



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
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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: _____



1050608

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	SULLIVAN D 1
Doc ID	1050608

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SULLIVAN D 1
Doc ID	1050608

Tops

Name	Top	Datum
HEEBNER	3826	-702
LANSING	3894	-770
SWOPE	4363	-1239
MARMATON	4541	-1417
CHEROKEE	4741	-1617
MORROW	5215	-2091
CHESTER	5573	-2449
ST. GENEVIEVE	5685	-2561



BASIC
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 01137 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-19-10 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 Sullivan "D"		WELL NO. 1				
ADDRESS		COUNTY Graham		STATE Ks				
CITY STATE		SERVICE CREW Cochran/Canaday/Vasquez						
AUTHORIZED BY		JOB TYPE: 242 8 5/8 surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
21755	6.25	33021	6.25				10-19	02:30
27808 -	6.25	33016 -	6.25			ARRIVED AT JOB	10-19	06:15
19553 -	6.25					START OPERATION	10-19	09:00
14355	6.25					FINISH OPERATION	10-19	11:00
14284 -	6.25					RELEASED	10-19	12:30
						MILES FROM STATION TO WELL		86

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: P.M. V. J.
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
C1101	A:con Blend	sk	480		8928.00
C1110	Premium Plus Cement	sk	200		3260.00
CC109	Calcium Chloride	lb	1732		1818.60
CC102	Celloflake	lb	291		1076.70
CC130	C-51	lb	91		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
E115	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>Nick Cook</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>P.M.V.J.</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____

Customer <i>Oxy USA</i>	Lease No.	Date <i>10-19-10</i>
Lease <i>Sullivan "D"</i>	Well # <i>1</i>	
Field Order # <i>171000137</i>	Station <i>Liberal</i>	Casing <i>8 5/8</i>
Type Job <i>242 8 5/8 surface</i>	Depth <i>1720</i>	County <i>Grant</i>
	Formation	State <i>Ks</i>
	Legal Description <i>7-30-38</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	Acid Blend	RATE	PRESS	ISIP	
		<i>480sk</i>	<i>A-con Blend - 37% CC - 1/2" Cell Make</i>	<i>12.5*/gal</i>	<i>276 WCA-1</i>		
Depth	Depth	From	Pre Pad	Max		5 Min.	
		<i>2.414 3/8"</i>	<i>14gal/sk</i>	<i>12.5*/gal</i>			
Volume	Volume	From	Pad	Min		10 Min.	
		<i>200sk</i>	<i>Premium Plus - 27% CC - 1/4" Cell Make</i>	<i>14.8*/gal</i>			
Max Press	Max Press	From	Frac	Avg		15 Min.	
		<i>1.54 1/2"</i>	<i>6.33gal/sk</i>	<i>14.8*/gal</i>			
Well Connection	Annulus Vol.	From		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume	Total Load	

Customer Representative <i>Col Wylie</i>	Station Manager <i>J. Demmett</i>	Treater <i>M. Cochran</i>
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Service Units	<i>21755</i>	<i>29808</i>	<i>19553</i>	<i>14355</i>	<i>14284</i>	<i>39021</i>	<i>33016</i>				
Driver Names	<i>Cochran</i>	<i>D. Canaday</i>	<i>V. Vasquez</i>	<i>Ghost</i>							

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
<i>06:15</i>					<i>on loc / Held Safety Meeting</i>
<i>06:30</i>					<i>Start Csg.</i>
<i>08:40</i>					<i>Csg. on Bottom Cir. w/ Rig</i>
<i>09:04</i>	<i>2800</i>				<i>Test Pump + Lines</i>
<i>09:08</i>	<i>150</i>		<i>206</i>	<i>5</i>	<i>Start Lead Cmt 480sk @ 12.5*</i>
<i>09:55</i>	<i>250</i>		<i>48</i>	<i>3.5</i>	<i>Start Tail Cmt 200sk @ 14.8*</i>
<i>10:10</i>					<i>Shutdown + Drop Plug</i>
<i>10:13</i>					<i>Start Disp. w/ fresh H₂O</i>
<i>10:32</i>	<i>550</i>		<i>91</i>	<i>2</i>	<i>Slow Rate</i>
<i>10:37</i>	<i>1200</i>		<i>107</i>	<i>1.8</i>	<i>Dump Plug + Hold 15 min.</i>
<i>10:54</i>	<i>0</i>		<i>107</i>	<i>0</i>	<i>Release / float Held</i>
<i>11:00</i>					<i>End Job</i>
	<i>700</i>				<i>Pressure Before Plug landed</i>
					<i>Cir. Cmt to the Pit</i>



