



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: _____



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	JAMES OPERATING UNIT A-8
Doc ID	1059862

All Electric Logs Run

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

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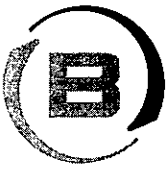
Tops

Name	Top	Datum
HEEBNER	4067	-1095
LANSING	4162	-1190
MARMATON	4744	-1772
CHEROKEE	4919	-1947
ATOKA	5100	-2128
MORROW	5216	-2244
CHESTER	5305	-2333
ST. GENEVIEVE	5387	-2415
ST. LOUIS	5454	-2482

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	CHESTER 5314-5319	35 BBL 7% KCL	5314-5319
		ACID: 1250 GAL. 15% HCL FLUSH 925 GAL 2% KCL	5314-5319
		FRAC: 20500 X FRAC GEL FLUID W/ 7% KCL BASE	5314-5319
		52500# 16/30 BROWN SAND FLUSH: 2058 GAL L FRAC	
		CIBP W/ 2 SKS CMT	4730
6	MARMATON (SQUEEZED) 4778- 4784		4778-4784
6	KANSAS CITY 4598- 4613		4598-4613
		ACID: 72 BBL OF 15% ACID FLUSH: 20 BBL 2% KCL	4598-4613



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 01561 A

DATE _____ TICKET NO. _____

DATE OF JOB: 3-23-11	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		WELL NO. # 8						
ADDRESS:	COUNTY: Haskell	STATE: KS							
CITY:	STATE:	SERVICE CREW: T. Gibson, V. Vasquez, J. Ortiz							
AUTHORIZED BY: J. Bennett	JOB TYPE: 242-958		Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34126		14354	2				3-23-11	AM	12:00
30464	2	14518	2					AM	4:00
19919	2							AM	
14355	2							AM	
14284								AM	
						ARRIVED AT JOB		AM	
						START OPERATION		AM	
						FINISH OPERATION		AM	
						RELEASED		AM	
						MILES FROM STATION TO WELL	60 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: *Jim M. Keel*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	AMOUNT
CL101	A-Con	sk	315		58.50
CL110	Premium Plus	sk	130		21.90
CC109	Calcium Chloride	lb	1137		119.385
CC102	Cellulose	lb	191		70.20
CC130	C-51	lb	60		15.00
CF1295	95/8" Accu-Seal Float Collar	ea	1		7.50
CF1284	Accu-Seal Float Shoe				13.50
CF1781	Centralizer		10		16.00
CF1904	Basket				3.40
CF504	Stop Ring				1.00
CF106	Top Rubber Plug				1.00
CF3000	Industrial Rubber Thread Lock		12		1.20
E101	Heavy Equipment Mileage	mi	180		12.60
CE240	Blending & Mixing Service	sk	445		623.00
E113	Proppant + Bulk Delivery	cu/yd	1260		151.20
CE202	Pump Depth: 1001-2000'	ea	1		150.00
CE504	Plug container	ea	1		1.00
E100	Unit Mileage	mi	60		8.40
S003	Service Supervisor	ea	1		175.00
SUB TOTAL					16,210.53

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Juel Rivera*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Jim M. Keel*

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Cement Report

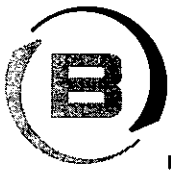
Customer Oxy USA	Lease No.	Date 3-23-11
Lease James Operating Unit	Well# # 8	Service Receipt 01561
Casing 9 5/8" 36#	Depth 1800'	County Maskell
Job Type 242 9 5/8 Surface	Formation	State KS
Legal Description 16-30-33		

Pipe Data		Perforating Data		Cement Data
Casing size 9 5/8" 36#	Tubing Size	Shots/Ft		Lead 315 SK A-Cem
Depth 1800'	Depth	From	To	
Volume 136 bbl	Volume	From	To	
Max Press 1500#	Max Press	From	To	Tail in 130 SK Prem. Plus
Well Connection	Annulus Vol.	From	To	
Plug Depth 1760'	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00am					on loc-site assessment
					spot trucks - rig up
					start csg & float equip.
					csg on botm, break circ
					pressure test pumping lines zero#
2:40	200		135	6	start mixing & pumping lead cement
					35 sk A-Cem w/ 3% CC, 1/2# CellFlake, 2% WtA
					240 A 3/8", 14.0 gal/sk @ 12.1 ppq
3:05	650		31	6	switch to tail cement 130 SK Premium Plus
					w/ 2% CC, 1/2# CellFlake
					134 A 3/8", 6.33 gal/sk @ 14.8 ppq
3:20	0		0	6	drop plug, disp csg
3:40	900		126	2	slow rate last 10 bbls, of disp
3:45	1500		136	0	land plug, float hold
3:50					csg test to 1500# 30 min
4:30					to be complete
					circ cement to surface

