



**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: \_\_\_\_\_



1050688

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 Bbbs.	Gas Mcf	Water Bbbs.	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	LONGBOTHAM 4
Doc ID	1050688

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LONGBOTHAM 4
Doc ID	1050688

Tops

Name	Top	Datum
CHASE	2695	
COUNCIL GROVE	3005	
HEEBNER	4160	
LANSING	4225	
MARMATON	4850	
CHEROKEE	5015	
ATOKA	5170	
MORROW	5280	
CHESTER	5320	
ST. GENEVIEVE	5440	
ST. LOUIS	5540	



**BASIC**<sup>SM</sup>  
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 01460 A

DATE \_\_\_\_\_ TICKET NO. 14608

DATE OF JOB <u>10-24-10</u>	DISTRICT <u>1717 Liberal Ks</u>	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 <u>Oxy USA</u>		LEASE <u>Long botham</u>				WELL NO. <u>4</u>		
ADDRESS		COUNTY <u>Haskell</u>		STATE <u>Ks</u>				
CITY		STATE		SERVICE CREW <u>R Cox P Canaday M Stegman V Vasquez</u>				
AUTHORIZED BY <u>J Bennett</u>		<u>JRB</u>		JOB TYPE: <u>2-42 Surface Pipe</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <u>10-23-10</u> TIME <u>1115</u>	
<u>27462</u>	<u>6</u>					ARRIVED AT JOB	<u>2:00</u>	
<u>19827</u>	<u>6</u>					START OPERATION	<u>6:30</u>	
<u>19823</u>	<u>6</u>					FINISH OPERATION	<u>9:00</u>	
<u>19805</u>	<u>6</u>					RELEASED	<u>7:30</u>	
<u>19805</u>	<u>6</u>					MILES FROM STATION TO WELL	<u>39</u>	

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 Giddens (AWSC)  
(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		7998 00
CL110	Premium Plus	SK	200		3260 00
CC109	Calcium Chloride	lb	1591		1670 55
CC102	Celloflake	lb	265		980 50
CC130	C-51	lb	81		2025 00
CF1453	Flapper Type Insert 8 5/8	ea	1		280 00
CF253	guide shoe 8 5/8	ea	1		380 00
CF1773	Centralizers 8 5/8 x 12 1/4	ea	5		725 00
CF1903	8 5/8 Basket	ea	1		315 00
CF105	Top Rubber Cement plug 8 5/8	ea	1		225 00
E101	Heavy Equipment mileage	ME	150		1050 00
CE240	Blending & mixing Service charge	SK	630		882 00
E113	proppant & Bulk delivery charge	TM	1483		2372 30
CE202	Depth charge 1001-2000'	EA	1		1500 00
CE504	plug container Service charge	EA	1		250 00
E100	Unit mileage	ME	50		212 50
S003	Service Supervisor charge	EA	1		175 00
SUB TOTAL					<u>14869 56</u>

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.

Customer	OXY USA	Lease No.		Date	10-29-10	
Lease	Long Botham	Well #	4			
Field Order #	Station	Casing	Depth	County	State	
	1717 Liberal Ks	8 5/8	1818	Haskell	Ks	
Type Job	Surface Pipe 242		Formation	Legal Description 3-30-32		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
8 5/8								
Depth 1818	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 115.66 bbls	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	Packer Depth	From	To	Flush Water	Gas Volume		Total Load	

Customer Representative	Andy Goddard	Station Manager	Jerry Bennett	Treater	Robert Cox
Service Units	27462	19805	19808	19828	19883
Driver Names	D Canada	Michael	Stegman	V Vasquez	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0200					arrive on Location
340					Casing starts in hole
545					Drop Ball
559					Hook up & circulate Hole
630					Safety mtg
635					Hook up cmt IRON
640	<del>2000</del>				Pressure Test IRON to 2000#
642	200		10	3.5	Run 10 bbl spacer
646	200		0	5.5	Start cement @ 11.2#
732	200		235	5.5	Start tail cmt 14.8#
746			49.5	0	shut down drop plug
753	200		23	4.5	cmt Returns
822	850		113	0	plug down
827					Release pressure
828	1560				Pressure up casing & Hold for 30 min
858					Release Pressure
900					Rig down
930					Released

