01pm</i>	<i>800</i>		<i>114</i>	<i>2</i>	<i>Slow Down Rate to 2 bpm Last 10 bbl disp.</i>
<i>6:05pm</i>	<i>900</i>		<i>124</i>	<i>2</i>	<i>Bump Plug & Took Press. up 1500psi</i>
<i>6:07pm</i>	<i>1500</i>		<i>124</i>		<i>Release Press. Float Held</i>
<i>6:20pm</i>					<i>Rig Down IRON & TRUCKS</i>
<i>7:30pm</i>					<i>DEPART LOCATION</i>

Attachment to Atkins J-4 (API # 15-055-22083)

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	50-50 Poz	Tail: 210	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*

January 10, 2011

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

Re: ACO1
API 15-055-22083-00-00
ATKINS J 4
SE/4 Sec.33-26S-33W
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