



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: _____



1053421

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 |
|---|---|

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|--|--|
| 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: _____ _____ |
|---|--|--|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | OXY USA Inc. |
| Well Name | BANE C 1 |
| Doc ID | 1053421 |

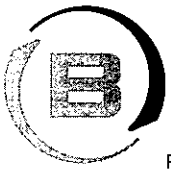
All Electric Logs Run

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

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | OXY USA Inc. |
| Well Name | BANE C 1 |
| Doc ID | 1053421 |

Tops

| Name | Top | Datum |
|---------------|------|-------|
| HEEBNER | 4310 | -1235 |
| LANSING | 4448 | -1373 |
| MARMATON | 4871 | -1796 |
| CHEROKEE | 5666 | -2591 |
| ATOKA | 5822 | -2747 |
| MORROW | 5942 | -2867 |
| CHESTER | 6434 | -3359 |
| ST. GENEVIEVE | 6630 | -3555 |



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 01295 A

DATE _____ TICKET NO. _____

| | | | | | | | | |
|-------------------------------|----------------|--|-----------------------------------|--|------------------------------|------------------------------|---------------------|---------------|
| DATE OF JOB: 3-2-11 | 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: Bane C#1 | | | | WELL NO.: | | |
| ADDRESS: | | COUNTY: Stevens | | STATE: KS | | | | |
| CITY: | | STATE: | | SERVICE CREW: T. Gibson, V. Vasquez, J. Martinez | | | | |
| AUTHORIZED BY: J. Bennett JRB | | JOB TYPE: 242 85% Surface | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE: 3-2-11 | TIME: 5:30 PM |
| 34726 | 7 | 14354 | 2 | | | ARRIVED AT JOB | | 7:30 PM |
| 19889 | 2 | 19578 | 5 | | | START OPERATION | | 3:00 AM |
| 19842 | 5 | | | | | FINISH OPERATION | | 6:00 AM |
| 14805 | 2 | | | | | RELEASED | | 6:00 AM |
| 19808 | 5 | | | | | MILES FROM STATION TO WELL | 60 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: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUNT |
|---------------------|---------------------------------------|-------|----------|------------|-----------|
| CL101 | A-Con | sk | 485 | | 9021 00 |
| CL110 | Premium Plus | sk | 120 | | 1956 00 |
| CC109 | Calcium Chloride | lb | 1594 | | 1673 70 |
| CC102 | Cellflake | lb | 573 | | 1010 10 |
| CC130 | C-51 | lb | 92 | | 2300 00 |
| CE1453 | 8 5/8 Flapper Type Insert | ea | 1 | | 280 00 |
| CE253 | Regular Guide Shoe | ea | 1 | | 380 00 |
| CE173 | Centralizer | ea | 12 | | 1740 00 |
| CE1903 | Basket | ea | 1 | | 315 00 |
| CE105 | Top Rubber Plug | ea | 1 | | 225 00 |
| E101 | Heavy Equipment Mileage | mi | 180 | | 1260 00 |
| CE240 | Blending & Mixing Service | sk | 605 | | 847 00 |
| E113 | Propriet & Bulk Delivery | sq/ft | 1707 | | 2731 20 |
| CE202 | Pump Depth: 1001-2000' | ea | 1 | | 1560 00 |
| CE504 | Plug Container | ea | 1 | | 250 00 |
| E100 | Unit Mileage | mi | 60 | | 255 00 |
| S003 | Service Supervisor | ea | 1 | | 175 00 |
| CE503 | Head Charge 30' | ea | 1 | | 300 00 |

AP LOCATION/DEPT. _____ D02 NON D02

LEASE WELL NO. ~~113~~ BANE C-1

SUB TOTAL \$16,172.40

MAXIMUM CHEMICAL / ACID DATA

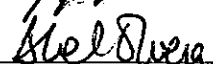
TASK: 0102 ELEMENT: 3023 SERVICE & EQUIPMENT %TAX ON \$

PRO: _____ CAPEX - Circle one MATERIALS %TAX ON \$

SPO / BPO UNSUPPORTED

PRINTED NAME: Jeff Gyll

SIGNATURE: 

SERVICE REPRESENTATIVE: 

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



Cement Report

| | | |
|--|----------------------------------|------------------------------|
| Customer Oxy USA | Lease No. | Date 3-2-11 |
| Lease Panel C | Well # 1 | Service Receipt 01295 |
| Casing 8 5/8" 24" Depth 1764.59' | County Stevens | State KS |
| Job Type 242 8 5/8" Surface | Legal Description 9-35-36 | |

| Pipe Data | | Perforating Data | | Cement Data |
|-------------------------------|--------------|------------------|----|-----------------------|
| Casing size 8 5/8" 24" | Tubing Size | Shots/Ft | | Lead 485 sk |
| Depth 1764.59' | Depth | From | To | A-Con |
| Volume 110 bbl | Volume | From | To | |
| Max Press 2000 | Max Press | From | To | Tail in 120 sk |
| Well Connection | Annulus Vol. | From | To | Prem, Plug |
| Plug Depth 1720.21' | Packer Depth | From | To | |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|------|-----------------|-----------------|--------------|-----------|--|
| 8:00 | | | | | on loc-site assessment |
| 8:15 | | | | | spot trucks- rig up |
| 9:30 | | | | | start csg + float equip. |
| 2:30 | | | | | Csg on btwn, break circ 30 min |
| 3:00 | | | | | safety meeting / ISA |
| 3:15 | | | | 25 | pressure test pumping lines 2000 ^{psi} |
| 3:20 | 150 | | 207.3 | 4 | Start mixing + pumping lead cmt 485 sk A-Con w/ 3% CC, 1/2# Cellulose, 2% W.A. 1 240 ft ³ /sk, 14.0 gal/sk @ 12.1 ppg |
| 4:15 | 100 | | 28.6 | 4 | Switch to tail cmt 120 sk Premium Plus w/ 2% CC, 1/4# Cellulose 1.34 ft ³ /sk, 6.33 gal/sk @ 14.8 ppg |
| 4:25 | | | | | finish cmt, drop plug |
| 4:26 | | | | | wash pumping lines |
| 4:26 | 0 | | 0 | 5 | drop csg |
| 4:50 | 700 | | 90 | 3 | slow rate last 20 bbl of disp |
| 4:55 | 850 | | 100 | 2 | slow rate last 10 bbl of disp |
| 5:00 | 1500 | | 110 | 0 | land plug float hold circ cmt to surface job complete |

| | | | | |
|---------------|--|--|--|--|
| Service Units | | | | |
| Driver Names | | | | |

Customer Representative _____ Station Manager Jimmy B. Smith Cementer _____ Taylor Printing, Inc.

Attachment to Bane C-1 (API 15-189-22762)

Cement & Additives

| String | Type | # of Sacks Used | Type and Percent Additives |
|------------|-----------|-----------------|----------------------------------|
| Surface | A-Con | Lead: 485 | 3% CC, 1/2# Cellflake, 0.2% WCA1 |
| | Prem Plus | Tail: 120 | 2% CC, 1/4# Cellflake |
| Production | | | |

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 06, 2011

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

Re: ACO1
API 15-189-22762-00-01
BANE C 1
NW/4 Sec.09-35S-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