



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
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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: _____



1059228

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)</i> <i>(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	SNIDER C 2
Doc ID	1059228

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SNIDER C 2
Doc ID	1059228

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	4600-4606 MARMATON	13 BBL 7% KCL	4600-4606
		ACID 200 GAL XYLENE, 1000 GAL 15% DS HCL-FE	4600-4606
		FLUSH 1200 GAL 7% KCL	
6	5044-5050, 5054- 5058 MORROW	ACID 250 GAL XYLENE, 100 GAL 7% DS HCL FE	5044-5058
		FLUSH 1300 GAL 7% HCL	
		FRAC 28342 GAL 70Q N-2 (W/ 7% KCL BASE)	5044-5058
		50545# 16/30 BROWN SAND, FLUSH 4842 GAL 70Q N-2	
6	5118-5128 MORROW	ACID 250 GAL XYLENE 2000 GAL 15% DS HCL-FE	5118-5128
		FLUSH 1300 GAL 7% KCL	



BASIC
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 01325 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-13-11 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 Snider C #2 WELL NO.							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW J. Chavez, Ruben, David, Santiago							
AUTHORIZED BY Serry Bennett IRB		JOB TYPE: 242 8 3/4 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19820	11	30464	10	19827	10	ARRIVED AT JOB	3-13-11		200
		19919	2	19883	2	START OPERATION			430
14355	10	AP LOCATION/DEPT. SNIDER C #2				FINISH OPERATION			1000
14284	2	LEASE/WELL/FAC				RELEASED			1230
MAXIMO / WSM #						MILES FROM STATION TO WELL	60		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).
PROJECT # **1109600** ELEMENT **3023**

The undersigned is authorized to execute this contract as an agent of the customer 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 the undersigned.

PRINTED NAME: **Andy Laddene** SIGNED: **Andy Laddene**
SIGNATURE: **Andy Laddene** (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Com Blend	SK	440		8184 00
CL110	Premium Plus Cement	SK	160		2608 00
CC109	Calcium Chloride	LB	1544		1621 20
CC102	CelloFlake	LB	260		962 00
CC130	C-51	LB	83		2075 00
CF1453	Insert Float Valve	EA	1		280 00
CF253	Guide Shoe 8 3/4	EA	1		380 00
CF1773	Centralizer	EA	12		1740 00
CF1903	8 3/4 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	600		840 00
E113	Bulk Delivery Charge	TN	1695		2712 00
CE202	Depth Charge	4hrs	1		1500 00
CE504	Plus Container Charge	job	1		250 00
E100	Pickup Mileage Charge	mi	60		255 00
S203	Service Supervisor	EA	1		175 00
CE503	Perrick Charge	job	1		300 00
				2hrs @ \$504	1008 00
				SUB TOTAL	14842 32

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: **J. Chavez** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **Andy Laddene**
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>3-13-11</i>	
Lease <i>Snider "C"</i>		Well # <i>2</i>		Service Receipt <i>01325</i>	
Casing <i>8 5/8 24</i>	Depth <i>1987</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>Surface 242</i>		Formation		Legal Description <i>22-27-34</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>		Tubing Size		Shots/Ft	
Depth <i>1933</i>		Depth		From	To
Volume <i>120 bbls</i>		Volume		From	To
Max Press <i>2000</i>		Max Press		From	To
Well Connection <i>8 5/8</i>		Annulus Vol.		From	To
Plug Depth <i>1951</i>		Packer Depth		From	To
				Lead <i>440sk A Con Blend</i>	
				<i>2.4 ft 3 sk 14 Gal-sk</i>	
				Tail in <i>Prom Plus Cmt</i>	
				<i>160 sk</i>	
				<i>1.34 ft 3 sk 6.3 Gal-sk</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log <i>Yard 200 AM</i>
<i>400</i>					<i>Arrive On Location</i>
<i>500</i>					<i>Safety Meeting Rig Up</i>
<i>600</i>					<i>Rig Running casing in</i>
<i>800</i>					<i>Problem w/ Pump motor JULK 2hrs</i>
<i>1000</i>	<i>2000</i>		<i>1.5</i>	<i>.5</i>	<i>Pressure Test</i>
<i>1010</i>	<i>400</i>		<i>190</i>	<i>4.0</i>	<i>Pump lead cmt @ 12.1 #'s</i>
<i>1100</i>	<i>300</i>		<i>38</i>	<i>2.0</i>	<i>Pump Tail cmt @ 14.8 #'s</i>
<i>1120</i>					<i>Drop Plus Wash Up</i>
<i>1125</i>	<i>600</i>		<i>110</i>	<i>5.0</i>	<i>Displace</i>
<i>1150</i>	<i>900</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down Displace</i>
<i>1200</i>	<i>1400</i>		<i>.5</i>	<i>.5</i>	<i>Land Plus - Float Held</i>
<i>1230</i>	<i>1500</i>				<i>Test Casing - OK</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>
Service Units <i>19820</i>		<i>30461-1999</i>	<i>19827-1983</i>	<i>14355-14284</i>	
Driver Names <i>I. Chavez</i>		<i>Ruba M</i>	<i>David C</i>	<i>Sandi C.</i>	