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 01143 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>10-28-10</i>	DISTRICT <i>1717</i>	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 <i>Oxy USA</i>	LEASE <i>Sullivan "D"</i>						WELL NO. <i>1</i>
ADDRESS		COUNTY <i>Grant</i>	STATE <i>Ks</i>				
CITY		STATE					
AUTHORIZED BY		SERVICE CREW <i>Cochran/Gibson/R. Martinez</i>					
		JOB TYPE: <i>Z 42 5 1/2 Long Spring</i>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME
<i>21755</i>	<i>12</i>						<i>10-27 AM 14:00</i>
<i>27808</i>	<i>12</i>					ARRIVED AT JOB	<i>10-27 PM 18:00</i>
<i>19553</i>	<i>12</i>					START OPERATION	<i>10-28 PM 02:15</i>
<i>19827</i>	<i>12</i>					FINISH OPERATION	<i>10-28 AM 05:00</i>
<i>19566</i>	<i>12</i>					RELEASED	<i>10-28 PM 06:00</i>
						MILES FROM STATION TO WELL	<i>66</i>

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: *Andy Solley (AWSC LLC)*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>CL101</i>	<i>'A-con' Blend</i>	<i>sk</i>	<i>280</i>		<i>5208 00</i>
<i>CL104</i>	<i>50/50 Poz</i>	<i>sk</i>	<i>140</i>		<i>1540 00</i>
<i>CC113</i>	<i>Gypsum</i>	<i>lb</i>	<i>590</i>		<i>442 50</i>
<i>CC111</i>	<i>Salt</i>	<i>lb</i>	<i>779</i>		<i>389 50</i>
<i>CC107</i>	<i>C-42P</i>	<i>lb</i>	<i>30</i>		<i>240 00</i>
<i>CC124</i>	<i>FIA-115</i>	<i>lb</i>	<i>71</i>		<i>1065 00</i>
<i>CC201</i>	<i>Gilsonite</i>	<i>lb</i>	<i>700</i>		<i>469 00</i>
<i>CC109</i>	<i>Calcium Chloride</i>	<i>lb</i>	<i>792</i>		<i>831 60</i>
<i>CC102</i>	<i>Celloflake</i>	<i>lb</i>	<i>70</i>		<i>259 00</i>
<i>CC130</i>	<i>C-51</i>	<i>lb</i>	<i>53</i>		<i>1325 00</i>
<i>CF1451</i>	<i>Insert</i>	<i>ea</i>	<i>1</i>		<i>215 00</i>
<i>CF251</i>	<i>Guide Shoe</i>	<i>ea</i>	<i>1</i>		<i>250 00</i>
<i>CF1651</i>	<i>Turbolizer</i>	<i>ea</i>	<i>20</i>		<i>2200 00</i>
<i>CF103</i>	<i>Top Plug</i>	<i>ea</i>	<i>1</i>		<i>105 00</i>
<i>CC155</i>	<i>Super Flush II</i>	<i>gal</i>	<i>500</i>		<i>765 00</i>
<i>E101</i>	<i>Heavy Equip. Mileage</i>	<i>mi</i>	<i>195</i>		<i>1365 00</i>
SUB TOTAL					<i>15491 13</i>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Mike Cochran</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <i>Andy Solley</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

