



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: _____



1051529

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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	WIGGAINS 12 6
Doc ID	1051529

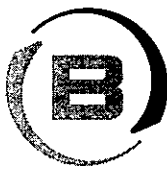
All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WIGGAINS 12 6
Doc ID	1051529

Tops

Name	Top	Datum
HEEBNER	4322	-1309
LANSING	4445	-1432
MARMATON	4848	-1835
CHEROKEE	5604	-2591
ATOKA	5849	-2836
MORROW	5943	-2930
CHESTER	6402	-3389
ST. GENEVIEVE	6599	-3586



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 01377 A

DATE _____ TICKET NO. 1377A

DATE OF JOB	<u>11-12-10</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>Wiggins</u>			WELL NO.	<u>12-6</u>	
ADDRESS				COUNTY	<u>Stevens</u>			STATE	<u>Ks</u>	
CITY				SERVICE CREW	<u>R Cox D Cavaday J Martinec</u>					
AUTHORIZED BY	<u>J Bennett</u>			JOB TYPE:	<u>742- Surface R Martinec</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>27462</u>	<u>6</u>						<u>11-11</u>			<u>830</u>
<u>33016</u>	<u>6</u>					ARRIVED AT JOB	<u>11-11</u>			<u>1000</u>
<u>33021</u>	<u>6</u>					START OPERATION	<u>11-12</u>			<u>130</u>
<u>19828</u>	<u>6</u>					FINISH OPERATION				<u>500</u>
<u>19883</u>	<u>6</u>					RELEASED				<u>600</u>
						MILES FROM STATION TO WELL	<u>65</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: [Signature]
(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	490		9114 00	
CL110	Premium Plus	SK	200		3260 00	
CC109	Calcium Chloride	lb	1759		1846 95	
CC102	Cello Flake	lb	295		1091 50	
CC130	C-51	lb	93		2325 00	
CF145	8 7/8 Inset Flapper Type	EA	1		290 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 Plug	EA	1		225 00	
E101	Heavy Equipment mileage	mi	195		1365 00	
CE240	Blending & mixing charge	SK	990		966 00	
E113	Proppant & Bulk delivery charge	TM	3110		3376 00	
CE202	Depth charge 1001'-2000'	4hr	1		1500 00	
CE504	plug container utilization charge	Job	1		250 00	
E100	unit mileage	mi	65		276 25	
5003	Service Super disor charge	EA	1		175 00	
					SUB TOTAL	<u>16771 17</u>

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.

Customer	Oxy USA	Lease No.		Date	10-11-10
Lease	Wiggins	Well #	12-6		
Field Order #	1377A	Station	Liberal Ks 1717	Casing	8 5/8
				Depth	1711
Type Job	2-42 - Surface	Formation		County	Stevens
				State	Ks
				Legal Description	12-35-36

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
8 5/8								
Depth 1711	Depth	From	To	Pre Pad	Max			5 Min.
Volume 106.4	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 1673.4	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Gabracl	Station Manager	Jerry Bennett	Treater	Robert Cox
Service Units	27462	33016	33021	19828	19885
Driver Names	D Canaday	F Martinez	J Martinez		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1000					On Loc
1045					Safety mtg
1:55					Rig up circulating IRON
2:30					Pressure Test switch to cmt Line
2:40			0	5.25	start cmt. Lead 12.4ppg
3:24	200		216.5	5.25	start tail 14.8 ppg
3:35	0		49	0	Release Plug
3:40	0		0	5.0	start displacement
4:00	500		100	2	slow Rate down
4:15	550		106.5	0	Plug down & Holding
4:20	1200		0		Pressure Test Casing
4:30					Rig down



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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 01381 A

DATE _____ TICKET NO. 1381A

DATE OF JOB	<u>11-20-10</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>Wiggins</u>				WELL NO.	<u>126</u>
ADDRESS				COUNTY	<u>Stevens</u>		STATE	<u>Ks</u>		
CITY				STATE						
AUTHORIZED BY	<u>J. Bennett TRB</u>			SERVICE CREW	<u>R Cox F Chaven S Chaven</u>					
				JOB TYPE:	<u>Z-42 Longstring</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME	
<u>27462</u>	<u>0</u>						<u>11-19</u>	<u>AM</u>	<u>6:00</u>	
<u>19805</u>	<u>0</u>					ARRIVED AT JOB		AM	<u>8:00</u>	
<u>19808</u>	<u>0</u>					START OPERATION		PM		
						FINISH OPERATION		AM		
						RELEASED		PM		
						MILES FROM STATION TO WELL			<u>34</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: Kathleen Call
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL 104	50/50 po2	SK	275		3025 00
CC 113	Gypsum	lb	1155		866 25
CC 111	Salt	lb	1524		762 00
CC 103	C-15	lb	139		1737 50
CC 107	C-42P	lb	58		464 00
CC 201	Gilsonite	lb	1371		918 57
CF 1451	Slapper Type Insert	EA	1		215 00
CF 251	guide shoe	EA	1		250 00
CF 1778	Centralizers	EA	35		2625 00
CF 103	Top Rubber cement plug	EA	1		105 00
CC 155	Super Flush II	gal	500		765 00
E 101	Heavy Equipment Mileage	mi	40		280 00
CE 240	Blending & mixing charge	SK	275		385 00
E 113	Proppant & Bulk delivery charge	PM	231		369 60
CE 207	Depth charge	4hr	1		3240 00
CE 504	plug container charge	EA	1		250 00
E 100	Unit mileage	mi	20		85 00
S003	Service Supervisor charge	EA	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		<u>10390 00</u>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

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

FIELD SERVICE ORDER NO.

Customer	OX4 USA	Lease No.		Date	11-20-10	
Lease	Wiggins	Well #	12-6			
Field Order #	Station	Casing	Depth	County	State	
	1717 Liberal KS			Stevens	KS	
Type Job	2-42 Long string		Formation	Legal Description		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5.5							5 Min.	
Depth	Depth	From	To	Pre Pad	Max		10 Min.	
6700							15 Min.	
Volume	Volume	From	To	Pad	Min		Annulus Pressure	
153.5							Total Load	
Max Press	Max Press	From	To	Frac	Avg			
1500								
Well Connection	Annulus Vol.	From	To		HHP Used			
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			

Customer Representative	Gabriel	Station Manager	Jerry Bennett	Treater	Robert Cox
Service Units	27462	19805	19808		
Driver Names	F Chavez	S Chavez			

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
800					ON LOC
805					safety mtg
815					Rig up
805					on Bottom start circulating
720					pressure Test Lines to 2000 psi
725	400		22	4	pump Super flush w/5 bbls Ahead & Be Behind OP water
732	400		0	600	start Cement e 13.8 #
747	0		60	0	shut down wash up
750	0		0	0	Drop Plug start displacement,
751	50			6.0	Running displacement
817	820		135	40	slow Rate down
821	915		154	0	plug down pressure up to 1500
851	1500			0	& Hold for 30 min
851	1500			0	Release pressure
853					Rig up & plug Rat & mouse Hole
915					Rig down
945					Released

Thanks

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

March 01, 2011

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

Re: ACO1
API 15-189-22758-00-00
WIGGAINS 12 6
NE/4 Sec.12-35S-36W
Stevens 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

Attachment to Wiggains 12-6 (API 15-189-22758)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 490	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	50-50 Poz	223	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite