



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: _____



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> <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	YOUNG J 1
Doc ID	1053318

All Electric Logs Run

BOREHOLE COMPENSATED SONIC ARRAY
ARRAY COMPENSATED TRUE RESISTIVITY
ANNULAR HOLE VOLUME
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON
CEMENT BOND LOG

Attachment to Young J-1 (API 15-067-21718)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 469	3% CC, 1/2# Cellflake, 0.2% WCA1
	Class C	Tail: 200	2% CC, 1/4# Cellflake
Production			



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 01418 A

DATE _____ TICKET NO. _____

DATE OF JOB: 12/9/10	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: Occ USA		LEASE: Young "J"		1		WELL NO.		
ADDRESS:		COUNTY: Grant		STATE: KS				
CITY:		STATE:		SERVICE CREW: Royce, Jose, Santiago				
AUTHORIZED BY: Tyler Davis		JOB TYPE: 8 5/8 Surface Z42						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19883	10.5	19564	10.5					AM 1:00
30463	10.5					ARRIVED AT JOB		AM 5:50
19843	10.5					START OPERATION		AM 2:23
19805	10.5					FINISH OPERATION		PM 4:46
19806	10.5					RELEASED		PM 5:30
19822	10.5					MILES FROM STATION TO WELL		60

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	475		8835 00
CL110	Premium Plus	SK	200		3260 00
CC109	Calcium Chloride	lb	1717		1802 85
CC102	Celloflake	lb	2388		1065 60
CC130	C-51	lb	90		2250 00
CF1453	Flapper Float Valve 3 5/8"	EA	1		280 00
CF253	Guide Shoe Reg. 4 5/8"	EA	1		380 00
CF1773	Centralizer 4 5/8"	EA	5		725 00
CF1903	4 5/8" Basket	EA	1		315 00
CF105	Top Rubber Plug 4 5/8"	EA	1		225 00
E101	Heavy Equip Mileage	Mi	150		1260 00
CE240	Blending & Mixing Charge	SK	675		945 00
E113	Bulk Delivery Charge	Tm	1905		3048 00
CE202	Depth Charge 1001 to 2000'	4hr	1		1500 00
CE504	Plug Container	Sub	1		250 00
E100	Pickup Mileage	Mi	60		255 00
5003	Service Supervisor	EA	1		175 00
CE403	Add. HRS	EA	6		3000 00

SUB TOTAL 18031 62
~~19231 62~~

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Chad Hinz</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer: Oxy USA	Lease No.	Date: 12-9-10
Lease: Young "J"	Well #: 1	
Field Order #	Station: Liberal	Casing: 3 5/8"
		Depth: 1770'
Type Job: 3 5/8" surface	Formation	County: Grant
		State: Ks
		Legal Description: 17-30-38

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size: 3 5/8"	Tubing Size	Shots/Ft		Acid: 475 sx A-Con @ 12.1 #	RATE: 2.40 cu ft/sk	ISIP: 14 gal/sk	
Depth: 1772'	Depth	From	To	Pre Pad: 3% CaCl₂, 1/2 # Cellulose	Pressure: 270 psi	ISIP: 8 Min	
Volume: 110	Volume	From	To	Post Pad: 200 sx Prem PWS @ 14.8 #	Rate: 1.34 cu ft/sk	ISIP: 10 Min	
Max Press: 2500 #	Max Press	From	To	Frag: 0.33 gal/sk 270 CaCl₂, 1/4 # Cellulose	HHP Used	Annulus Pressure	
Well Connection: P.C.	Annulus Vol.	From	To	Flush: Fresh	Gas Volume	Total Load	
Plug Depth	Packer Depth	From	To				

Customer Representative: Gabriel	Station Manager: Serry Bennett	Treater: Chael Hinz
Service Units: 194566 30463 19843 19805 19308 19827 19566		
Driver Names: Chinz R. Olds S. Chavez J. Martinez		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
17:50					ON LOC, spot trucks, softening, Rig up
02:23	2500 #				Psi test
02:26	200 #		0	5.6	Start mixing A-Con @ 12.1 #
03:28	150 #		203	5	Switch to tail @ 14.8 #
03:30	0		48	-	Finished mixing
03:40					Drop Plug
03:43	0		0	4-6	Start Disp.
04:00	500		80	3	Slow Rate
04:05	500		90	1	Slow Rate
04:16	500-1000		110	-	Plug down Hold Psi, 30 min
04:46	1000-0				Release Psi, Float Held

Job Complete
Thank You
Chael + 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

April 05, 2011

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

Re: ACO1
API 15-067-21718-00-00
YOUNG J 1
NW/4 Sec.07-30S-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