



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 Bbbs.	Gas Mcf	Water Bbbs.	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) (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	CUNDIFF A 1
Doc ID	1057301

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	CUNDIFF A 1
Doc ID	1057301

Tops

Name	Top	Datum
HEEBNER	3754	-808
LANSING	3809	-863
SWOPE	4138	-1192
MARMATON	4274	-1328
CHEROKEE	4405	-1459
ATOKA	4471	-1525
MORROW	4587	-1641
ST. GENEVIEVE	4646	-1700

Form	ACO1 - Well Completion
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Well Name	CUNDIFF A 1
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	4498'-4511' ATOKA	25 BBL 7% KCL	4498-4511
		1000 GAL 7 % DS FE HCL ACID	4498-4511
		FLUSH 1250 GAL 7% KCL WATER	
6	4362'-4368 MARMATON	56 BBL 7% KCL	4362-4368
		1000 GAL DS FE HCL ACID	4362-4368
		FLUSH 1100 GAL 7% KCL WATER	
6	4044'-4048' LANSING	15 BBL 7% KCL	4044-4048
		750 GAL 15% DS FE HCL ACID	4044-4048
		FLUSH 1100 GAL 7% KCL WATER	
		SQUEEZE 229 SXS CL H-NEAT CMT	4044-4048



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 00056 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>2/9/11</u>	DISTRICT: <u>1717</u>	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: <u>Oxy USA</u>	LEASE: <u>Cundiff "A"</u>		WELL NO. <u>1</u>					
ADDRESS:	COUNTY: <u>Finner</u>	STATE: <u>Ks</u>						
CITY:	STATE:	SERVICE CREW: <u>Royce, Ed, Jose, Mickey, T.J</u>						
AUTHORIZED BY: <u>Tyca Davis</u>	JOB TYPE: <u>8 5/8 Surface</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>19486</u>	<u>15</u>	<u>14260</u>	<u>15</u>			<u>2-8-11</u>	<u>9:30</u>	
<u>19489</u>	<u>15</u>	<u>19828</u>	<u>17</u>			ARRIVED AT JOB	<u>2-8-11</u>	<u>12:47</u>
<u>19847</u>	<u>15</u>	<u>19533</u>	<u>17</u>			START OPERATION	<u>2-9-11</u>	<u>2:20</u>
<u>33021</u>	<u>15</u>	<u>21755</u>	<u>17</u>			FINISH OPERATION	<u>2-9-11</u>	<u>4:18</u>
<u>19568</u>	<u>15</u>					RELEASED	<u>2-9-11</u>	<u>5:18</u>
<u>14355</u>	<u>15</u>					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: Andy Goddard
(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	425		7905 00
CL110	Premium Plus	SK	200		3260 00
CC109	Calcium Chloride	lb	1576		1654 80
CC102	Celloflake	lb	263		973 10
CC130	C-51	lb	80		2000 00
CF1463	Flapper Type Float Valves 8 5/8	EA	1		280 00
CF253	Guide Shoe Reg 8 5/8	EA	1		380 00
CF1773	Centralizer	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	180		1260 00
CE240	Blending & Mixing Charge	SK	625		875 00
E113	Bulk Delivery Charge	Tm	1764		2822 40
CE202	Depth Charge 1001 to 2000	4hr	1		1500 00
CE504	Plug Costaker	Job	1		250 00
E100	Pickup Mileage	Mi	60		255 00
8003	Service Super 1507	EA	1		175 00
	Rig Time - 7 1/2 hrs				-3322 50

AP LOCATION/DEPT. Cundiff D02 NON D02

SUB TOTAL 11879.43

LEASE WELLS/AC
MAXIMO / WSM # 3023
TASK 01-02
PROJECT # 1109311

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

SPO/BPA
Printed Name: Andy Goddard
Signature: Andy Goddard

SERVICE REPRESENTATIVE: Chad Hine
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Andy Goddard
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Cement Report

