



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: _____



1062780

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 |
|---|---|

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|--|--|
| 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | OXY USA Inc. |
| Well Name | W.E. PREEDY 5 |
| Doc ID | 1062780 |

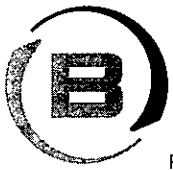
All Electric Logs Run

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

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | OXY USA Inc. |
| Well Name | W.E. PREEDY 5 |
| Doc ID | 1062780 |

Tops

| Name | Top | Datum |
|---------------|------|-------|
| HEEBNER | 4072 | -1121 |
| LANSING | 4164 | -1231 |
| MARMATON | 4766 | -1815 |
| CHEROKEE | 4932 | -1981 |
| ATOKA | 5103 | -2152 |
| MORROW | 5220 | -2269 |
| CHESTER | 5366 | -2415 |
| ST. GENEVIEVE | 5454 | -2503 |
| ST. LOUIS | 5539 | -2588 |



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 01776 A

DATE _____ TICKET NO. _____

| | | | | | | |
|---|----------|--|----------|-----------------|-----|---|
| DATE OF JOB 5-16-11 DISTRICT 1717 | | NEW <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OLD <input type="checkbox"/> WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.: | | | | |
| CUSTOMER Oxy USA | | LEASE WE Preedy #5 | | WELL NO. | | |
| ADDRESS | | COUNTY Haskell | | STATE KS | | |
| CITY STATE | | SERVICE CREW T. Gibson, J. Martinez, H. Esqueda | | | | |
| AUTHORIZED BY J. Bennett | | JOB TYPE: 242-8 7/8" Surface | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED 5-16-11 DATE AM TIME 6:00 |
| 34720 | 8 | 19828 | 2 | | | ARRIVED AT JOB AM 7:00 |
| 30463 | 2 | 19883 | 6 | | | START OPERATION PM 2:00 |
| 19893 | 6 | | | | | FINISH OPERATION PM 6:00 |
| 19827 | 2 | | | | | RELEASED PM 7:00 |
| 19866 | 6 | | | | | MILES FROM STATION TO WELL 52 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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY | UNIT PRICE | AMOUNT | DATE | PROJECT # | WELL NO. | LEASE # | NON INJ |
|---------------------|---------------------------------------|-------|----------|------------|--------|------|-----------|----------|---------|---------|
| CL101 | A-Can | sk | 430 | | | | | | | |
| CL110 | Premium Plus | sk | 160 | | | | | | | |
| CL109 | Calcium Chloride | lb | 1517 | | | | | | | |
| CL102 | Cellulose | lb | 256 | | | | | | | |
| CL130 | C-51 | lb | 81 | | | | | | | |
| CF1283 | Accu-Seal Float Shoe 8 5/8 | ea | 1 | | | | | | | |
| CF1244 | Accu-Seal Float Collar | | 1 | | | | | | | |
| CF1773 | Centralizer | | 15 | | | | | | | |
| CF1903 | Basket | | 1 | | | | | | | |
| CF1905 | Top Rubber Plug | | 1 | | | | | | | |
| CF1903 | Stop Ring | | 1 | | | | | | | |
| E101 | Heavy Equipment Mileage | mi | 156 | | | | | | | |
| CE240 | Blending & Mixing Service | sk | 590 | | | | | | | |
| CE113 | Proppants & Bulk Delivery | cu/yd | 1446 | | | | | | | |
| CE202 | Pump Depth 1001-2000 | ea | 1 | | | | | | | |
| CE104 | Plug Containers | ea | 1 | | | | | | | |
| E100 | Unit Mileage | mi | 52 | | | | | | | |
| S003 | Service Supervisor | ea | 1 | | | | | | | |

SUB TOTAL **19964.74**

| CHEMICAL / ACID DATA: | | | |
|-----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

| | |
|---------------------|------------|
| SERVICE & EQUIPMENT | %TAX ON \$ |
| 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)

