



KANSAS CORPORATION COMMISSION 1056096
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	JAMES OPERATING UNIT A 7
Doc ID	1056096

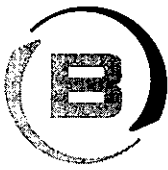
All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	JAMES OPERATING UNIT A 7
Doc ID	1056096

Tops

Name	Top	Datum
HEEBNER	4060	-1088
LANSING	4157	-1185
MARMATON	4740	-1768
CHEROKEE	4913	-1941
ATOKA	5092	-2120
MORROW	5214	-2242
CHESTER	5299	-2327
ST GENEVIEVE	5383	-2411
ST LOUIS	5448	-2476



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 01262 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-23-11 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 James Operating Unit "A" 7 WELL NO.							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW I. Chavez, Ruben, Juan, David							
AUTHORIZED BY Jerry Bennett JRB		JOB TYPE: 8 7/8 Surface 242							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							1-22-11		1000
19920	9	30464	7	33021	7	ARRIVED AT JOB	1-22-11	AM	1115
		19919	2	19566	2	START OPERATION	1-23-11	AM	250
19828	7					FINISH OPERATION		AM	430
19883	2					RELEASED		AM	530
						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: *Andy Goldyne*
(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	510		9486 00	
CL110	Premium Plus Cement	SK	200		3260 00	
CC109	Calcium Chloride	lb	1816		1906 80	
CC102	CelloFlake	lb	305		1128 50	
CC130	C-51	lb	916		2400 00	
CF453	Insert Float Valve	EA	1		280 00	
CF253	Guide Shoe	EA	1		380 00	
CF1773	Centralizer 8 5/8	EA	5		725 00	
CF1903	8 7/8 Basket	EA	1		315 00	
CF105	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 1001-2000	4hrs	1		1500 00	
CE504	Plug Container Utilization Charge	job	1		250 00	
E100	Pickup Mileage	mi	60		255 00	
S003	Service Supervisor	EA	1		175 00	
					SUB TOTAL	116936 77

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>James Chavez</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Andy Goldyne</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

Customer <i>Oxy USA</i>	Lease No.	Date <i>1-23-11</i>
Lease <i>Sammes Operating Unit "A"</i>	Well # <i>7</i>	Service Receipt <i>01262</i>
Casing <i>8 5/8 24#</i>	Depth <i>1826'</i>	County <i>HASKELL</i>
Job Type <i>8 5/8 Sur Fac 742</i>	Formation	State <i>KS</i>
		Legal Description <i>16-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>510SK A Con</i>
Depth <i>1831'</i>	Depth	From	To	<i>2.4 FT³ SK 12.1 #⁵</i>
Volume <i>114 b/s</i>	Volume	From	To	<i>14 Gal - SK</i>
Max Press <i>2000</i>	Max Press	From	To	Tail in <i>200 SK Prem. Plug Limit</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT³ SK 14.8 #⁵</i>
Plug Depth <i>1792'</i>	Packer Depth	From	To	<i>6.33 Gal - SK</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1120</i>					<i>Arrive On Location</i>
<i>1130</i>					<i>Safety Meeting - Rig Up</i>
<i>1120</i>					<i>Rig Running in Casing</i>
<i>215</i>					<i>Circulate w/ rig</i>
<i>240</i>					<i>Hook up to BES</i>
<i>250</i>	<i>2000</i>		<i>.5</i>	<i>.5</i>	<i>Pressure Test</i>
<i>255</i>	<i>400</i>		<i>218</i>	<i>5.0</i>	<i>Pump Lead out @ 12.1 #⁵</i>
<i>335</i>	<i>300</i>		<i>48</i>	<i>3.0</i>	<i>Pump Tail out @ 14.8 #⁵</i>
<i>355</i>					<i>Drop Plug - Wash Up</i>
<i>400</i>	<i>500</i>		<i>103</i>	<i>5.0</i>	<i>Displace</i>
<i>425</i>	<i>600</i>		<i>10</i>	<i>2.0</i>	<i>Slow down - Displace</i>
<i>430</i>	<i>1100</i>		<i>.5</i>	<i>.5</i>	<i>Land Plug - Float Held</i>
					<i>No Pipe Test - Head Leaked From Taddy, tore</i>
					<i>Cement To Sur Face</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>

Service Units	<i>19820</i>	<i>30441-19919</i>	<i>33021-19564</i>	<i>19828-19883</i>	
Driver Names	<i>J. Chavez</i>	<i>Ryben M</i>	<i>David C.</i>	<i>Jason O</i>	

Andy
Customer Representative

Jerry Bennett
Station Manager

Fernel Chavez
Cementer



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1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01276 A

DATE _____ TICKET NO. _____

DATE OF JOB: 2-2-11	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: James Operating Unit #A		WELL NO.: 7						
ADDRESS:	COUNTY: Haskell	STATE: KS							
CITY:	STATE:		SERVICE CREW: M. Stegman, J. Ortiz						
AUTHORIZED BY: J. Bennett	JOB TYPE: 242 5/2 Production								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
304726	5						2-2-11	AM	9:30
12978	2					ARRIVED AT JOB		AM	6:30
19919		ZAP LOCATION/DEPT: James Operating Unit				START OPERATION		AM	8:30
19828		LEASE/WELL/FAC: A 7				FINISH OPERATION		AM	10:00
19883		MAXIMO / WSM #				RELEASED		AM	11:00
TASK: 01-02		ELEMENT: 3023				MILES FROM STATION TO WELL	50 mi		

PROFIT # 6107846 CONTRACT # 171701276 (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 in whole or in part 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.

PRINTED NAME: Andy Hoddeyne
SIGNATURE: *Andy Hoddeyne*
I certify that these Services/Materials have been received.

SIGNED: *Andy Hoddeyne*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con	sk	100		2976 00
CL104	50/50 Poz	sk	140		1540 00
CC113	Gypsum	lb	690		442 50
CC111	Sol 4		779		389 50
CC103	L-15		71		887 50
CC107	L-42		30		240 00
CC201	Gilsonite		700		469 00
CC109	Calcium Chloride		302		317 10
CC102	Cell-Pake		40		148 00
CC130	G-51		31		775 00
CF135	5/8 Auto fill float collar	ea	1		410 00
CF251	Regular Guide Shoe	ea	1		250 00
CF118	Centratizer	ea	25		1875 00
CF103	Plus	ea	1		105 00
CC155	Super flush II	gal	500		765 00
E101	Heavy Equipment Mileage	mi	100		700 00
CF240	Blending + Mixing Service	sk	300		420 00
E113	Prep work + Bulk Delivery	hour	167.3		1076 80
CF206	Pump Dept - 5000-6000'	ea	1		2850 00
SUB TOTAL					10777 94

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Del Dan</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Andy Hoddeyne</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



BASIC
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	Oxig USA	Lease No.		Date	2-2-11
Lease	James Operating Unit A	Well #	7	Service Receipt	01276
Casing	5 1/2" 17#	Depth	5653'	County	Haskell
Job Type	242-5 1/2 Production	Formation		State	KS
				Legal Description	16-30-33

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2"	Tubing Size		Lead 110 sk A-Con
Depth	5653'	Depth	From To	
Volume	130 bbl	Volume	From To	Tail in 140 sk 50/50 POZ
Max Press	2000#	Max Press	From To	
Well Connection		Annulus Vol.	From To	
Plug Depth	5610'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:30					on loc-site assess ment
6:45					spot trucks rig up
8:00					safety meeting
8:30					pressure test pumping lines 2000#
8:31	250		5	4	pump 5 bbl H ₂ O spacer
8:32	250		12	4	pump 12 bbl superflush
8:37	250		5	4	pump 5 bbl H ₂ O spacer
8:40	00		13	3	mix & pump 50 sk for plug rate
					mouse holes @ 13.5 ppq
8:45	200		47	4	mix & pump 110 sk lead cut
					A-Con w/ 2% CC, 1/4# polyflake,
					2% WtA1
					2.39 ft ³ /sk, 13.93 gal/sk @ 12.1#
9:00	150		38	4	switch to tail cut 50/50 POZ
					5% Wt60, 10% salt, 6% C-15
					1/4# Destormer 5# Gilsomite
					1.02 ft ³ /sk, 6.65 gal/sk @ 13.8#
9:10					wash pumping lines - drop plug
9:15	0		0	5	disp csg
9:45	400		120	2	slow rate last 10 bbls of disp
10:00	1500		130	0	land plug - psi test csg @ 1500# - 10 min
10:10					float held job complete

Service Units				
Driver Names				

Customer Representative: _____ Station Manager: D. Bennett Cementer: A. Olvera Taylor Printing, Inc.

Attachment to James Operating Unit A-7 (API # 15-081-21928)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 510	3% CC, 1/2# Cellflake, 0.2% WCA1
	Class C	Tail: 200	2% CC, 1/4# Cellflake
Production	A-Con	Lead: 110	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 18, 2011

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

Re: ACO1
API 15-081-21928-00-00
JAMES OPERATING UNIT A 7
NW/4 Sec.16-30S-33W
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