Customer Oxy USA	Lease No.	Date 2-9-11
Lease Concliff 4"	Well # 1	Service Receipt
Casing 4 5/8	Depth 1917 RTD	County Finney State Ks
Job Type 5 7/8 surface	Formation	Legal Description 10-23-34

Pipe Data		Perforating Data		Cement Data
Casing size 4 5/8	Tubing Size	Shots/Ft		Lead 425 SA Con
Depth 1921	Depth	From	To	@12.1 # 380 Call, 1/2 #
Volume 118.86	Volume	From	To	Cellflake, 296 WCA-1
Max Press	Max Press	From	To	2.40 cu yd @ 14.00 per yd
Well Connection P.C.	Annulus Vol.	From	To	Tail in 200 yd from T.
Plug Depth	Packer Depth	From	To	@ 11.8 # 280 Call, 1/4 #
				Cellflake
				1.34 cu yd @ 6.55 per yd

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2/8/11 14:47					on loc, spot trucks, Rig up, wait for Pump truck
2-9-11					
01:00					safety meeting w/ Rig crew
02:20	2500 #				Post test
02:09	200 #		0	5	start mixing A-Con @ 17.1 #
03:16	150 #		182	5	switch to Tail @ 14.8 #
03:44	0		48	-	shut down, finished mixing
					Drop Plug
03:47	0		0	4.1	start Disp
04:09	800 #		88	3	slow Rate
04:11	670 #		96	2	slow Rate
04:16			108	1	slow Rate
04:26	900-1500		119	-	Plug Down
04:31	1500-0				Release Psi float held
					Job Complete
					Thank You
					Chad + crew

Service Units	19886	19889 19842	37021 19564	14355 14734	14528 14563	21755
Driver Names	C. Hinz	R. Olds	E. Mendoza	J. Martinez	T. Gibson	M. Cochran

Andy
Customer Representative

Jerry Bennett
Station Manager

Chad Hinz
Cementer



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 01304 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-16-11	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 Condiff A #1 WELL NO.						
ADDRESS	COUNTY Finney STATE K5						
CITY	STATE						
AUTHORIZED BY Terry Bennett JRB	SERVICE CREW J. Chavez, Ruben, Santos						
JOB TYPE: 5 1/2 Long Strin 242							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 2-16-11 AM 330 TIME
19820	10	30463	9	33021	9	ARRIVED AT JOB	AM 600 PM
		19843	3	19566	2	START OPERATION	AM 900 PM
						FINISH OPERATION	AM 145 PM
						RELEASED	AM 1145 PM
AP LOCATION/DEPT. MOSELY							MILES FROM STATION TO WELL 50
LEASE/WELL/FAC Condiff A-1							
MAXIMO / WSM #							

TAKE 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 the 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 BY: **Jeff Gill**
TITLE: **MOSELY**

SIGNED: **X** **Jeff Gill**
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED..received	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con Blend	SK	105		1953 00
CL104	50/50 POZ	SK	135		1485 00
CC113	Gya sum	lb	570		427 50
CC111	Salt	lb	752		376 00
CC103	C-15	lb	69		862 50
CC107	C-42P	lb	29		232 00
CC201	Gilsumite	lb	676		452 92
CC109	Calavan Chloride	lb	236		247 80
CC102	Cello Flake	lb	32		118 40
CC130	C-51	lb	24		600 00
CF1351	Auto Fill Float Collor 5/2	EA	1		410 00
CF251	Guide Shoe Resalor 5/2	EA	1		250 00
CF1778	Torboltzer 5/2	EA	25		1875 00
CF103	Top Rubber Plug	EA	1		105 00
CL155	Super Flush 11	gal	500		765 00
CL101	Heavy Equipment Mileage	mi	100		700 00
CE240	Blendmg & Mixing Charge	SK	260		364 00
E113	Bulk Delivery Charge	tm	580		928 00
CE206	Depth Charge	4hrs	1		2880 00
SUB TOTAL					9920 87
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
TOTAL					9977 42