Cement Report

| | | | | | |
|----------|-----------------|-----------|-------|-------------------|----------|
| Customer | Oxy USA | Lease No. | | Date | 5-16-11 |
| Lease | W.F. Preedy | Well # | 5 | Service Receipt | 01776 |
| Casing | 8 5/8" 24# | Depth | 1860' | County | Haskell |
| Job Type | 2428" Sustained | Formation | | State | KS |
| | | | | Legal Description | 33-29-33 |

| Pipe Data | | Perforating Data | | Cement Data |
|-----------------|------------|------------------|---------|---------------------------------|
| Casing size | 8 5/8" 24# | Tubing Size | | Lead 430 SK A-Can |
| Depth | 1860' | Depth | From To | |
| Volume | 116 bbl | Volume | From To | |
| Max Press | 1500# | Max Press | From To | Tail in 160 SK Prem. Plus |
| Well Connection | | Annulus Vol. | From To | |
| Plug Depth | 1819' | Packer Depth | From To | |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|---------|-----------------|-----------------|--------------|------|--|
| 6:30 am | | | | | on loc-site assessment |
| 6:35 am | | | | | spot trucks rig up |
| 7:00 am | | | | | safety meeting / SSA |
| 8:45 am | | | | | start csg + float equip |
| 1:45 am | | | | | csg ok btm, break circ - 30 min |
| 2:20 | | | | | pressure test 2000# |
| 2:25 | 200 | | 184 | 5 | mix + pump 430 SK A-Can w/ 3% CC, 1/2# Cellulose, 2% WPA |
| | | | | | 240 bbl/sk, 14.00 gal/sk @ 12.1 ppq |
| 3:10 | 100 | | 38 | 4 | switch to tail chnt 160 SK Premium Plus w/ 2% CC, 1/2# Cellulose |
| | | | | | 1.34 gal/sk, 6.33 gal/sk @ 14.8 ppq |
| 3:20 | 0 | | 0 | 5 | drop plug, disp csg |
| 3:45 | 800 | | 105 | 2 | slow rate last 10 bbl of disp |
| 4:15 | 1500 | | 113 | 0 | land plug, float held |
| | | | | | did not circ curt to surface |
| | | | | | job complete |
| | | | | | csg test 1500# - 30 min |

| | | | | |
|---------------|-----------|------------|-------------|-------------|
| Service Units | 31720 | 19843-3043 | 1987-1986 | 19883-19828 |
| Driver Names | A. Olvera | T. Gibson | J. Martinez | H. Esqueda |

J. Carroll Customer Representative
 J. Bennett Station Manager
 A. Olvera 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 01714 A

DATE _____ TICKET NO. _____

| | | | | | | | | | |
|---|---------------------------------|---|-----------------------------------|-------------------------------|------------------------------|-----------------------------------|---------------------|-----------|-------------|
| DATE OF JOB: 5-21-11 | 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: We Preedy | WELL NO. 5 | | | | | | | |
| ADDRESS: | COUNTY: Haskell | STATE: KS | | | | | | | |
| CITY: | STATE: | SERVICE CREW: J. Chavez, Ruben, Santiago | | | | | | | |
| AUTHORIZED BY: Jerry Bennett IRB | JOB TYPE: 242 L.S. 5 1/2 | | | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | AM | TIME |
| 19820 | 11 | AP LOCATION/DEPT | | DOZ | <input type="checkbox"/> | MORNING AT JOB | 5-21-11 | AM | 100 |
| 30464 | 11 | LEASE/WELL/AC | W.E. Preedy # | 5 | | START OPERATION | 5-21-11 | AM | 300 |
| 19919 | 2 | MAXIMO/WSM # | | | | FINISH OPERATION | 5-21-11 | AM | 930 |
| 19827 | 11 | TASK | 0120 | ELEMENT | 33116 | RELEASED | 5-21-11 | AM | 1045 |
| 19566 | 2 | PROJECT # | 1110 357 | CAPEX / OPEX | <input type="checkbox"/> | MILES FROM STATION TO WELL | | AM | 1130 |
| | | PO/BPA/CPAS | | UNSUPPORTED | <input type="checkbox"/> | | | | 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 on behalf 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.

