



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: _____



1050085

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ZM FARMS A 4
Doc ID	1050085

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ZM FARMS A 4
Doc ID	1050085

Tops

Name	Top	Datum
HEEBNER	4147	-1253
LANSING	4213	-1319
MARMATON	4850	-1956
CHEROKEE	4999	-2105
ATOKA	5154	-2260
MORROW	5266	-2372
CHESTER	5308	-2414
ST. GENEVIEVE	5431	-2537
ST. LOUIS	5532	-2638



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 01103 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-3-10	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 ZM Farms #4		WELL NO.					
ADDRESS		COUNTY Maskell	STATE KS					
CITY		STATE		SERVICE CREW R. Cox J. Martinez				
AUTHORIZED BY J. Bennett IRB		JOB TYPE: 242- 8 7/8 Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 10-3-10	TIME 12:00
34726	3					ARRIVED AT JOB	11:00	
27467	2					START OPERATION	7:00	
19355						FINISH OPERATION	8:00	
4284	1					RELEASED	9:00	
19827	1					MILES FROM STATION TO WELL	35 mi	
19866								

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: *Wes Will*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con	SK	430		7998.00
CL110	Premium Plus	SK	200		3260.00
CC109	Calcium Chloride	lb	1591		1670.55
CC102	Cellulose	lb	265		980.50
CC130	C-51	lb	81		2025.00
CE1453	8 7/8 Flapper Type Insert	ea	1		280.00
CE253	Regular Guide Shoe		1		380.00
CE173	Centralizers		5		725.00
CE1903	Basket		1		315.00
CE105	Top Rubber Plug		1		225.00
FI01	Heavy Equipment Mileage	mi	105		735.00
CE240	Blending & Mixing Service	SK	630		882.00
E113	Proppant & Bulk Delivery	ton/mi	1038		1660.80
CE202	Ramp Depth (001-2000')	hr	4		1500.00
CE504	Plug Container	ea	1		250.00
E100	Unit Mileage	mi	35		148.75
S003	Service Supervisor	ea	1		175.00
SUB TOTAL					14,215.11

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Steel Owen*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Wes Will*

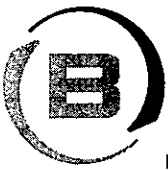
FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer Oxy USA	Lease No.	Date 10-3-10
Lease ZM Farms	Well # 4	
Field Order # 001103	Station Liberal, KS-1717	County Maskell
Type Job 242-888 Surface	Formation	Legal Description 11-30-32

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 7/8"	Tubing Size	Shots/Ft		Acid 430sk A-Con	RATE	PRESS	ISIP	
Depth 1820'	Depth	From	To	Pre Pad 200sk Premium Plus	Max		5 Min.	
Volume 113 bb	Volume	From	To	Pad	Min		10 Min.	
Max Press 2500#	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 fresh	Gas Volume		Total Load	

Customer Representative N. Williamson	Station Manager J. Bennett	Treater A. Oliveira
Service Units 34726 37462 14355 14284 19827 19506		
Driver Names A. Oliveira R. Cox J. Martinez		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00					on loc-site assessment
1:05					spot trucks rig up
2:30					start csg + float equip.
5:45					csg on ftm, break circ 30 min
6:15	200		226.7	5	pressure test 2500#
6:20					start w/ 430sk A-Con w/ 3%CC, 1/2# Cellflake, 2% NCA-1
					2.96 fl 3/sk, 18.10 gal/sk @ 11.4 ppq.
7:00	150		47.7	4	switch to 300sk Premium Plus, 2%CC, 1/4# Cellflake
					1.34 fl 3/sk, 6.33 gal/sk @ 14.8 ppq.
7:42	0		0	5	drop plug, disp csg
7:32	600		103	2	slow rate last 10 bbls of disp
7:45	1100		113	0	land plug, float held circ cut to surface
					job complete



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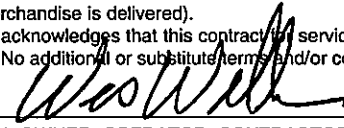
FIELD SERVICE TICKET
1717 01134 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-11-10 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 Oky USA		LEASE ZIM FARMS		WELL NO. 4					
ADDRESS		COUNTY Haskell		STATE Ks					
CITY		STATE		SERVICE CREW Cochran/Gibson/Campbell					
AUTHORIZED BY		JOB TYPE: Z 42 5 1/2 L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21755	10.7						10-10	18:00	
27808	10.7					ARRIVED AT JOB	10-10	21:00	
19553	10.7					START OPERATION	10-11	05:30	
19827	10.7					FINISH OPERATION	10-11	06:40	
19566	10.7					RELEASED	10-11	07:40	
						MILES FROM STATION TO WELL	37		

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, its 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
CL101	'A-con' Blend	sk	195		3627 00
CL104	50/50 Poz	sk	125		1375 00
CC113	Gypsum	lb	525		393 75
CC111	Salt	lb	693		346 50
CC124	FLA-115	lb	63		945 00
CC107	C-42P	lb	27		216 00
CC201	Gilsonite	lb	625		418 75
CC180	C-51	lb	37		925 00
CC102	Celloflake	lb	49		181 30
CC109	Calcium Chloride	lb	552		579 60
CF1451	Insert	ea	1		215 00
CF1651	Turbolizer	ea	20		2200 00
CF103	Top Plug	ea	1		105 00
CF251	Guide shoe	ea	1		250 00
CF501	Stop Ring	ea	1		40 00
		gal	500		765 00
CC155	Super Flush II				

SUB TOTAL **12064 62**

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.