Andy

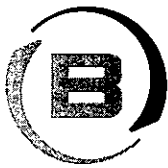
Customer Representative

Terry Bant

Station Manager

Ismael Chavez

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 01558 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-18-11 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 Snider C#2		WELL NO.		
ADDRESS		COUNTY Haskell		STATE KS		
CITY STATE		SERVICE CREW R. Martinez, D. Canaday				
AUTHORIZED BY J. Bennett JRB		JOB TYPE: 242-5 1/2" Production				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 3-18-11 DATE PM TIME 11:00
34726	10					ARRIVED AT JOB AM 12:00
30463	2					START OPERATION AM 7:00
19843	8					FINISH OPERATION AM 9:00
19827	2					RELEASED AM 10:00
19883	8					MILES FROM STATION TO WELL 50 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
CU03	60/40 Poz	sk	50		600 00
CU04	50/50 Poz	sk	175		1925 00
CU13	Gypsum	lb	735		551 25
CU11	Salt	lb	470		485 00
CU03	C-15	lb	89		1112 50
CU07	C-42P	lb	37		296 00
CC201	Gilsonite	lb	872		584 24
CC200	Gel	lb	86		21 50
CF1291	5/2" Sure Seal Float Collar	ea	1		640 00
CF1281	5/2" Sure Seal Float Shoe	ea	1		575 00
CF1778	5/2" Turbolizers	ea	25		1875 00
CF103	5/2" Top Rubber Plug	ea	1		105 00

AP LOCATION/DEPT. _____

LEASEWELL/FAC **SNIDER C-2**

MAXIMO / WSM # _____

TASK **01 02** ELEMENT **3033**

PRO **1109606** CAPEX / OPEX - Circle one

SPO **UNSUPPORTED**

PRINTED NAME **Jeff Gill**

SIGNATURE: _____

I hereby certify that these Services/Materials have been received

SUB TOT. **\$10,155 30**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Del Owen	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
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FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer Oxy USA	Lease No.	Date 3-18-11
Lease Snider C	Well # 2	Service Receipt 01558
Casing 5 1/2" 17# Depth 5434'	County Haskell	State KS
Job Type 242-5/2" Production	Formation	Legal Description 22-27-34

Pipe Data		Perforating Data		Cement Data
Casing size 5 1/2" 17#	Tubing Size	Shots/Ft		Lead 175 sk 50/50 Poz + additives Tail in
Depth 5434'	Depth	From	To	
Volume 126 bbl	Volume	From	To	
Max Press 1500#	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth 5392'	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00					on loc-site assessment (run in csg)
1:05					spot trucks-rig up
6:00					csg on btm, rig up head + manifold 10' in air break circ 1 hr
6:15					safety meeting / JSA
7:00					pressure test + pumping lines 2000#
7:01	200		5	4	pump 5 bbl H ₂ O spacer
7:03	200		12	4	pump 12 bbl (500 gal) Superflush
7:07	200		5	4	pump 5 bbl H ₂ O spacer
7:15	200		47.4	4	mix + pump 175 sk 50/50 Poz 5% w-60, 10% Salt, 6% C-15, 1/4# Oestramer, 5# Gilsentite 1.52 ft ³ /sk, 6.65 gal/sk @ 13.8 ppq
7:30					wash pumping lines
7:35	0		0	5.5	drop plug, disp csg
7:55	950		115	2	slow rate lost 10 bbls of disp
8:00	1500		125.3	0	land plug, float hold = 5 min, 500# ^{out}
8:05	1500				psi test csg 30 min @ 1500#
8:40	50		13	3	plug rat + mouse holes w/ 50 sk 60/40 poz - 1.50 ft ³ /sk, 7.50 gal/sk @ 135# job complete

Service Units				
Driver Names				

Customer Representative _____ Station Manager _____ Cementer _____ Taylor Printing, Inc.

Attachment to Snider C-2 (API # 15-081-21929)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 440	3% CC, 1/2# Cellflake, 0.2% WCA1
	Class C	Tail: 160	2% CC, 1/4# Cellflake
Production	50-50 Poz	175	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

July 08, 2011

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

Re: ACO1
API 15-081-21929-00-00
SNIDER C 2
SW/4 Sec.22-27S-34W
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,
BETH HICKERT