



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: _____



1050299

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HENRY A 1
Doc ID	1050299

All Electric Logs Run

MICROLOG
ANNULAR HOLE VOLUME
BOREHOLE SONIC ARRAY
ARRAY COMPENSATED RESISTIVITY
SPECTRAL DENSITY DUAL SPACED NEUTRON

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HENRY A 1
Doc ID	1050299

Tops

Name	Top	Datum
HEEBNER	3763	-525
LANSING	3851	-613
SWOPE	4257	-1019
MARMATON	4437	-1199
CHEROKEE	4660	-1422
ATOKA	5005	-1767
MORROW	5185	-1947
CHESTER	5472	-2234
ST. GENEVIEVE	5552	-2314
ST. LOUIS	5613	-2375

Attachment to Henry A-1 (API # 15-187-21187)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 480	3% CC, 1/2# Cellflake, 0.1% WCA1
	Class C	Tail: 200	2% CC, 1/4# Cellflake



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 01152 A

DATE _____ TICKET NO. _____

DATE OF JOB 10/8/10	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 Henry "A" #1 WELL NO.						
ADDRESS		COUNTY Stanton		STATE Ks				
CITY		STATE		SERVICE CREW Royce, David, Victor				
AUTHORIZED BY Tyce Davis		JOB TYPE: 4 5/8 Surface F42						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
194856	5.5	194805	5.5					1:00 AM
30463	5.5	194808	5.5					4:00 PM
19443	5.5							8:13 PM
19478	5.5							9:50 PM
19483	5.5							10:30 AM
						MILES FROM STATION TO WELL	65	

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 X M. W.
(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	91		2275 00
CF1453	Flapper & float Valve 4 5/8"	EA	1		280 00
CF253	Guide shoe Reg. 4 5/8"	EA	1		380 00
CF1743	Centralizer 4 3/8"	EA	5		725 00
CF1903	Bush 4 3/8"	EA	1		315 00
CF105	Top Rubber Cement Plug 4 5/8"	EA	1		225 00
E101	Heavy Equip Mileage	mi	195		1365 00
CF240	Blending & Mixing Charge	SK	650		952 00
E113	Bulk Delivery Charge	Tr	2,060		3328 00
CE202	Depth Charge 1001' to 2000'	4hr	1		1500 00
CE504	Plug Container	Job	1		250 00
E100	Pickup Mileage	mi	65		276 25
3003	Service Super Visor	EA	1		175 00
SUB TOTAL					16,566.48

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Chad Fine THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY X M. W.
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer: Oxy USA	Lease No.:	Date: 10/8/10
Lease: Henry 4A	Well #: 4	
Field Order #:	Station: Liberal	Casing: 5 7/8
		Depth:
Type Job: 5 7/8 surface	Formation:	County: Stanton
		State: KS
		Legal Description: 7-29-39

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size: 5 7/8	Tubing Size:	Shots/Ft:		Acid: 200 SX A-Con @ 12.1#	RATE: 2.4	PRESS: 150	ISP: 2.4
Depth:	Depth:	From:	To:	Pre/Pad: 14 gal/sk 370	Max: 1 1/2# Cell/blk	5 Min:	2 to WPA-1
Volume:	Volume:	From:	To:	Post: 200 SX from US @ 14.8#	Min:	10 Min:	1.54
Max Press:	Max Press:	From:	To:	Frac: 60.33 gal/sk	Avg: 2 to Cell 1/4 Cell/blk	15 Min:	
Well Connection:	Annulus Vol.:	From:	To:	Flush: Fresh	HHP Used:	Annulus Pressure:	
Plug Depth:	Packer Depth:	From:	To:		Gas Volume:	Total Load:	

Customer Representative: Cal Wolfe	Station Manager: Sam Bennett	Treater: Chad Hine
Service Units: 19555, 30463, 19543, 19528, 19553, 19505, 19508		
Driver Names: Clint, Ro Olds, D. Curaday, V. Vasquez		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
04:00					on loc, spot tracks Softmty Rig UP
04:00					softing mty w/ Rig (Cum)
06:13	2500#				Psi test
06:22	150		0	5	Start mixing A-Con @ 12.1#
09:06	175#		206	5	Switch to ten 1 @ 14.8#
09:15	150#		44	4	Finish mixing
09:17	0		48	-	Shot down, Drop Plug
09:24	0		0	4-6	Start deep
09:44	450		96	2.5	slow Rate
09:49	500-1100		106.5		Plug down
09:50	1100-0				Release Psi, Float held
					Job Complete
					Thank You
					Chad & Crew.

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

February 02, 2011

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

Re: ACO1
API 15-187-21187-00-00
HENRY A 1
SE/4 Sec.07-29S-39W
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