



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: _____



1062394

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> <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	ETTA MCCOY A-1
Doc ID	1062394

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ETTA MCCOY A-1
Doc ID	1062394

Tops

Name	Top	Datum
COUNCIL GROVE	3000	
HEEBNER	4163	
LANSING	4221	
IOLA	4434	
SWOPE	4685	
MARMATON	4862	
CHEROKEE	5023	
ATOKA	5190	
CHESTER	5371	
ST. GENEVIEVE	5473	
ST. LOUIS	5559	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ETTA MCCOY A-1
Doc ID	1062394

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5590-5602 ST. LOUIS	20 BBL 5% NH4CL	5590-5602
		ACID: 500 GAL 10% ACETIC ACID THEN 1300 GAL	5590-5602
		7.5% DS HCLFE FLUSH: 12 BBL NH4CL THEN 25 BBL 5% KCL	
	CIBP	2 SX CMT	5550
4	5342-5368 CHESTER	20 BBL 5% NH4CL	5342-5368
		ACID: 1000 GAL 10% ACETIC ACID THEN 2000 GAL	5342-5368
		DS HCLFE THEN 1000 GAL 7.5% DS HCLFE	
		FLUSH: 32 BBL 7% KCL	
		FRAC: 108,000# 20/40 SAND & 549 BBL 70QN2 FOAM	5342-5368



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 01707 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-6-11	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: ETHA McCoy #1		WELL NO.:					
ADDRESS:		COUNTY: Haskell		STATE: KS					
CITY:		STATE:		SERVICE CREW: J. Chavez					
AUTHORIZED BY: Jerry Bennett		IRB		JOB TYPE: 8 3/4 Surface 242					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19820	10	19827	8	14355	8	ARRIVED AT JOB	5-6-11	AM	PM - 200
30464	8	19544	2	14284	2	START OPERATION	5-6-11	AM	PM - 700
19919	2					FINISH OPERATION	5-6-11	AM	PM - 900
						RELEASED	5-6-11	AM	PM - 1000
						MILES FROM STATION TO WELL	52		

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	415		7719 00
CL110	Premium Plus Cement	SK	100		2608 00
CC109	Calcium Chloride	lb	1475		1548 75
CC102	CelloFlace	lb	248		917 60
CC130	C-51	lb	79		1975 00
CF1283	Accu-Seal Float Shoe 8 3/4	EA	1		750 00
CF1294	Accu-Seal Float Collar 8 3/4	EA	1		1050 00
CF1773	Centralizer 8 3/4	EA	14		2030 00
CF1903	8 3/4 Basket	EA	1		315 00
CF105	Rubber Plug	EA	1		225 00
CF504	Plug Completion Charge	job	1		250 00
E101	Heavy Equipment Mileage	mi	156		1092 00
CE240	Blending & Mixing Charge	SK	575		805 00
E113	Bulk Delivery Charge	ton	1410		2256 00
CE202	Depth Charge	hrs	1		1500 00
E100	Picking Mileage	mi	52		221 00
5003	Service Supervisor	EA	1		175 00

SUB TOTAL ~~19,511.00~~

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	19,083.87
MATERIALS	%TAX ON \$	
TOTAL		