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: **Samuel Chavez** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **Jeff Gill**
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>2-16-11</i>				
Lease <i>Cundiff "A"</i>		Well # <i>1</i>		Service Receipt <i>01304</i>				
Casing <i>5 1/2 15.5#</i>		Depth <i>5120'</i>		County <i>Finney</i> State <i>KS</i>				
Job Type <i>Long String 5 1/2 15.5</i>		Formation		Legal Description <i>10-23-34</i>				
Pipe Data			Perforating Data			Cement Data		
Casing size <i>5 1/2 15.5#</i>			Tubing Size			Lead <i>55sk A Conv Blend</i>		
Depth <i>5120'</i>			Depth					
Volume <i>120bls</i>			Volume			Shots/Ft		
Max Press <i>2000 psi</i>			Max Press			From		
Well Connection <i>5/2</i>			Annulus Vol.			To		
Plug Depth <i>5080'</i>			Packer Depth			From		
						To		
						Tail in <i>135sk</i>		
						<i>50/50 POT</i>		
						<i>1.6147 sk 7.36 Gal sk</i>		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log			
					<i>Yard Time 345AM Leavelyard 440</i>			
<i>610</i>					<i>Arrive On Location</i>			
<i>700</i>					<i>Safety Meeting - Rig Up</i>			
<i>610</i>					<i>Rig Running Casing</i>			
<i>735</i>					<i>Hook Up to Circulate w/rig</i>			
<i>850</i>					<i>Hook up to BES</i>			
<i>900</i>	<i>2000</i>		<i>.5</i>	<i>.5</i>	<i>Pressure Test</i>			
<i>904</i>	<i>475</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>			
<i>909</i>	<i>450</i>		<i>12</i>	<i>4.0</i>	<i>Pump Super Flush</i>			
<i>911</i>	<i>400</i>		<i>5</i>	<i>4.0</i>	<i>Pump Water Spacer</i>			
<i>914</i>	<i>300</i>		<i>22</i>	<i>4.0</i>	<i>Pump Lead cmt @ 12.1 #'s</i>			
<i>920</i>	<i>200</i>		<i>39</i>	<i>4.0</i>	<i>Pump Tail cmt @ 13.5 #'s</i>			
<i>930</i>					<i>Drop Plug - Wash Up</i>			
<i>933</i>	<i>400</i>		<i>100</i>	<i>6.0</i>	<i>Displace</i>			
<i>952</i>	<i>800</i>		<i>19</i>	<i>2.0</i>	<i>Slow Down - Displace</i>			
<i>1015</i>	<i>1300</i>		<i>.5</i>	<i>.5</i>	<i>Land Plug - Float Held</i>			
<i>1045</i>	<i>1500</i>		<i>1</i>	<i>.5</i>	<i>Pressure Up - TEST Casing - OK Held</i>			
<i>1050</i>					<i>Plug Rat + Mouse Hole w/50sk</i>			
<i>1145</i>					<i>Sub Complete</i>			
<i>Thanks For Using Basic Energy Services</i>								
Service Units		<i>19820</i>	<i>30463-19843</i>	<i>39021-19566</i>				
Driver Names		<i>E. Chavez</i>	<i>Ruban M</i>	<i>Santiago Chavez</i>				

Jeff Gill
Customer Representative

Jerry Bond
Station Manager

Samuel Chavez
Cementer

Attachment to Cundiff A-1 (API # 15-055-22093)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 425	3% CC, 1/2# Cellflake, 0.2% WCA1
	Class C	Tail: 200	2% CC, 1/4# Cellflake
Production	A-Con	Lead: 55	2%CC, 2% Polyflake, 0.2% WCA-1
	50-50 Poz	Tail: 135	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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 07, 2011

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

Re: ACO1
API 15-055-22093-00-00
CUNDIFF A 1
NW/4 Sec.10-23S-34W
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