



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: _____



1060951

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	WILLIAMS I-1
Doc ID	1060951

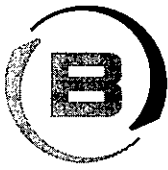
All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WILLIAMS I-1
Doc ID	1060951

Tops

Name	Top	Datum
HEEBNER	4056	-1084
LANSING	4149	-1177
MARMATON	4771	-1799
CHEROKEE	4934	-1962
ATOKA	5120	-2148
MORROW	5237	-2265
CHESTER	5350	-2378
ST. GENEVIEVE	5395	-2423
ST. LOUIS	5467	-2495



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 01612 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>4/11/11</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>Williams "I" #1</u>		WELL NO.				
ADDRESS		COUNTY <u>Haskell</u>		STATE <u>KS</u>				
CITY		STATE		SERVICE CREW <u>Royce, Jose, Juan</u>				
AUTHORIZED BY <u>Tyler Davis</u>		JOB TYPE: <u>8 5/8 Surface 242</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>194853</u>	<u>4</u>	<u>194853</u>	<u>4</u>				<u>4/11/11</u>	<u>6:00 AM</u>
<u>300163</u>	<u>4</u>					ARRIVED AT JOB		<u>7:00 AM</u>
<u>194843</u>	<u>4</u>					START OPERATION	<u>4/12/11</u>	<u>12:25 PM</u>
<u>33021</u>	<u>4</u>					FINISH OPERATION		<u>2:18 PM</u>
<u>19566</u>	<u>4</u>					RELEASED		<u>3:00 PM</u>
<u>194827</u>	<u>4</u>					MILES FROM STATION TO WELL		<u>60</u>

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 [Signature]
(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	400		7440 00
CL110	Premium Plus	SK	160		2608 00
CC109	Calcium Chloride	lb	1430		1501 50
CC102	Celloflake	lb	240		888 00
CC130	C-51	lb	176		1900 00
CF1283	Accu-Seal Float Shoe 8 5/8"	EA	1		750 00
CF1294	Accu-Seal Float Collar 8 5/8"	EA	1		1050 00
CF1773	Centralizer	EA	10		1450 00
CF1903	Basket 8 5/8"	EA	1		315 00
CF105	Top Rubber Plug 8 5/8"	EA	1		225 00
CF503	Stop Ring 8 5/8"	EA	1		44 00
E101	Heavy Equip Mileage	Mi	180		260 00
CE240	Blending + Mixing Charge	SK	560		784 00
E113	Bulk Delivery Charge	mi	1581		2529 60
CE202	Depth Charge 1001' to 2000'	hr	1		1500 00
CE504	Plug Container	Sob	1		250 00
E100	Pickup Mileage	Mi	60		255 00
5003	Service Super V1502	EA	1		175 00

SUB TOTAL 116730 16

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 [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer: Oxy USA	Lease No.	Date: 4/11/11
Lease: Williams I	Well #: 1	Service Receipt
Casing: 4 5/8"	Depth	County: Haskell State: KS
Job Type: 6 7/8" surface	Formation	Legal Description: 7-30-33

Pipe Data		Perforating Data		Cement Data
Casing size: 4 5/8"	Tubing Size	Shots/Ft		Lead 400sk A-Con 3% CaCl, 1/2# Cellflake 1.2% WCA @ 12.1# 2.40 cuft/sk 14.00 gal/sk Tail in 160sk Prem. Plus 3% CaCl, 1/4# Cellflake @ 14.8# 6.33 gal/sk 1.34 cuft/sk
Depth: 1756' Rtd	Depth	From	To	
Volume: 109.0'	Volume	From	To	
Max Press: 1500#	Max Press	From	To	
Well Connection: P.C.	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
15:00					on loc, spot trucks, rig up, safety nets
					safety net w/ rig
4/12 01:25	2500#				psi test
01:28	200#		0	5	st mix A-con @ 12.1#
01:58	100#		171	5	switch to Prem Plus @ 14.8#
01:09	0		38	-	shut down, drop plug
01:30	0		0	5	start disp, washup on plug
01:34	600#		99	2	slow rate
01:40	700-1200		109	-	plug down
01:45	1200-0				check floats (held)
01:48	0-2500				psi up hold 30 min
02:18	2500-0				release psi
02:20					job complete

Service Units	198868	3046319843	3307119566	1982919868
Driver Names	CHinz	R. Olds	S. Martinez	J. Ortiz