Thanks



**BASIC**<sup>SM</sup>  
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 01125 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>11-4-10</b>	DISTRICT <b>1717</b>	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 <b>Oxy USA</b>		LEASE <b>Langbotman #4</b>		WELL NO.					
ADDRESS		COUNTY <b>Maskell</b>		STATE <b>KS</b>					
CITY		STATE		SERVICE CREW <b>M. Stegman, V. Vasquez</b>					
AUTHORIZED BY <b>J. Bennett JAB</b>		JOB TYPE: <b>242 5/2 Production</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	3						11-5-10	AM	8:00
30464	2							AM	11:00
1999	1							PM	1:30
19828	2							PM	2:30
19883	1							PM	3:00
						MILES FROM STATION TO WELL	<b>50 mi</b>		

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: John J. Call  
(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	165		1815 00
CL100	Premium / Common	sk	50		800 00
CC113	Gypsum	lb	695		521 25
CC111	salt	lb	917		458 50
CC124	FLA-115	lb	84		1260 00
CC107	C-42	lb	35		280 00
CC201	Gilsonite	lb	824		552 08
CF1451	Flapper type Insert 5/8	ea	1		215 00
CF1651	Turbolizer		20		2200 00
CF103	Top Rubber Plug		1		105 00
CF251	Regular Guide Shoe		1		250 00
CF501	Stop Ring		1		40 00
CC155	Super Flush	gal	500		965 00
E101	Heavy Equipment Mileage	mi	100		700 00
CE240	Blending + Mixing Service	sk	215		301 00
E113	Prep work + Bulk Delivery	bu/mi	465		744 00
CE206	Pump Depth: 5001-6000	day	1		2890 00
CE504	Plus Container	ea	1		250 00
E100	Unit Mileage	mi	50		212 50
SUB TOTAL					<b>9136.10</b>

CHEMICAL / ACID DATA:


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

SERVICE REPRESENTATIVE Paul Owen

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: John J. Call  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.





Customer <b>Oxy USA</b>	Lease No.	Date <b>10-11-10</b>
Lease <b>Low Bottom</b>	Well # <b>4</b>	
Field Order # <b>01125</b>	Station <b>Liberal, KS-1717</b>	Casing <b>5 1/2" 17"</b>
Type Job <b>242-5 1/2 Production</b>	Depth <b>5700'</b>	County <b>Maskell</b>
	Formation	State <b>KS</b>
		Legal Description <b>3-30-32</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid <b>165 sk</b>	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 <b>fresh</b>	Gas Volume		Total Load	

Customer Representative	Station Manager <b>J. Bennett</b>	Treater <b>A. Olvera</b>
Service Units	<b>34726</b>	<b>30464</b>
Driver Names	<b>A. Olvera</b>	<b>M. Stegman</b>
	<b>19919</b>	<b>19828</b>
	<b>19883</b>	<b>V. Vasquez</b>

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
11:00					on loc, site assessment
11:05					spot trucks, rig up
1:20					safety meeting
1:30					pressure test pumping lines 2500#
1:35	250		5	4	start pumping 5 bbl H <sub>2</sub> O spacer
1:37	250		12	4	follow w/ 12 bbl superflush
1:42	250		5	4	follow w/ 5 bbl H <sub>2</sub> O spacer
1:45			14	3	mix 50' sk Premium/Common to plug rat mouse holes @ 13.5 ppb
2:00	200		45	5.5	mix 165 sk 50/50 Poz w/ 5% W-60 10% Salt, 10% C-15, K# Dofomers 5# Gil sulfate 1.52 H <sub>2</sub> O sk, 6.65 gal/sk @ 13.8 ppb
2:25					wash pumping lines
2:30	0		0	6	drop plug, disp CSS
2:55	900		120	2	slow rate last 10 bbls of disp
3:00	1500		130	0	land plug, float held
3:30	1500				psi up CSS test for 30 min @ 1500#

**Attachment to Longbotham #4 (API 15-081-21923)**

**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	165	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 11, 2011

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

Re: ACO1  
API 15-081-21923-00-00  
LONGBOTHAM 4  
SE/4 Sec.03-30S-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