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

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>5-6-11</i>
Lease <i>E Ha McCoy "A"</i>	Well # <i>1</i>	Service Receipt <i>1707</i>
Casing <i>8 5/8</i>	Depth <i>1800</i>	County <i>Haskeell</i> State <i>KS</i>
Job Type <i>SURFACE 242</i>	Formation	Legal Description <i>2-30-32</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>4155K A-Cem</i>
Depth <i>1814</i>	Depth	From	To	<i>2.4193-5K Blend</i>
Volume <i>112.615</i>	Volume	From	To	<i>14.6 Gal-5K</i>
Max Press <i>2000</i>	Max Press	From	To	Tail in <i>1605K Pion</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34472-5K 1105</i>
Plug Depth <i>1765</i>	Packer Depth	From	To	<i>6.36 Gal-5K</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1455</i>					<i>Arrive On location</i>
<i>1500</i>					<i>Safety Meeting - Dig Up</i>
<i>1500</i>					<i>Pig Running in Casing</i>
<i>1835</i>					<i>Circulated w/ Pig</i>
<i>1900</i>					<i>Hook up to BES</i>
<i>1905</i>	<i>2000</i>		<i>1</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1910</i>	<i>400</i>		<i>177</i>	<i>5.0</i>	<i>Pump Lead amt @ 12.1 #'s</i>
<i>2000</i>	<i>300</i>		<i>38</i>	<i>5.0</i>	<i>Pump Tail amt @ 14.8 #'s</i>
<i>2010</i>	<i>350</i>		<i>101</i>	<i>5.0</i>	<i>Displace</i>
<i>2030</i>	<i>900</i>		<i>9</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>2035</i>	<i>1400</i>		<i>1</i>	<i>1.0</i>	<i>Land Plug - Float Held</i>
					<i>Cement to Sur Face</i>
<i>2100</i>	<i>1500</i>				<i>Test Casing - OK</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy</i>

Service Units	<i>R9820</i>	<i>19827-19566</i>	<i>30464-19919</i>	<i>14335-14284</i>	
Driver Names	<i>J. Chaoz</i>	<i>Hector E</i>	<i>Ruban M.</i>	<i>Dave C.</i>	

Andy
Customer Representative

Jerry B...
Station Manager

Samuel Chaoz
Cementer

Taylor Printing, Inc.



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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 01708 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-11-11 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 ETTA McCoy "A"		1 WELL NO.					
ADDRESS		COUNTY Haskell		STATE KS					
CITY STATE		SERVICE CREW J. Chavez, Rubin, Hector							
AUTHORIZED BY Terry Bennett		JOB TYPE: 5 1/2 Long String 242							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 5-11-11	AM- 400	TIME
19820	10	30464	8	14355	8	ARRIVED AT JOB	5-11-11	AM- 510	
		19919	2	14284	2	START OPERATION	5-11-11	AM- 700	
						FINISH OPERATION	5-11-11	AM- 1030	
						RELEASED	5-11-11	AM- 1130	
						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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 POZ	SK	190		2090 00
CL100	Premium-Corrum	SK	50		800 00
CC113	Gypsum	lb	800		600 00
CC111	Salt	lb	1056		528 00
CC103	C-15	lb	96		1200 00
CC107	C-42P	lb	40		320 00
CC201	Gibsonite	lb	950		636 50
CF1281	Accu-Seal Float Shoe	EA	1		575 00
CF1291	Accu-Seal Float Collar	EA	1		640 00
CF1778	Centralizer 5/2	EA	10		1200 00
CF501	5 1/2 Stop Plug	EA	1		40 00
CF103	Rubber Plug 5/2	EA	1		105 00
CC155	Super Flusk	gal	500		765 00
E101	Heavy Equipment Mileage	mi	100		700 00
CE240	Blending & Mixing Service Charge	SK	240		336 00
E113	Boiler Delivery	TM	518		828 80
CE206	Depth Charge	4hrs	1		2880 00
CE504	Plug Container Charge	Sub	1		250 00
E100	Pickup Mileage	mi	50		212 50

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. _____ SUB TOTAL ~~002700~~ **11977 59**

LEASEWELL/FAC **ETTA McCoy**

SERVICE & EQUIPMENT / WSM # % TAX ON \$ _____

MATERIALS TASK **D102** % TAX ON \$ _____ ELEMENT **3023**

PROJECT # **11130491** CAPEX/ OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

PRINTED NAME **Jeff Crill**

SERVICE REPRESENTATIVE Emmanuel Chavez	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY Jeff Crill
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FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Attachment to Etta McCoy A-1 (API # 15-081-21935)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 415	3% CC, 1/2# Cellflake, 0.2% WCA1
	Class C	Tail: 160	2% CC, 1/4# Cellflake
Production	50-50 Poz	190	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 29, 2011

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

Re: ACO1
API 15-081-21935-00-00
ETTA MCCOY A-1
SW/4 Sec.02-30S-32W
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