



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



1053352

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	HICKOK C 2
Doc ID	1053352

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HICKOK C 2
Doc ID	1053352

Tops

Name	Top	Datum
HEEBNER	3845	-688
LANSING	3961	-804
SWOPE	4421	-1264
MARMATON	4592	-1435
CHEROKEE	4769	-1612
MORROW	5270	-2113
ST. GENEVIEVE	5655	-2498
ST. LOUIS	5692	-2535



**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 01415 A

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

DATE OF JOB: 12/8/10	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: Hickock "C"		WELL NO.: 2				
ADDRESS:		COUNTY: Grant		STATE: KS				
CITY:		STATE:		SERVICE CREW: T.J., Ruben, Santiago				
AUTHORIZED BY: Tyler Davis		JOB TYPE: 4 5/8" surface 242						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19888	3	19806	3				11:30 AM	
30063	3					ARRIVED AT JOB	6:00 AM	
19843	3					START OPERATION	7:30 AM	
19827	3					FINISH OPERATION	9:09 AM	
19566	3					RELEASED	9:30 AM	
19805	3					MILES FROM STATION TO WELL		

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	288		1065.60
CC130	C-51	lb	90		2250.00
CF1453	Flapper Type Float Valve 8 5/8"	EA	1		280.00
CF253	Guide Shoe Reg. 8 5/8"	EA	1		380.00
CF1773	Centralizer 8 5/8"	EA	5		725.00
CF1903	Basket 8 5/8"	EA	1		315.00
CF105	Top Rubber Plug 8 5/8"	EA	1		225.00
E101	Heavy Equip Mileage	MI	195		1365.00
CE240	Blending & Mixing Charge	SK	675		945.00
E113	Bulk Delivery Charge	TM	2064		3302.40
CE202	Depth Charge 100' to 2000'	4hr	1		1500.00
CE504	Plus Contact	Job	1		250.00
E100	Pickup Mileage	MI	65		276.25
5003	Service Supervisor	EA	1		175.00

SUB TOTAL 16,460.01

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *[Signature]*  
FIELD SERVICE ORDER NO. \_\_\_\_\_

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

Customer <i>Oil USA</i>	Lease No.	Date <i>12/8/10</i>
Lease <i>Pickrock "C"</i>	Well # <i>2</i>	
Field Order #	Station	Casing <i>5 7/8</i> Depth <i>1715</i> County <i>Grant</i> State <i>KS</i>
Type Job <i>5 7/8" surface</i>	Formation	Legal Description <i>136-30-356</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 7/8</i>	Tubing Size	Shots/Ft		Acid <i>475 gal A-Con @ 12.1#</i>	RATE #	PRESS	ISIP	
Depth <i>1717.75</i>	Depth	From	To	<i>500 CaCl<sub>2</sub> 1/2# Coll/Plaque</i>			<i>14.00</i>	<i>14.00</i>
Volume <i>10.4</i>	Volume	From	To	<i>200 gal Premium Plus</i>	Min		<i>14.8</i>	<i>14.00</i>
Max Press	Max Press	From	To	<i>10.33 gal 50% CaCl<sub>2</sub></i>				
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush <i>Fresh</i>	Gas Volume			Total Load

Customer Representative <i>Herb Nutter</i>	Station Manager <i>Serry Bennett</i>	Treater
Service Units <i>194456 304131 194413 194629 194466 194456 194456</i>		
Driver Names <i>Chine T.S. Gibson R. Martinez S. Chavez</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
06:00					on loc, spot trucks, rig up, surface job
07:30	2500#				psi test
07:35	150#		0	5	start mixing A-Con @ 12.1#
08:19	200#		203	5	switch to tail @ 14.8#
08:32	0		46	-	finish mixing
08:34	0		-	-	Drop Plug
08:36	0		0	4-5	start Disp, washup on Plug
08:56	350		96	5-3	slow Rate
09:00	450		900	1	slow Rate
09:03	500-1000		106		Plug Down
09:04	1000-0				Release Psi float held
					Job Complete
					Thank Crew
					Chad & Crew



**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 01226 A

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

DATE OF JOB: 12-17-10	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: Hickok C #2					WELL NO.:	
ADDRESS:		COUNTY: Grant			STATE: KS			
CITY:		STATE:		SERVICE CREW: M. Stegman, V. Vazquez				
AUTHORIZED BY: J. Bennett IRB		JOB TYPE: 242-5 1/2 Production						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: 12-17-10	
34726	5						AM PM 2:00	
30464	3					ARRIVED AT JOB	AM PM 9:00	
19919	3					START OPERATION	AM PM	
19805	3					FINISH OPERATION	AM PM	
19808	2					RELEASED	AM PM	
						MILES FROM STATION TO WELL	20 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: *[Signature]*  
(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	160		1760 00
CC113	Gypsum	lb	675		506 25
CC111	Salt		891		445 50
CC103	C-15		81		1,012 50
CC107	C-42P		34		272 00
CC201	Gilsonite		801		536 67
CF151	5/2 - Flapper Type Insert	ea	1		215 00
CF251	Regular Guide Shoe		1		250 00
CF177	Topbolizer		20		1500 00
CF103	Top rubber plug		1		105 00
CC155	SuperFlush II	gal	500		765 00
E101	Heavy Equipment Mileage	mi	40		280 00
CE240	Blending & Mixing Service	sk	160		224 00
E113	Proppant - Bulk Delivery	ton/mi	135		216 00
CE206	Pump Depth = 5001-6000'	ea	1		2880 00
CF504	Plug Container	ea	1		250 00
E100	Unit Mileage	mi	20		85 00
S003	Service Supervisor	ea	1		175 00
CE503	High Head 30'	ea	1		300 00
SUB TOTAL					8277.26

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>[Signature]</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)





Customer	Oxy USA	Lease No.		Date	12-17-10		
Lease	Hickok C	Well #	2				
Field Order #	01220	Station	Liberal, KS-1717	Casing #	5 1/2 in	Depth	
Type Job	242-5 1/2	Production		County	Grant	State	KS
				Formation		Legal Description	18-30-38

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	J. Gill	Station Manager	J. Bennett	Treater	A Olvera
Service Units	34726	30464	19919	19805	
Driver Names					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:00					on loc-site assessment (start csg + fe.)
10:05					spot trucks rig up
6:30					csg on botm, break circ - 1 hr.
6:30					pressure test pumping lines - 2500#
6:27	150		5	4	start w/ 5 bbl H <sub>2</sub> O spacer
6:30	150		12	4	switch to 12 bbl super flush
6:37	150		5	4	switch to 5 bbl H <sub>2</sub> O spacer
6:40	350		30	5	mix + pump 110 sk 50/50 Poz w/ 5% w-b0, 10% salt, 6% C-15, 1/4# Destander
					5# Gilsomite - 1.52 fl <sup>3</sup> /sk @ 13.8#
6:45					wash pumping lines
6:50	150		0	4	drop plug, disp csg
7:20	400		126	2	slow rate, test 10 bbls of disp
7:30	1000		135	0	land plug, float held
7:30	1500				pressure test csg @ 1500# for 30 min
8:00					test ok
8:15			13	3	plug rat + mouse holes w/ 50 sks
9:00					job complete

**Attachment to Hickok C-2 (API 15-067-21720)**

**Cement & Additives**

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 475	3% CC, 1/2# Polyflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Polyflake
Production	50-50 Poz	110	5% W-60, 10% Salt, 0.6% C-15, 5% Calseal, 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

April 05, 2011

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

Re: ACO1  
API 15-067-21720-00-00  
HICKOK C 2  
SW/4 Sec.18-30S-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