



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: _____



1055280

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LONGBOTHAM 5
Doc ID	1055280

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LONGBOTHAM 5
Doc ID	1055280

Tops

Name	Top	Datum
CHASE	2675	
COUNCIL GROVE	2985	
HEEBNER	4150	
LANSING	4220	
MARMATON	4840	
CHEROKEE	4985	
ATOKA	5140	
MORROW	5250	
CHESTER	5290	
ST. GENEVIEVE	5415	
ST. LOUIS	5525	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LONGBOTHAM 5
Doc ID	1055280

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	5552'-5561' ST. LOUIS	35 BBL 4% KCI	5552-5561
		ACID: 2000 GAL DS 15% HCI	5552-5561
		FLUSH: 1000 GAL 4% KCI	
		FRAC: 64125 GAL 60Q CO2 XLINK FOAM	5552-5561
		4% KCI WATER BASE,	
		101742 # WHITE 20/40 SAND	
		FLUSH: 5421 GAL 60Q CO2 LINEAR FLUSH	



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 01251 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-10-11 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 Longbottom		WELL NO. 5		
ADDRESS		COUNTY Haskell		STATE KS		
CITY STATE		SERVICE CREW J. Chavez, Ruben, Santiago, Victor				
AUTHORIZED BY Terry Bennett		JOB TYPE: 8 7/8 Surface 242				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 1-10-11 DATE AM- TIME 200
19820	16	14354	13	19828	13	ARRIVED AT JOB AM- PM 415
		19578	4	19883	4	START OPERATION AM- PM 300
27462	14					FINISH OPERATION AM- PM 520
						RELEASED AM- PM 630
						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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Cox Blend	SK	510		9486.00
CL110	Premium Plus Coat	SK	200		3260.00
CC109	Calcium Chloride	lb	1816		1906.80
CC102	CelloFlake	lb	305		1128.50
CC130	C-51	lb	96		2400.00
CF1453	Insert Float Valve	EA	1		280.00
CF253	Guide Shoe	EA	1		380.00
CF1773	Centralizer 8 7/8	EA	5		725.00
CF1903	8 7/8 Basket	EA	1		315.00
CF105	Top Rubber Plug	EA	1		225.00
E101	Heavy Equipment Mileage	mi	180		1260.00
CE240	Blending + Mixing Service Charge	SK	710		994.00
E113	Bulk Delivery Charge	TM	2004		3206.40
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				175.00
CE503	High Head Charge				300.00
CE403	Additional Hours	hr	7		3500.00

AP LOCATION/DEPT _____ DO2 NON DO2

LEASE/WELL/FAC **Longbottom 5**

MAXIMO/WSM # **1209**

TASK _____ ELEMENT **32110**

PROJECT # _____

PO/BPA/SEAL **Service & Equipment** %TAX ON \$ _____ UNSUPPORTED

Circle Dist Type _____

PRINTED NAME **Gabriel Calderon** %TAX ON \$ _____

SUB TOTAL **19216.77**

TOTAL _____

CHEMICAL / ACID DATA:			

SIGNATURE: *[Signature]*
I certify that these Services/Materials have been received

