



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: _____



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	WIGGAINS 12-7
Doc ID	1063441

All Electric Logs Run

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



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 01755 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-23-11	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 Wiggins		WELL NO. 12-7			
ADDRESS		COUNTY Stevens	STATE Ks				
CITY		STATE		SERVICE CREW Cochran / Mendoza / ^{Canada} Moore			
AUTHORIZED BY T. Davis		JOB TYPE: 242 8 1/2 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	
19816	5	19827	5			DATE	TIME
29408	5	19566	5			5-23 AM	10:15
19563	5	14355	5			ARRIVED AT JOB	5-23 AM 19:45
		14284	5			START OPERATION	5-23 AM 14:45
						FINISH OPERATION	5-23 AM 17:00
						RELEASED	5-23 AM 19:00
						MILES FROM STATION TO WELL 20	

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	415		7719 00
CL110	Premium Plus	sk	160		2608 00
CC109	Calcium Chloride	lb	1475		1548 75
CC102	Celloflake	lb	248		917 60
CC130	C-51	lb	79		1975 00
CF1203	Auto fill float shoe	ea	1		1025 00
CF1363	Aut fill float collar	ea	1		1275 00
CF1773	Centralizer	ea	14		2030 00
CF1903	Basket	ea	1		315 00
CF105	Top Plug	ea	1		225 00
CF503	Stop Ring	ea	1		44 00
CF3000	Thread lock	ea	1		34 00
E101	Heavy Equip. Mileage	mi	156		1092 00
CE240	Blending + Mixing Serv. Chrg	sk	575		805 00
E113	Outlk Delivery	TM	1410		2256 00
CE202	Depth Chrg. 1001'-2000'	4hr	1		1500 00
CE504	Plug Container	job	1		250 00
E100	Pick-up Mileage	mi	52		221 00
5003	Service Supervisor	ea	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL **19511 37**

AP LOCATION/DEPT. _____ D02 NON D02

LEASE # **Wiggins** TAX ON \$ _____

MAXIMO / WSM # _____ % TAX ON \$ _____

TASK **0102** ELEMENT **3003**

PROJECT # **1113084** CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

PRINTED NAME **Jeff Gill**

SERVICE REPRESENTATIVE **Thedy Loh** 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>5-23-11</i>
Lease <i>Wiggint</i>	Well # <i>12-7</i>	Service Receipt <i>1717 01755</i>
Casing <i>8 5/8 29"</i>	Depth <i>1800</i>	County <i>Stevens</i>
Job Type <i>242 8 5/8 surface</i>	Formation	Legal Description <i>12 35 36</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>415 sk A-con</i>
Depth <i>1800</i>	Depth	From	To	<i>3% CC - 1/2" Cell Flok</i>
Volume	Volume	From	To	<i>2% WCA - 2.40 fl/sk</i>
Max Press	Max Press	From	To	<i>14 gal/sk @ 12.1 #/gal</i>
Well Connection <i>8rd</i>	Annulus Vol.	From	To	Tail in <i>160 sk Premium</i>
Plug Depth	Packer Depth	From	To	<i>2% CC - 3/4" Cell Flok</i>
				<i>1.54 fl/sk @ 3.39 gal/sk</i>
				<i>@ 14.8 #/gal</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>13:20</i>					<i>on loc. / Held Safety Meeting</i>
<i>13:25</i>					<i>Spot + Rig up Equip. (Casing Bottom)</i>
<i>14:46</i>	<i>3000</i>				<i>Test Pump + Lines</i>
<i>14:50</i>	<i>260</i>		<i>177</i>	<i>4</i>	<i>Start Lead Cmt 415 sk @ 12.1 #</i>
<i>15:27</i>	<i>200</i>		<i>36</i>	<i>4-3</i>	<i>Start Tail Cmt 160 sk @ 14.8 #</i>
<i>15:37</i>					<i>Shutdown + Drop Plug</i>
<i>15:42</i>	<i>300</i>		<i>0</i>	<i>4</i>	<i>Start Disp. w/ fresh H₂O</i>
<i>16:07</i>	<i>750</i>		<i>102</i>	<i>2.5</i>	<i>Slow Rate</i>
<i>16:11</i>	<i>1300</i>		<i>111</i>	<i>2.2</i>	<i>Bump Plug</i>
<i>16:14</i>	<i>0</i>		<i>111</i>	<i>0</i>	<i>Release / Float Held</i>
<i>16:15</i>					<i>Rig Strike off at Csg.</i>
<i>16:16</i>	<i>1500</i>				<i>Pressure up Csg.</i>
<i>16:44</i>	<i>0</i>				<i>Release</i>
<i>17:00</i>					<i>End Job</i>
	<i>800</i>				<i>Pressure Before Plug landed</i>
					<i>Circulated Cmt to the Pit</i>

