



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: _____



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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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 <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method:			
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL H 1
Doc ID	1054092

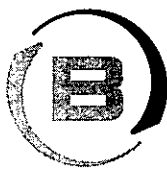
All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL H 1
Doc ID	1054092

Tops

Name	Top	Datum
CHASE	2572	
COUNCIL GROVE	2856	
HEEBNER	3923	
LANSING	3969	
ATOKA	4834	
MORROW	4884	
CHESTER	4950	
ST. LOUIS	5058	



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 01196 A

DATE _____ TICKET NO. _____

DATE OF JOB 12-19-10	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 Drusse 1		H		WELL NO. 1			
ADDRESS		COUNTY Finney		STATE KS					
CITY		STATE		SERVICE CREW I. Chavez, Ruben, Victor, David					
AUTHORIZED BY J. Bennett		JOB TYPE: 242 8 3/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 12-19-10	AM PM	TIME -1:00
19820	12	19827	12	19805	12	ARRIVED AT JOB	12-19-10	AM	PM-3:30
		19560	2	19808	2	START OPERATION	12-20-10	AM	PM-12:00
27402	12					FINISH OPERATION	12-20-10	AM	PM-1:30
						RELEASED	12-20-10	AM	PM-2:15
						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: *Herb Hunter*
(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	545		16137 00
CL110	Premium Plus Cement	SK	200		3260 00
CC109	Calcium Chloride	lb	1915		2010 75
CC102	Cello Flake	lb	323		1195 10
CC130	C-51	lb	103		2575 00
CF1453	Insert Float Valve	EA	1		280 00
CF253	Guide Shoe 8 3/8	EA	1		380 00
CF1773	Centralizer	EA	5		725 00
CF1903	8 3/8 Basket	EA	1		315 00
CF105	Top Rubber Plug	EA	1		225 00
E101	Heavy Equipment Mileage	mi	180		1260 00
CE240	Mixing & Blending Service Charge	SK	745		1043 00
E113	Bulk Delivery Charge	ton	2103		3364 50
CE202	Depth Charge	4hrs	1		1500 00
CE504	Plus Container Utilization Charge	job	1		250 00
E100	Pickup Mileage	mi	60		255 00
5003	Service Supervisor	EA	1		175 00
CE503	High Head Charge	job	1		300 00
CE403	Additional Hours	hr	4		2000 00
SUB TOTAL					19039 14

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Ernie Chace* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Herb Hunter*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

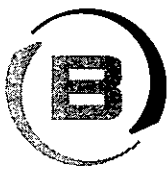
FIELD SERVICE ORDER NO.

Customer Oxy USA	Lease No.	Date 12-19-10
Lease Drussek H	Well # 1	
Field Order # 01196	Station Liberal, KS	Casing 8 3/4
		Depth 1950
Type Job 8 3/4 Surface 242		County Finney
		State KS
		Legal Description 35-25-33

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 3/4	Tubing Size	Shots/Ft		Acid 560 sk A-CW	RATE	PRESS	ISIP	
Depth 1956	Depth	From	To	Pre-Pad 2.4 F³ SK	Max		5 Min.	
Volume 121.5 bbls	Volume	From	To	Pad 200 sk Prom Plus	Min		10 Min.	
Max Press 1800	Max Press	From	To	Erase 1.34 F³ SK	Avg		15 Min.	
Well Connection 1502	Annulus Vol.	From	To	6.33 Gal-SK	HHP Used		Annulus Pressure	
Plug Depth 1908'	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative Herb Nutter	Station Manager J. Bennett	Treater James Chao
Service Units 19820 27462 19805 19808 19827 19566		
Driver Names J. Chao Ruben David C. Under T.		