Service Units	34726	30464	19919	14355-14282	14354-19578
Driver Names	A. Olvera	T. Gibson	V. Vasquez	J. Ortiz	

J. Gill Customer Representative
 J. Bennett Station Manager
 A. Olvera Cementer



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PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 01603 A

DATE _____ TICKET NO. _____

DATE OF JOB: 3/30/11		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. 8				
ADDRESS:		COUNTY: Haskell		STATE: KS				
CITY:		STATE:		SERVICE CREW: Royce, Santiago				
AUTHORIZED BY: Tyce Davis		JRB		JOB TYPE: 7" Longstring				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19455	4.5			James Operating Unit 'A'				1:00
30463	8.5	AP LOCATION/DEPT.		DOZ		ARRIVED AT JOB		3:30
19443	8.5	LEASE/WELL/FAC				START OPERATION		8:30
14355	8.5	MAXIMO / WSM #				FINISH OPERATION		11:10
14264	8.5	TASK: 01-02		ELEMENT		RELEASED		12:00
		PROJECT #	1109598	CAPEX / OPEX - CIRC		MILES FROM STATION TO WELL		50

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 **X**
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/60 P0Z	SK	285		3135 00
CC113	Gypsum	lb	1200		900 00
CC111	Salt	lb	1583		791 50
CC103	C-15	lb	144		1800 00
CC107	C-42 P	lb	60		480 00
CC201	Gilsonite	lb	1425		954 75
CF352	Guide Shoe Reg. 7"	EA	1		300 00
CF1352	Auto fill float collar 7"	EA	1		500 00
CF1740	Centralizer 7" x 8 1/2" turbo	EA	25		2500 00
CF104	TOP Rubber Plug 7"	EA	1		110 00
CF502	stop ring 4"	EA	1		40 00
CC155	superflush 11	gal	500		765 00
E101	Heavy Equip Mileage	Mi	100		700 00
CE240	Blending & Mixing Charge	SK	285		399 00
E113	Bulk Delivery Charge	tm	600		960 00
CE206	Depth Charge 5001 to 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

SUB TOTAL **11,227.30**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Chad Hinz	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Andy Jolley
FIELD SERVICE ORDER NO. _____	(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)



Cement Report

Customer Oxy USA	Lease No.	Date 3/30/11
Lease James Operating Unit "A"	Well # 3	Service Receipt
Casing 7" 26# Depth 5640'	County Baswell	State KS
Job Type 7" L.S.	Formation	Legal Description 16-30-33

Pipe Data		Perforating Data		Cement Data
Casing size 7" 26#	Tubing Size	Shots/Ft		Lead 50/50 POZ 285 @ 13.8# 1.52 aft/ft 6.65 gal/ft 5% W-60, 10% salt 16% Ca-15, 1/4" Delemor Tail in 5" Gilsonite
Depth 5640'	Depth	From	To	
Volume 213.7	Volume	From	To	
Max Press 2500	Max Press	From	To	
Well Connection P.C.	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
03:30					on loc
07:00					Break Circ
08:15					softing mtg
08:30	3300				psi test
08:33	200		12	4	Pump super flush
08:37	200		5	4	H2O spacer
08:44					plug RTM
08:58	200		0	5	st mix 235 sx
09:15	0		64	-	Finish Mixing
09:16					Washup to Pit
09:20	0		0	5	start Disp
10:00	450		190	2	slow Rate
10:15	1000-1500		217 214.5	-	check float valves, Float OK
10:30	1000-1500		214.5		Land Plus
10:40	0-2500				psi test
11:10	2500-0				Release Psi, Float OK
					Job Complete
					Thank You
					Chad + Crew

Service Units	194888	3046319445	14355	14284
Driver Names	C. Hinz	R. Olds	S. Chance	

Andy Customer Representative
 Jerry Bennett Station Manager
 Chad Hinz Cementer

Attachment to James Operating Unit A-8 (API # 15-081-21930)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 315	3% CC, 1/2# Cellflake, 0.2% WCA1
	Class C	Tail: 130	2% CC, 1/4# Cellflake
Production	50-50 Poz	235	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 19, 2011

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

Re: ACO1
API 15-081-21930-00-00
JAMES OPERATING UNIT A-8
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,
BETH HICKERT