Andy Customer Representative
 Serry Bennett Station Manager
 Chad Hinz Cementer



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Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01680 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-17-11	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 Williams "I"		WELL NO. 1			
ADDRESS		COUNTY Haskell		STATE Ks			
CITY		STATE		SERVICE CREW Cochran/Mendoza/Ortiz			
AUTHORIZED BY Bennett JRB		JOB TYPE: 242 5 1/2 L.S.					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 4-17 TIME 01:00
21753	9					ARRIVED AT JOB	4-17 03:30
27808	9					START OPERATION	4-17 09:11
19553	9					FINISH OPERATION	4-17 11:45
33021	9					RELEASED	4-17 12:30
19566	9					MILES FROM STATION TO WELL	42

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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 Po2	sk	315		3465 00
CC113	Gypsum	lb	1325		993 75
CC111	Salt	lb	1748		874 00
CC103	C-15	lb	159		1987 50
CC107	C-42P	lb	67		536 00
CC201	Gilsonite	lb	1575		1055 25
CF1281	Accu-Seal float Shoe	ea	1		575 00
CF1291	Accu-Seal float Collar	ea	1		640 00
CF1778	Centralizer	ea	15		1125 00
CF501	Stop Ring	ea	1		40 00
CF103	Top Plug	ea	1		105 00
CC155	Superflush II	gal	500		765 00
E101	Heavy Equip. Mileage	mi	80		560 00
CE240	Blending + Mixing Serv. Chrg.	sk	315		441 00
E113	Bulk Delivery Chrg.	TM	530		848 00

SUB TOTAL **13,098.69**

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. **D02 NON D02**

LEASEWELL EQUIPMENT **Williams I-1**

MAXIMUM WSM # _____ %TAX ON \$ _____

TASK **0102** ELEMENT **3023**

PROJECT # **1112253** CAPEX / OPEX - Circle one

SPO / EPA UNSUPPORTED

PRINTED NAME **Jeff Gill**

SERVICE REPRESENTATIVE *[Signature]* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>4-17-11</i>
Lease <i>Williams "I"</i>	Well # <i>1</i>	Service Receipt <i>1717 1680</i>
Casing <i>5 1/2</i>	Depth <i>5541</i>	County <i>Haskell</i> State <i>Ks</i>
Job Type <i>Z42 5 1/2 L.S.</i>	Formation	Legal Description <i>7 30 33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>	Tubing Size	Shots/Ft		Lead
Depth	Depth	From	To	
Volume	Volume	From	To	
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth <i>5498</i>	Packer Depth	From	To	

Tail in 315 sk 50/50 puz
 57 W-60-102 58 ft
 62 C-15-1/4 # Data max
 5" Nitronite 1.52 H₂O
 6.65 sk @ 15.8 (1.8)

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
03:20					on Loc. / Held Safety Meeting
03:25					Rig Running Csg. (wait on Rig to move move Equip. to spot in + rig up)
07:35					Csg on Bottom Cir. w/ Rig
07:45					Spot Equip. + Rig UP
09:11	3600				Test Pump + Lines
09:13	500		5	5	Start Fresh H ₂ O
09:14	500		12	5	Start Super Flush II
09:17	500		5	5	Start fresh H ₂ O
09:18	550		72	4	Start Cmt 265 sk @ 13.8 ^{ft}
09:37					Shutdown + Wash up
09:39					Drop Plug
09:46	300		0	6	Start Disp. w/ Fresh H ₂ O
10:05	1100		117	2	Slow Rate
10:09	1050		127.5	2	Bump Plug
10:15	0		126.2	0	Release / Lost Held :75 bbl back
10:18	2500				Pressure Test Csg
10:56					Release
11:17	200		8	3	Plug Ret Hole w/ 30 sk @ 13.8 ^{ft}
11:23	200		5	3	Plug Mouse Hole w/ 20 sk @ 13.8 ^{ft}
11:27					Wash up
11:38					End Job
	1200				Pressure Before Plug landed

Service Units	<i>21755</i>	<i>2780819553</i>	<i>3302119566</i>
Driver Names	<i>Cochran</i>	<i>Mendoza</i>	<i>Ortiz</i>

Jeff
Customer Representative
J. Bennett
Station Manager
M. Cochran
Cementor

Attachment to Williams I-1 (API # 15-081-21933)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 400	3% CC, 1/2# Cellflake, 0.2% WCA1
	Class C	Tail: 160	2% CC, 1/4# Cellflake
Production	50-50 Poz	265	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

August 05, 2011

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

Re: ACO1
API 15-081-21933-00-00
WILLIAMS I-1
SW/4 Sec.07-30S-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