



**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: \_\_\_\_\_



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STRACKELJOHN A-1
Doc ID	1062946

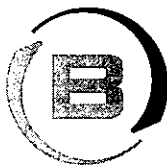
All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STRACKELJOHN A-1
Doc ID	1062946

Tops

Name	Top	Datum
COUNCIL GROVE	2880	
WABAUNSEE	3301	
HEEBNER	3986	
TORONTO	4000	
LANSING	4040	
MARMATON	4599	
CHEROKEE	4735	
ATOKA	4913	
MORROW	4982	
CHESTER	5028	
ST. GENEVIEVE	5096	
ST. LOUIS	5129	



**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 01712 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

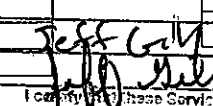
DATE OF JOB <b>5-15-11</b>	DISTRICT <b>1717</b>	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER <b>Oxy USA</b>		LEASE <b>Stracklejohn "A" 1</b> WELL NO.							
ADDRESS		COUNTY <b>Finney</b>		STATE <b>KS</b>					
CITY		STATE		SERVICE CREW <b>J. Chavez, Ruben, Robert, Shaun</b>					
AUTHORIZED BY <b>Jerry Bennett JRB</b>		JOB TYPE: <b>Z42 Surface</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>19820</b>	<b>16</b>	<b>33021</b>	<b>16</b>	<b>14355</b>	<b>16</b>	ARRIVED AT JOB	<b>5-15-11</b>	<b>AM</b>	<b>1045</b>
		<b>33016</b>	<b>2</b>	<b>14284</b>	<b>2</b>	START OPERATION	<b>5-15-11</b>	<b>AM</b>	<b>PM-330</b>
<b>30464</b>	<b>16</b>					FINISH OPERATION	<b>5-15-11</b>	<b>AM</b>	<b>PM-1045</b>
<b>19919</b>	<b>2</b>					RELEASED	<b>5-15-11</b>	<b>AM</b>	<b>PM-1120</b>
						MILES FROM STATION TO WELL	<b>52</b>		

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:   
(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	440		8184 00
CL110	Prem Plus Cement	SK	160		2608 00
CC109	Calcium Chloride	lb	1544		1621 20
CC102	CelloFlake	lb	260		962 00
CL130	C-51	lb	83		2075 00
CF1283	A5 Flood Shoe	EA	1		750 00
CF1294	A5 Flood Collar	EA	1		1050 00
CF1773	Centralizer 8 7/8	EA	14		2030 00
CF1903	8 7/8 Basket	EA	1		315 00
CF105	Rubber Plug	EA	1		225 00
CF503	8 7/8 Step Ring	EA	1		44 00
E101	Heavy Equipment Mileage	mi	156		1092 00
CE240	Blending & Mixing Service Charge	SK	600		840 00
E113	Bulk Delivery Charge	km	1469		2350 40
CE202	Depth Charge	4hrs	1		1500 00
CE504	Plug Container Charge	job	1		250 00
E100	Pickup Mileage	mi	52		221 00
5003	Service Expense	hr	1		175 00
CE403	Additional Hour	hr	4		2000 00

TASK <b>0102</b>	ELEMENT <b>3023</b>	SUB TOTAL	<b>21450.54</b>
CHEMICAL / ACID DATA:	PROJECT # <b>117006</b>	CAPEX / OPEX	
	SPD / BFA	SERVICE & EQUIPMENT	%TAX ON \$
	PRINTED NAME <b>Jeff Gill</b>	MATERIALS SORTED <input type="checkbox"/>	%TAX ON \$
SIGNATURE: 		TOTAL	

SERVICE REPRESENTATIVE 	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
--	---

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)





# Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>5-15-11</i>	
Lease <i>STRACKLE John "A"</i>		Well # <i>1</i>		Service Receipt <i>1712 A</i>	
Casing <i>8 5/8 24#</i>	Depth <i>1967.69'</i>	County <i>Finney</i>		State <i>KS</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>23-26-33</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8# 24</i>	Tubing Size		Shots/Ft		Lead <i>440 sk A-Com</i>
Depth <i>1953'</i>	Depth	From	To		<i>2.4 FT<sup>3</sup>-SK 12.1#</i>
Volume <i>122.3 b/s</i>	Volume	From	To		<i>14.6 gal-SK</i>
Max Press <i>1800</i>	Max Press	From	To		Tail in <i>160 Prow Plus</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To		<i>1.34 FT<sup>3</sup>-SK Cont</i>
Plug Depth <i>1923</i>	Packer Depth	From	To		<i>6.33 Gal-SK 14.9#s</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log <i>Yard 9:00 AM</i>
<i>1045</i>					<i>Arrive On Location</i>
<i>1100</i>					<i>Safety Meeting Rig Up</i>
<i>1045</i>					<i>Rig Running Casing</i>
<i>1630</i>					<i>Circulate w/rig</i>
<i>1630</i>					<i>Hooked up to BES Took 3 hours</i>
<i>1930</i>					<i>To Rig Up Head due to height Normally Takes Less than 30 minutes @ -6'</i>
<i>2015</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>2020</i>	<i>450</i>		<i>188</i>	<i>4.8</i>	<i>Pump Lead amt @ 12.1 #'s</i>
<i>2115</i>	<i>400</i>		<i>38</i>	<i>4.0</i>	<i>Pump Tail amt @ 14.8 #'s</i>
<i>2125</i>					<i>Drop Plug - Wash Up</i>
<i>2130</i>	<i>200</i>		<i>112</i>	<i>6.0</i>	<i>Displace</i>
<i>2135</i>	<i>600</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>2205</i>	<i>1100</i>		<i>.1</i>	<i>.5</i>	<i>Land Plug - Float Held</i>
<i>2235</i>	<i>1500</i>				<i>TEST Casing 1500psi - OK</i>
					<i>Job Complete</i>
					<i>Cement To Surface</i>
Service Units	<i>19820</i>	<i>30461-19919</i>	<i>33021-33016</i>	<i>14365-14284</i>	
Driver Names	<i>I. Chavez</i>	<i>Robert M</i>	<i>Robert Cox</i>	<i>Shawn S.</i>	