SIGNATURE: _____

SIGNED: _____

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUNT |
|---------------------|---------------------------------------|-------|----------|------------|-----------|
| CH104 | 50/50 POZ | ✓ SK | 335 | | 3685 00 |
| CC113 | Gypsum | ✓ 1b | 1410 | | 1057 50 |
| CC111 | Salt | ✓ 1b | 1860 | | 930 00 |
| CC103 | C-15 | ✓ 1b | 170 | | 2125 00 |
| CC107 | C-42P | ✓ 1b | 71 | | 568 00 |
| CC201 | Gilsonite | ✓ 1b | 1675 | | 1122 25 |
| CF1201 | AFU Float Shoe | ✓ EA | 1 | | 675 00 |
| CF1361 | AFU Float Collor | ✓ EA | 1 | | 875 00 |
| CF1778 | Centralizer | ✓ EA | 17 | | 1275 00 |
| CF501 | 5 1/2 Stop Ring | ✓ EA | 1 | | 40 00 |
| CF103 | Rubber Plug | ✓ EA | 1 | | 105 00 |
| CF3000 | IR Thread Lock Kit | ✓ EA | 1 | | 34 00 |
| CC155 | Super Flush | ✓ gal | 500 | | 765 00 |
| E101 | Heavy Equipment Mktg | mi | 100 | | 700 00 |
| CE240 | Blending & Mixing Charge | SK | 335 | | 469 00 |
| E113 | Bulk Delivery Charge | tn | 705 | | 1128 00 |
| CC206 | Depth Charge | 4hrs | 1 | | 2880 00 |
| CF504 | Plus Container Charge | job | 1 | | 250 00 |
| E100 | Pickup Mktg | mi | 50 | | 212 50 |

SUB TOTAL **14307 25**

| CHEMICAL / ACID DATA: | | | |
|-----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

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

SERVICE REPRESENTATIVE: **Jerry Bennett**

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

| Customer Oxy USA | | Lease No. | | Date 5-21-11 | | | | |
|---|-----------------|-------------------|------------------|---------------------------------------|--------------------------|------------------------------|--|--|
| Lease WE Preedy | | Well # 5 | | Service Receipt 01714 | | | | |
| Casing 5 1/2 17# | | Depth 5598 | | County Haskell State KS | | | | |
| Job Type L.S. 242 | | Formation | | Legal Description 33-29-35 | | | | |
| Pipe Data | | | Perforating Data | | | Cement Data | | |
| Casing size 5 1/2 17# | | | Tubing Size | | | Shots/Ft | | |
| Depth 5601 | | | Depth | | | From | | |
| Volume 129615 | | | Volume | | | To | | |
| Max Press 3000 | | | Max Press | | | From | | |
| Well Connection 5/2 | | | Annulus Vol. | | | To | | |
| Plug Depth 5556 | | | Packer Depth | | | From | | |
| | | | | | | To | | |
| | | | | | | Lead 50 SK 50-50 POZ | | |
| | | | | | | Rat & Mouse Holes | | |
| | | | | | | Tail in 285sk POZ | | |
| | | | | | | 1.52Ft ³ sk 50-50 | | |
| | | | | | | 6.65 Gal-sk | | |
| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log | | | |
| | | | | | Yard 100 AM | | | |
| 300 | | | | | Arrive On Location | | | |
| 315 | | | | | Safety Meeting - Rig Up | | | |
| 330 | | | | | Rig Running Casing | | | |
| 740 | | | | | Circulated w/ rig | | | |
| 820 | | | | | Hook up to BES | | | |
| 825 | 3000 | | 1 | 1.0 | Pressure Test | | | |
| 830 | 500 | | 5 | 4.0 | Pump Water spacer | | | |
| 834 | 475 | | 12 | 4.0 | Pump Super Flush | | | |
| 834 | 425 | | 5 | 4.0 | Pump Water spacer | | | |
| 845 | 300 | | 77 | 4.0 | Pump cement @ 13.8 #'s | | | |
| 910 | | | | | Drop Plus - Wash Up | | | |
| 915 | 1000 | | 119 | 6.0 | Displace | | | |
| 935 | 1000 | | 10 | 2.0 | Slud Down - Displace | | | |
| 940 | 1500 | | .1 | .1 | Land Plus - Floats Held | | | |
| 1010 | 2500 | | | | Test Casing - OK | | | |
| 1030 | | | | | Plus Rat and Mouse Holes | | | |
| 1130 | | | | | Job Complete | | | |
| THANKS FOR USING BASIC ENERGY SERVICES | | | | | | | | |
| Service Units | | 19820 | | 30464-19919 | | 19827-19566 | | |
| Driver Names | | E. CHARR | | Ruben, M. | | Sandi, C. | | |

