

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1061920

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from Fast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	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
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
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 #: Permit #: Dual Completion Permit #: Permit #: SWD Permit #: Permit #: GSW Permit #: Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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:						

	Side Two	1061920
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nan	ie		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre>Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASIN	G RECORD	ew Used			
		Report all strings se	et-conductor, surface, int	ermediate, product	ion, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot PERFORATION RECORD - Bridg Specify Footage of Each Inter			RD - Bridge P Each Interval F	lugs Set/Typ Perforated	e	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth	
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	ł.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF (BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold Used on Lease			Open Hole	Perf.	Uually (Submit /	Comp. ACO-5)	Commingled (Submit ACO-4)			
(If vented, Sul	bmit ACC)-18.)		Other (Specify)						<u></u>

Attachment to White C-2 (API # 15-129-21377)

Perforation	Record						
SPF	Perforation Record	Acid, Frac, Shot, Cement Squeeze					
4	4820-4832 Morrow (Original)		4820-4832				
		CIBP w/ 2 sx CMT	4750				
4	3627-3632 Marmaton (Isolated)	45 bbls 2% KCl	3627-3632				
		Acid: 12 bbls 17% DS FEHCI Flush: 18 bbls 2% KCI	3627-3632				
		RBP w/ 2 sx CMT	3550				
4	3250-3258, 3279-3283 Toronto (Isolated)	35 bbls 2% KCl	3116-3283				
	3116-3122, 3164-3177, 3186-3208,						
	3214-3218, 3222-3232 Topeka (Isolated)						
		Acid: 12 bbls 17% DS FEHCI Flush: 14 bbls 2% KCI	3116-3283				
4	2907-2913, 2931-2955, 2964-2977,	34 bbls 2 % KCl	2907-3059				
	2990-2998, 3028-3059 Topeka (Isolated)						
		Acid: 8000 gal 17% DS FEHCI Flush: 22 bbls 2% KCI	2907-3059				
		RBP	2735				
4	2677-2682, 2690-2695, 2698-2703,	25 bbls 2% KCl	2677-2771				
	2708-2717, 2740-2749, 2768-2771						
	Wabausee						
		Acid: 25000 gal 17% DS FEHCI Flush: 22 bbls 2% KCI	2677-2771				
		Frac: 75000# 12/20 Brady Sand, 341 bbls LFrac30,	2677-2771				
		322 mscf N2					



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

FIELD SERVICE TICKET 1717 **01744** A

							DATE	TICKET NO		
	- 3-11	DISTRICT 1717								TOMER ER NO.:
	LU US	A			LEASE 6	Viit	1 ("	Ħ	2 "	VELL NO.
ADDRESS	• /				COUNTY	Nor	ton	STATE (165	
CITY		STATE			SERVICE CI	REWR	oyce, V	icto7		
AUTHORIZED B	or Tycl	JRB			JOB TYPE: 4	Sauce	eté	Z46		
EQUIPMENT	T# HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALL	.ED	DATE	PM 5,00
14466 2511/2	<u> </u>						ARRIVED AT	JOB		FM S 3
50005 16612							START OPER	RATION		810100
11366	G						FINISH OPER	RATION		AM4/31
14744							RELEASED			CHS:30
							MILES FROM	STATION TO V		5
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. SIGNER, OPERATOR, CONTRACTOR OR AGENT)										
ITEM/PRICE REF. NO.	N	IATERIAL, EQUIPMENT	AND SERV	/ICES USI	ED	UNIT	QUANTITY	UNIT PRICI	E	\$ AMOUNT
CU100	Premiu	m Cement				SK	300		4	4 800 00
CC 109	Calcior	nchloride				116	376		3	94. 80
C 151	mudf	lush				Gal	500		4	30 50

<u>CC 109</u>	Calcionchloricle	b	376			80
	mudflush	Gall	500		430	50
EIOL	Heavy Equip, Mileach	mili	25		136	80 80 80 80 80
CE 240	Boneling + Mixing Charge	SK	46Ŏ		56	
E113	BULK Delivery Charge	tmi	222		195	520
CE203	Depth Charge 2001 +6 3000'	yhr			4801	\mathcal{O}
E100	Pickup Millage	M	45		27	6 25 5 00
6003	Service Super 11307	ĒA	1		17:	5 00
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY

CHEMICAL / ACID DATA:							

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

TOTAL

+9579

SERVICE REPRESENTATIVE

A561 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

	BASIC	
C	ENERGY SERVICES Liberal, Kansas	

Lease With Well # Z Service Receipt Casing 5//z Depth County Morton State Job Type 54000000000000000000000000000000000000	\leq		I, Kansas		·····				
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Job Type Sq. 12(3:20) Pormation Legal Description 28 - 33 - 4/2 Pipe Data Perforating Data Cement Data Casing size $f/7$ Tubing Size $3/4$ Shots/Ft Lead To 5.7 PMBP 2(40) Depth 2555 From To 3% 0 Cas(4) Value 1.5 Volume 2.8 From To 3% 0 Cas(4) Well Connection 5.0000 Annulus Vol. From To Net of 1.7 0 Strategies Well Connection 5.0000 Annulus Vol. From To Net of 1.7 0 Strategies Plug Depth From To Net of 1.7 0 Strategies Net of 1.7 0 Strategies Pressure Pressure Pressure Bbls. Pumbed Rate Service Log 0751 30 O Z Load b.7 5. IO Z cas(a) 10.721 500 355 Foom To S. Z(1.000 Strategies) 10.721 500 355 Case(a) IO Z case(a) 10.721 500 355 Case(a) IO Z case(a) 10.721 500 355 Case(a) IO Z case(a) 10.721 500 20 Z case	Lease (1)	hite	"Cu		4		Service Receipt		
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Customer Representative

Cementer

Taylor Printing, Inc.

Station Manager

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

September 15, 2011

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

Re: ACO1 API 15-129-21377-00-00 WHITE C 2 NE/4 Sec.28-33S-42W Morton 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