*Jeff Gill*  
Customer Representative

*Sam Bentz*  
Station Manager

*Isaac Chavez*  
Cementer



**BASIC**<sup>SM</sup>  
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 01778 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 5-19-11	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 Stracklejohn A#1		WELL NO.				
ADDRESS		COUNTY Finney		STATE KS				
CITY		STATE		SERVICE CREW T. Gibson, H. Eggueda				
AUTHORIZED BY J. Bennett		JOB TYPE: 242-5 1/2 Production						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 5-19-11	TIME PM 9:00
34726	4					ARRIVED AT JOB		PM 12:00
30460	2					START OPERATION		AM 3:30
19919	2					FINISH OPERATION		AM 5:00
19827	2					RELEASED		AM 6:00
19566	2					MILES FROM STATION TO WELL	50 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: \_\_\_\_\_  
(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	125		1,375 00
CL100	Premium / Common	sk	50		800 00
CL113	Gypsum	lb	525		393 75
CL111	Salt	lb	693		346 50
CL103	C-15	lb	63		787 50
CL107	C-42	lb	27		216 00
CL201	Gilsonite	lb	624		418 08
CF1281	5/2 Accu-Seal Float Shoe	ea	1		575 00
CF1291	5/2 Accu-Seal Float Collar	ea	1		640 00
CF1778	5/2 Turbolizer	ea	18		1350 00
CF501	5/2 Stop Ring	ea	1		40 00
CF103	5/2 Top Rubber Plug	ea	1		105 00
CL155	Super Flush	gal	500		765 00
E101	Heavy Equipment Mileage	mi	100		700 00
CF240	Blending & Mixing Service	sk	175		245 00
E113	Proppant + Bulk Delivery	ton/mi	380		608 00
CF206	Pump Depth: 5001-6000	ea	1		2880 00
CF504	Plug Container	ea	1		250 00
E100	Unit Mileage	mi	50		212 50

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. \_\_\_\_\_ SUB TOTAL # \_\_\_\_\_  
LEASE/WELL/FAC. Stracklejohn A#1 9001

SERVICE & EQUIPMENT # \_\_\_\_\_ %TAX ON \$ \_\_\_\_\_  
MATERIALS SK 012 \_\_\_\_\_ %TAX ON \$ \_\_\_\_\_ ELEMENT 3023

PROJECT # 117406 CAPEX / OPEX - Circle one  
SDD / BPA \_\_\_\_\_ UNSUPPORTED

Jeff C...  
Jeff C...

SERVICE REPRESENTATIVE Steel Rivera	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
--	--

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







**BASIC**<sup>™</sup>  
ENERGY SERVICES  
Liberal, Kansas

**Cement Report**

Customer <u>Oxy USA</u>		Lease No.		Date <u>5-19-11</u>	
Lease <u>Stracklejohn A</u>		Well # <u>1</u>		Service Receipt <u>01778</u>	
Casing <u>5 1/2" 17' 5402.17'</u>		County <u>Finney</u>		State <u>KS</u>	
Job Type <u>242 5 1/2" Production</u>		Formation		Legal Description <u>23-26-33</u>	
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <u>5 1/2" 17#</u>	Tubing Size		<b>Shots/Ft</b>		Lead <u>125 sk</u> <u>50/50 Poz</u>
Depth <u>5402.17"</u>	Depth		From	To	
Volume <u>124.25 bbl</u>	Volume		From	To	Tail in
Max Press <u>2000</u>	Max Press		From	To	
Well Connection	Annulus Vol.		From	To	
Plug Depth <u>5355.93'</u>	Packer Depth		From	To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					on loc. site assessment
12:05					spot trucks-rig up
2:30					CSG on bitm break circ
3:00					safety meeting
3:25					pressure test 2000#
3:30	300		5	5	pump 5 bbl H <sub>2</sub> O spacer
3:31	300		12	5	switch 12 bbl superflush
3:33	300		5	5	switch 5 bbl H <sub>2</sub> O spacer
3:34	300		34	5	mix + pump 125 sk 50/50 Poz w/ 5% W-60, 10% Salt, 6% C-15, 1/4# Defoamer, 5# Gilsomite 1.52 ft 3/sk, 6.65 gal/sk @ 13.8 ppq.
3:45	0				drop plug, wash pumping lines
3:47	100		0	5	disp CSG
4:10	800		115	2.5	slow rate last 10 bbl of disp.
4:15	1500		124	0	land plug, float held
4:20	2500				pressure test production casing to 2500# for 30 min
5:30					mix + pump 50 sk to plug rat r mouse holes job complete
Service Units	<u>34726</u>	<u>30464-1991Q</u>	<u>19827-1986b</u>		
Driver Names	<u>A. Olvera</u>	<u>T. Gibson</u>	<u>H. Esqueda</u>		

J. Gill

Customer Representative

J. Bennett

Station Manager

A. Olvera

Cementer

**Attachment to Strackeljohn A-1 (API # 15-055-22101)**

**Cement & Additives**

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 440	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem +	Tail: 160	2% CC, 1/4# Cellflake
Production	50-50 Poz	125	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 08, 2011

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

Re: ACO1  
API 15-055-22101-00-00  
STRACKELJOHN A-1  
SE/4 Sec.23-26S-33W  
Finney 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