(AWSC LLC)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>Oxy USA</i>	Lease No.	Date <i>10-27-10</i>	
Lease <i>Sullivan "D"</i>	Well # <i>1</i>		
Field Order # <i>171901143</i>	Station <i>Liberal</i>	Casing <i>5 1/2</i>	Depth <i>3858</i>
		County <i>Grant</i>	State <i>Ks</i>
Type Job <i>242 5 1/2 Long String</i>	Formation	Legal Description <i>7-20-38</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size <i>5 1/2</i>	Tubing Size <i>1 1/2</i>	Shots/Ft <i>280sk</i>	Acid <i>'A-Con' Blend - 3%</i>	CC - <i>14</i>	WATER PRESS <i>Lello Make</i>	ISIP <i>-.2% WCA-1</i>	
Depth <i>3858</i>	Depth	From <i>2.95ft</i>	To <i>7 1/2</i>	Pre Pad <i>18.1gal/sk</i>	Max <i>@ 11.4 #/gal</i>	5 Min.	
Volume	Volume	From <i>140sk</i>	To <i>50/50 Poz - 5%</i>	Pad <i>W-60 - 10%</i>	Min <i>5 #/gal</i>	10 Min.	
Max Press	Max Press	From <i>1/4# Defoamer</i>	To	Frac <i>-.6% C-15 - 5#</i>	W-5 <i>Gilsonite</i>	15 Min.	
Well Connection	Annulus Vol.	From <i>1.52ft</i>	To <i>5 1/2</i>	Flush <i>6.65gal/sk</i>	MHP Used <i>@ 13.8 #/gal</i>	Annulus Pressure	
Plug Depth <i>3858</i>	Packer Depth	From	To	Flush	Gas Volume	Total Load	

Customer Representative	Station Manager <i>J. Bennett</i>	Treater <i>M. Cochran</i>
Service Units <i>21955 27909 19553 19827 19566</i>		
Driver Names <i>Cochran T. Gibson R. Martinez</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>18:00</i>					<i>on Loc. / Held Safety Meeting</i>
<i>18:20</i>					<i>Spot + Rig up Equip.</i>
<i>18:30</i>					<i>Start Csg.</i>
<i>00:30</i>					<i>Csg on Bottom Cir. w/ Rig</i>
					<i>Held Safety Meeting</i>
<i>02:25</i>	<i>3000</i>				<i>Test Pump + Lines</i>
<i>02:27</i>	<i>400</i>		<i>5</i>	<i>3.5</i>	<i>Start fresh H₂O</i>
<i>02:29</i>	<i>400</i>		<i>12</i>	<i>3.5</i>	<i>Start Super Flush II</i>
<i>02:33</i>	<i>400</i>		<i>5</i>	<i>3.5</i>	<i>Start fresh H₂O</i>
<i>02:39</i>					<i>Shutdown + Switch to Rat Hole</i>
<i>02:38</i>	<i>200</i>		<i>8</i>	<i>2</i>	<i>Plug Rat Hole w/ 20sk @ 13#</i>
<i>02:47</i>	<i>200</i>		<i>5</i>	<i>2</i>	<i>Plug Mouse Hole w/ 20sk @ 17#</i>
<i>02:54</i>	<i>400</i>				<i>Shutdown + Switch To Pipe</i>
<i>02:56</i>	<i>400</i>		<i>121</i>	<i>5.5</i>	<i>Start Lead Cmt 230sk @ 11.4#</i>
<i>03:16</i>	<i>400</i>		<i>38</i>	<i>5.5</i>	<i>Start Tail Cmt 140sk @ 13.8#</i>
<i>03:30</i>					<i>Shutdown + Wash up</i>
<i>03:31</i>					<i>Drop Plug</i>
<i>03:33</i>	<i>100</i>		<i>0</i>	<i>5</i>	<i>Start Disp. w/ fresh H₂O</i>
<i>03:58</i>	<i>1000</i>		<i>125</i>	<i>2</i>	<i>Slow Rate SAs per Co. Rep.</i>
<i>04:03</i>	<i>1800</i>		<i>135</i>	<i>2</i>	<i>Bump Plug / Test Csg. to 1600# + Hold</i>
<i>04:53</i>	<i>0</i>		<i>135</i>		<i>Release / Float Held</i>
<i>05:00</i>					<i>End Job / 1150 psi Before Plug Landed</i>

Attachment to Sullivan D-1 (API # 15-067-21717)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 480	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	A-Con	Lead: 230	3% CC, 1/4# Cellflake, 0.2% WCA1
	50-50 Poz	Tail: 140	5% Cal-Seal, 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 10, 2011

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

Re: ACO1
API 15-067-21717-00-00
SULLIVAN D 1
NW/4 Sec.08-30S-38W
Grant 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