Customer <i>Oxy USA</i>	Lease No.	Date <i>10-10-10</i>
Lease <i>ZM Farms</i>	Well # <i>4</i>	
Field Order # <i>171701134</i>	Station <i>Liberal</i>	Casing <i>5 1/2</i>
Type Job <i>Z42 5 1/2 L.S.</i>	Formation	Depth <i>5717</i>
		County <i>Maskell</i>
		State <i>Ks</i>
		Legal Description <i>11-30-32</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	Acid	Blend	CC-14	PRESS	ISIP
		<i>195 sk</i>	<i>'A-con'</i>	<i>Blend - 3%</i>	<i>14 # Polyflake</i>	<i>27 WCA-1</i>	
Depth	Depth	From	Pre-Pad		Max		5 Min.
		<i>2.95</i>	<i>18.10 gal/sk @</i>		<i>11.4 #/gal</i>		
Volume	Volume	From	Pad		Min		10 Min.
		<i>125 sk</i>	<i>50/50 Poz - 5%</i>	<i>W-20 - 10% salt - .6%</i>	<i>13</i>		
Max Press	Max Press	From	Frac		Avg		15 Min.
		<i>14 #</i>	<i>Defoamer - 5 #</i>	<i>Gilsonite</i>			
Well Connection	Annulus Vol.	From			HHP Used		Annulus Pressure
		<i>1.5</i>	<i>6.65 gal/sk @</i>		<i>13.8 #/gal</i>		
Plug Depth	Packer Depth	From	Flush		Gas Volume		Total Load

Customer Representative <i>Nes</i>	Station Manager <i>J. Bennett</i>	Treater <i>M. Cochran</i>
Service Units <i>21755 27808 19553 19827 19876</i>		
Driver Names <i>Cochran T. Gibson O. Camaday</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>20:45</i>					<i>on loc. / Held Safety Meeting</i>
<i>22:50</i>					<i>Start Csg.</i>
<i>02:45</i>					<i>Csg. on Bottom Cir. w/ Rig Pump</i>
<i>05:32</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>05:34</i>	<i>600</i>		<i>5</i>	<i>5</i>	<i>Start fresh H₂O</i>
<i>05:35</i>	<i>600</i>		<i>12</i>	<i>5</i>	<i>Start Super Flush II</i>
<i>05:37</i>	<i>600</i>		<i>5</i>	<i>5</i>	<i>Start fresh H₂O</i>
<i>05:38</i>					<i>Shutdown + Knock Loose</i>
<i>05:41</i>	<i>100</i>		<i>8</i>	<i>3</i>	<i>Plug Rat Hole w/ 25 sk @ 12.5 #</i>
<i>05:44</i>	<i>100</i>		<i>8</i>	<i>3</i>	<i>Plug Mouse Hole w/ 25 sk @ 12.5 #</i>
<i>05:47</i>					<i>Shutdown + Knock Loose</i>
<i>05:48</i>	<i>700</i>		<i>76</i>	<i>6</i>	<i>Start Lead cmt + 145 sk @ 11.4 #</i>
<i>06:02</i>			<i>34</i>	<i>6</i>	<i>Start Tail cmt + 125 sk @ 13.8 #</i>
<i>06:09</i>					<i>Shutdown + Wash up</i>
<i>06:13</i>	<i>500</i>		<i>0</i>	<i>7</i>	<i>Start Disp. w/ fresh H₂O</i>
<i>06:32</i>	<i>1000</i>		<i>122</i>	<i>2</i>	<i>Slow Rate</i>
<i>06:34</i>	<i>1600</i>		<i>132</i>	<i>2</i>	<i>Bump Plug</i>
<i>06:35</i>	<i>6</i>		<i>132</i>		<i>Release / Float Held</i>
<i>06:40</i>					<i>End Job</i>
	<i>1100</i>				<i>Pressure Before Plug landed</i>

Attachment to ZM Farms A-4 (API # 15-081-21920)

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: 145	3% CC, 1/4# Polyflake, 0.2% WCA1
	50-50 Poz	Tail: 125	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

January 28, 2011

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

Re: ACO1
API 15-081-21920-00-00
ZM FARMS A 4
NW/4 Sec.11-30S-32W
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