SERVICE REPRESENTATIVE *[Signature]*

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

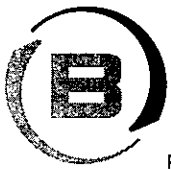
Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>1-10-11</i>		
Lease <i>Longbottom</i>		Well # <i>5</i>		Service Receipt <i>01251</i>		
Casing <i>8 5/8</i>	Depth <i>18</i>	County <i>Haskell</i>		State <i>KS</i>		
Job Type <i>Surface</i>		Formation		Legal Description <i>3-30-32</i>		
Pipe Data			Perforating Data		Cement Data	
Casing size <i>8 5/8</i>	Tubing Size		Shots/Ft		Lead	
Depth <i>1860</i>	Depth	From	To		<i>5105/L 12.1 #15</i>	
Volume <i>11561.5</i>	Volume	From	To		<i>ACOM 2.4 FT-SK</i>	
Max Press <i>1800</i>	Max Press	From	To		Tail in	
Well Connection <i>1502</i>	Annulus Vol.	From	To		<i>2005/L @ 14.8 #15</i>	
Plug Depth <i>1820</i>	Packer Depth	From	To		<i>1.34 FT-SK</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
<i>420</i>					<i>Arrive On Location</i>	
<i>430</i>					<i>Safety Meeting - Rig Up</i>	
<i>900</i>					<i>Rig Pumping In Casing</i>	
<i>250 PM</i>					<i>Circulate w/ Rig</i>	
<i>300</i>					<i>Hookup to 3523</i>	
<i>305</i>	<i>2000</i>		<i>.5</i>	<i>.5</i>	<i>Pressure Test</i>	
<i>310</i>	<i>500</i>		<i>2.7</i>	<i>5.0</i>	<i>Pump Lead amt @ 12.1 #15</i>	
<i>350</i>	<i>250</i>		<i>4.7</i>	<i>5.0</i>	<i>Pump Tail amt @ 14.8 #15</i>	
<i>410</i>					<i>Drop Plug - Wash Up</i>	
<i>415</i>	<i>700</i>		<i>10.5</i>	<i>5.0</i>	<i>Displace</i>	
<i>500</i>	<i>1500</i>		<i>10</i>	<i>2.0</i>	<i>Show Down - Land Plug</i>	
					<i>Floater Held</i>	
<i>530</i>					<i>Test Casing - O.K. - Passed</i>	
					<i>Cement To Surface</i>	
					<i>Job Complete</i>	
Service Units	<i>19820</i>	<i>2746.2</i>	<i>14354.19578</i>	<i>19828-18843</i>		
Driver Names	<i>J. Chavez</i>	<i>Robert M</i>	<i>Santiago C.</i>	<i>Victor V.</i>		

Gabriel
 Customer Representative

Serry Bennett
 Station Manager

Josuel Chavez
 Cementer
 Taylor Printing, Inc.



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 01433 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-18-11	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 Longbotham		WELL NO. 5			
ADDRESS		COUNTY Haskell		STATE Ks			
CITY		STATE		SERVICE CREW Cochran / Swadford / Vassquez			
AUTHORIZED BY		JOB TYPE: 242 5 1/2 Li.S.					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 1-18 TIME 02:30
21713	6					ARRIVED AT JOB	1-18 06:00
27808	6					START OPERATION	1-18 08:45
19533	6					FINISH OPERATION	1-18 10:50
19828	6					RELEASED	1-18 12:00
19883	6					MILES FROM STATION TO WELL	40

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, L.P.

George Lyerly
SIGNED: _____
(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	125		2325 00
CL104	50/50 Poz	sk	140		1540 00
CC113	Gypsum	lb	590		442 50
CC111	Salt	lb	779		389 50
CC103	C-15	lb	71		887 50
CC107	C-42P	lb	30		240 00
CC201	Gilsonite	lb	700		469 00
CF1351	Auto fill float collar	ea	1		410 00
CF251	Guide shoe	ea	1		250 00
CF1778	Centralizer	ea	25		1875 00
CF103	Top Plug	ea	1		105 00
CC155	Super Flush II	gal	500		765 00
E101	Heavy Equip. Mileage	mi	100		700 00
CE240	Blending & Mixing Serv. Chrg	sk	265		371 00
E113	Bulk Delivery	TM	590		944 00
CE206	Depth Chrg. 5001'-6000'	4hr	1		2886 00
CE564	Plug Container	sub	1		250 00
E100	Pickup Mileage	mi	50		212 50
5003	Service Supervisor	ea	1		175 00

SUB TOTAL **953420**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Nicky Cochran</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
---	---

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Attachment to Longbotham #5 (API 15-081-21927)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 510	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	A-Con	Lead: 75	2% CC, 2% Polyflake, 0.2% WCA-1
	50-50 Poz	Tail: 140	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

May 05, 2011

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

Re: ACO1
API 15-081-21927-00-00
LONGBOTHAM 5
SW/4 Sec.03-30S-32W
Haskell 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