John Carr
Customer Representative

Wang Bennett
Station Manager

Samuel Charr
Cementer

Attachment to W.E. Preedy #5 (API # 15-081-21934)

Cement & Additives

| String | Type | # of Sacks Used | Type and Percent Additives |
|------------|-----------|-----------------|--|
| Surface | A-Con | Lead: 430 | 3% CC, 1/2# Cellflake, 0.2% WCA1 |
| | Prem Plus | Tail:160 | 2% CC, 1/4# Cellflake |
| Production | 50-50 Poz | 285 | 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

September 06, 2011

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

Re: ACO1
API 15-081-21934-00-00
W.E. PREEDY 5
NW/4 Sec.33-29S-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

Attachment to W.E. Preedy #5 (API # 15-081-21934)

| Addition Cementing/Squeeze Record | | | | |
|-----------------------------------|-------|----------------|------------|--------------------------|
| Purpose | Depth | Type of Cement | # of Sacks | Type & Percent Additives |
| | | | | |
| | | | | |

| Perforation Record | | | |
|--------------------|------------------------------|---|-----------|
| SPF | Perforation Record | Acid, Frac, Shot, Cement Squeeze | Depth |
| 4 | 5422-5423 Chester | 12 bbl 7% KCl | 5276-5423 |
| 3 | 5376-5378 Chester | | |
| 2 & 3 | 5330-5332 Morrow | | |
| 3 | 5276-5277 Morrow | | |
| | | Acid: 500 gal Xylene, 1500 gal 10% DS HClFe | 5330-5332 |
| | | Flush: 1470 gal 7% KCl | |
| | | Acid: 200 gal Xylene, 600 gal 10% DS HClFe | 5276-5277 |
| | | Flush: 1470 gal 7% KCl | |
| | CIBP | 2 sks CMT | 5200 |
| 4 | 4798-4811 Marmaton | | 4798-4811 |
| | | Acid: 500 gal Xylene, 2000 gal 15% DS HClFe | 4798-4811 |
| | | Flush: 1260 gal 2% KCl | |
| 4 | 4672-4676 Kansas City | | 4672-4676 |
| | | Acid: 200 gal Xylene, 600 gal 15% DS HClFe | 4672-4676 |
| | | Flush: 1200 gal 2% KCl | |
| 4 | 4428-4436 Lansing (Squeezed) | 12 bbl 7% KCl | 4428-4436 |
| | | Acid: 300 gal Xylene, 1500 gal 15% DS HClFe | 4428-4436 |
| | | Flush: 36 bbl 2% KCl | |
| | Squeeze | 45 sks CMT | 4302-4490 |
| 4 | 4215-4222 Lansing | | 4215-4222 |
| | | Acid: 7 bbl Xylene, 28 bbl 15% DS HClFe | 4215-4222 |
| | | Flush: 23 bbl 4% | |
| | | | |
| | | | |