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
1600					Arrive On Location
1620					Safety Meeting - Rig Up
1900					Rig Running In Casings
2310					Circulated w/Rig
2350					Connect to BES
2355		1800	.5	.5	Pressure Test
2400		490	239	5.5	Pump lead cmt @ 12.1 #'s
0040		255	48	3.5	Pump Tail cmt @ 14.8 #'s
0055					Drop Plus - Wash Up
0059		800	110	5.5	Displace
130		1200	12	2.0	Shutdown - Load Plus
		1200			Pressure Test Casing - Hold
					Release
					Job Complete
					Comment To Surface
					Thanks For Using Basic Energy



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 01370 A

DATE _____ TICKET NO. _____

DATE OF JOB 12-26-10 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 Dxy		LEASE Drussel "H"		WELL NO. 1					
ADDRESS		COUNTY Finney		STATE Ks					
CITY STATE		SERVICE CREW Cochran/Gibson/Orriz							
AUTHORIZED BY Bennett JRB		JOB TYPE: Z42 5 1/2 L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21755	6						12-26	PM	23:00
27808	6					ARRIVED AT JOB	12-26	PM	01:15
19553	6					START OPERATION	12-26	PM	04:00
14355	6					FINISH OPERATION	12-26	PM	05:35
14284	6					RELEASED	12-26	AM	07:00
						MILES FROM STATION TO WELL	63		

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 *Herb Huter*
(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	lb	891		445 50
CC103	C-15	lb	81		1012 50
CC107	C-42P	lb	34		272 00
CC201	Gilsonite	lb	800		536 00
CF1451	Insert	ea	1		215 00
CF251	Guide Shoe	ea	1		250 00
CF1778	Centralizer	ea	30		2250 00
CF103	Top Plug	ea	1		105 00
CC155	Super Flush II	gal	500		765 00
E101	Heavy Equip. Mileage	mi	100		7 00 00
CE240	Blending & Mixing Ser. Chrg	sk	160		224 00
E113	Bulk Delivery	TM	455		728 00
CE206	Depth Chrg. 5001'-6000'	4hr	1		2880 00
CE504	Plug Container	job	1		250 00
E100	Pickup Mileage	mi	50		212 50
5003	Service Supervisor	ea	1		175 00
CE503	Derrick Chrg.	ea	1		300 00

SUB TOTAL **8574 45**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u><i>Nicky Coche</i></u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u><i>Herb Huter</i></u> (WELL OWNER OPERATOR OR CONTRACTOR OR AGENT)
--	--

FIELD SERVICE ORDER NO.



Cement Report

Customer	Oxy USA		Lease No.	Date		12-26-10	
Lease	Drassel "H"		Well #	Service Receipt		1717 01370	
Casing	5 1/2	Depth	5228		County	Finney	
Job Type	242 5 1/2 L.S.		Formation	Legal Description		35 25 23	
State	KS						

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2 17#	Tubing Size	Shots/Ft	
Depth	5228	Depth	From	To
Volume		Volume	From	To
Max Press		Max Press	From	To
Well Connection	8 rd	Annulus Vol.	From	To
Plug Depth	5185	Packer Depth	From	To
				Tail in 160 sk 50/50 5 7/8 W-60 / 10 3/4 50H / 6 7/8 C-15 1 1/2 # (Detention) 5 # bitconite

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
01:15					on Loc. / Held Safety Meeting
01:15					Rig Running Csg.
02:40					Fast Pump + 61 Csg. on Bottom.
04:20	2500				Test Pump + Lines
04:22	500		5	5	Start fresh H ₂ O
04:23	500		12	5	Start Super Flush II
04:26	500		5	5	Start fresh H ₂ O
04:27	500		43	5	Start Cmt 160sk @ 13.8#
04:45					Shutdown + Wash up
04:50	100		0	5	Start Disp. w/ fresh H ₂ O
05:11	750		115	2	Slow Rate
05:18	1800		120	2	Bump Plug (Hold 15 min.)
05:30			120	0	Release / float Held
05:35					End Job
	800				Pressure Before Plug landed

Service Units	21755	27808-17553	14255-14284		
Driver Names	Cochran	Thibson	J. Ortiz		

Herb Nutter Customer Representative
 J. Bennett Station Manager
 M. Cochran Cementer

Attachment to Drussel H-1 (API 15-055-22089)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 560	3% CC, 1/2# Polyflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Polyflake
Production	50-50 Poz	160	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

April 14, 2011

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

Re: ACO1
API 15-055-22089-00-00
DRUSSEL H 1
SW/4 Sec.35-25S-33W
Finney 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