



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	HARDWICK A 4
Doc ID	1050559

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HARDWICK A 4
Doc ID	1050559

Tops

Name	Top	Datum
CHASE	2603	
COUNCIL GROVE	2859	
HEEBNER	3969	
TORONTO	3990	
MARMATON	4606	
CHEROKEE	4751	
ATOKA	4942	
MORROW	4995	
CHESTER	5128	
ST. GENEVIEVE	5151	
ST. LOUIS	5202	



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 01111 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-14-10 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 Hardwick #A-4 WELL NO.:							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW M. Stegman, V. Vasquez, R. Chavez							
AUTHORIZED BY J. Bennett TRB		JOB TYPE: Z42-85% Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	SP	TIME
34726	4	14355	2				10-14-10	PM	1:30
30463	2	14284	2			ARRIVED AT JOB		PM	5:00
19919	2					START OPERATION		AM	1:00
19827	2					FINISH OPERATION		PM	2:00
19566	2					RELEASED		AM	3:00
						MILES FROM STATION TO WELL	50 mi		

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
CL101	A-Con Blend	sk	430		17998 00
CL110	Prem 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	85% Flapper Type Insert	ea	1		280 00
CE253	Regular Guide Shoe	ea	1		380 00
CE1773	Centralizer	ea	5		725 00
CE1903	Basket	ea	1		315 00
CE105	Top Rubber Aug	ea	1		225 00
E101	Heavy Equipment Mileage	mi	150		1050 00
CE240	Blending & Mixing Service	SC	630		882 00
E113	Proppant + Bulk Delivery	cu/mi	1483		2372 80
CE202	Pump Depth: 1001-2000'	4/hr	1		1500 00
CE501	Plus Container	ea	1		250 00
E100	Unit Mileage	mi	50		212 50
S003	Service Supervisor	ea	1		175 00
SUB TOTAL					#14,869.26

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. _____

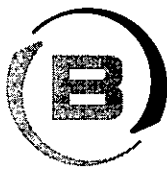
Customer OKY USA	Lease No.	Date 10-14-10
Lease Hardwick	Well # A-4	
Field Order # 01110	Station Liberal, KS 1717	Casing 8 5/8" 24"
Type Job 242-858 Surface	Depth 1928'	County Maskell
	Formation	State KS
		Legal Description 4-27-33

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 W. Williamson	Station Manager J. Bennett	Treater A. Olvera
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Service Units	39726	30463	19919	19827	19566	14355	14284			
Driver Names	A. Olvera	M. Skogman	R. Chavez	U. Vasquez						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					on loc-site assessment (laying down spot trucks - rig up)
9:00					start csq
11:30					csq on btm
12:00					break circ 30 min - safety meeting
12:30					pressure test 2500#
12:31	200		227	4	start mixing & pumping 4 30 sk A-Cem 3% CC, 1/2# Cell Plate, 1% WCA-1
					2.96 ft ³ /sk, 18.10 gal/sk @ 11.4 ppq
1:35	150		48	4	switch to tall Prem. plus 2% CC, 1/2# Cell Plate
					1.24 ft ³ /sk, 6.33 gal/sk @ 14.8 ppq
1:48	0		0	5	drop plug, disp csq
2:10	800		110	2	slow rate last 10 bbls of disp
2:20	1500		120	0	land plug - brought up to 1500#
					500# over landing psi, held 10 min
2:30					release float hold
					circ cut to surface
					job complete



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Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01116 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-21-10	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 Hardwick A#4		WELL NO.					
ADDRESS		COUNTY Maskell	STATE KS					
CITY		SERVICE CREW M. Stegman, J. Martinez						
AUTHORIZED BY J. Bennett JRB		JOB TYPE: 242 5/2 Production						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 10-21-10	TIME 10:00
34726	8					ARRIVED AT JOB	10:00	
30464	2					START OPERATION	6:00	
19919	6					FINISH OPERATION	7:30	
19827	2					RELEASED	8:00	
19883	6					MILES FROM STATION TO WELL	50 mi	

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
CL104	50/50 Poz	sk	175		1925 00
CL100	Common	sk	50		800 00
CC113	Gypsum	lb	735		551 25
CC111	Salt		470		485 00
CC124	FLA-115		89		1335 00
CC107	G-42P		37		296 00
CC201	Gilsonite		872		584 24
CF1451	Flapper Type Insert 5/2	ea	1		215 00
CF1651	Turbolized		20		2200 00
CF103	100 Rubber Plug		1		105 00
CF251	Regular Guide Shoe		1		250 00
CF501	Stop Ring		1		40 00
CC155	Superflush	gal	500		765 00
E101	Heavy Equipment Mileage	mi	100		700 00
CE240	Blending & Mixing Service	st	225		315 00
E113	Poppart + Bulk Delivery	bu/mi	485		776 00
CE206	Pump Depth: 5001-6000	ea	1		2880 00
CE804	Plus Containers	ea	1		250 00
E100	Unit Mileage	mi	50		212 50
SUB TOTAL					\$ 9,337.49

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.

Customer Oxy USA	Lease No.	Date 10-21-10
Lease Hardwick A	Well # 4	
Field Order # 0116	Station Liberal, KS-1717	Casing" # 5 7/8" 17' 5100'
Type Job 242-5 1/2 Production	Formation	County Haskell
		State KS
		Legal Description 4-27-33

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 7/8" 17'	Tubing Size	Shots/Ft		Acid 175 sk 80/80 pot	RATE	PRESS	ISIP	
Depth 5400'	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 12466	Volume	From	To	Pad	Min		10 Min.	
Max Press 2000#	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 5357'	Packer Depth	From	To	Flush fresh	Gas Volume		Total Load	

Customer Representative W. Willman	Station Manager J. Bennett	Treater A. Olvera
Service Units 34726 30464 19919 19827 19883		
Driver Names A. Olvera M. Stegman J. Martinez		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:00					on loc-site assessment
10:15					spot trucks rig up
12:30					Start CSG + float equip
5:00					CSG on btm, break circ 1 hr.
6:00					safety meeting
6:01					pressure test pumping lines 2500'
6:03	50		5	3	start w/ 5 bbl H ₂ O spacer
6:07	50		12	3	pump 12 bbl superflush
6:12	50		5	3	5 bbl H ₂ O spacer
6:15	50		12	3	plug rat + mouse hole w/ 50sk
6:30	150		98	2	Class H neat @ 13.5 ppg
					mix + pump 175 sk 80/80 pot
					w/ 5% W-60, 10% salt, 6% C-15,
					1/4# Defoamer, 5# Gilsonite
					1.52 ft/sk, 6.65 gal/sk @ 13.8 ppg
					finish curt, wash pumping lines
7:45	0		0	6	drop plug, disp CSG
	700		114	2	slow rate last 10 bbls of disp
7:30	1100		RT	0	land plug float hold
8:00	1500				shut in w/ resort held for 30 min
					job complete

Attachment to Hardwick A-4 (API # 15-081-21922)

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	50-50 Poz	175	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

February 09, 2011

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

Re: ACO1
API 15-081-21922-00-00
HARDWICK A 4
NE/4 Sec.04-27S-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