(65)

Service Units	<i>19816</i>	<i>19816/19553</i>	<i>14355/14204</i>	<i>19827/19566</i>
Driver Names	<i>Cochran</i>	<i>Mendez</i>	<i>Munoz</i>	<i>Conday</i>

Jeff Gill
Customer Representative

J. Bennett
Station Manager

M. Cochran
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 01760 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-28-11 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 Wiggins		WELL NO. 12-7				
ADDRESS		COUNTY Stevens		STATE Ks				
CITY		STATE		SERVICE CREW Cochran / Mendoza / J. O'Neil / S. Chalk				
AUTHORIZED BY T. Davis		JOB TYPE: Z42 5 1/2 L.S.						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
21755	6	14354	6				5-28	09:00
27508	6	19578	6			ARRIVED AT JOB	5-28	10:30
19553	6	14355	6			START OPERATION	5-28	12:30
		14284	6			FINISH OPERATION	5-28	16:35
						RELEASED	5-28	16:30
						MILES FROM STATION TO WELL	21	

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: Andy Holme
(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	380		
CL107	60/40 Poz	sk	50		
CC103	Gypsum	AP LOCATION/DEPTH	76	1600	Wiggins 12-7
CC111	Salt	LEASE/WELL/PAC	16	211	02 <input type="checkbox"/> NON 002 <input type="checkbox"/>
CC103	C-15	MAXIMO / WSM #	16	192	
CC107	C-42P	TASK	01-02		ELEMENT 3023
CC201	Gilsonite	PROJECT #	11	16780	
CF1201	Float Shoe	SPO / BPA	ed	1	UNsupported <input type="checkbox"/>
CF1261	Float Collar	Circle Doc Type	ed	1	
CF1778	Centralizer	PRINTED NAME	ed	1	Andy Holme
CF501	Stop Ring	SIGNATURE:	ed	18	Andy Holme
CF103	Top Plug	Activity Cost Basic Services/Materials have been reported	ed	1	(AWSC LLC)
CF3000	Thread Lock		ed	12	
CC155	Super Flush II		gal	500	
E101	Heavy Equip. Mileage		mi	40	
CE240	Blending + Mixing Serv. Chrg.		sk	430	
E113	Bulk Delivery		TM	367	
CE207	Depth Chrg 6001'-7000'		4hr	1	
CE504	Plug Container		job	1	

SUB TOTAL **1559334**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Mickey Cochran</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Andy Holme</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO. _____	

Cement Report

Customer	<i>OKY USA</i>	Lease No.		Date	<i>5-28-11</i>
Lease	<i>Wiggins</i>	Well #	<i>12-7</i>	Service Receipt	<i>1717 01760</i>
Casing	<i>5 1/2</i>	Depth	<i>6800</i>	County	<i>Stevens</i>
Job Type	<i>242 5 1/2 l.s.</i>	Formation		State	<i>Ks</i>
				Legal Description	<i>12-35-36</i>

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
Depth	Depth	From	To	<i>50sk 60/40 por</i>
Volume	Volume	From	To	<i>1.72 ft³/sk 9.39 gal/sk</i>
Max Press	Max Press	From	To	<i>@</i>
Well Connection	Annulus Vol.	From	To	<i>Tail in 580sk 50/40</i>
Plug Depth	Packer Depth	From	To	<i>57 w/ 60-108 581 ft</i>
				<i>580sk - 4" Oolowmer</i>
				<i>5" bitumen 1.52 ft/sk</i>
				<i>6.65 gal/sk @ 13.5 gpm</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>07:00</i>					<i>Call 4 Job</i>
<i>10:30</i>					<i>on loc. / Held Safety Meeting</i>
<i>11:00</i>					<i>Spot + Rig up Equip. (csg on bottom)</i>
<i>12:43</i>	<i>5000</i>				<i>Test Pump + Lines</i>
<i>12:45</i>	<i>700</i>		<i>5</i>	<i>5.5</i>	<i>Start fresh H₂O</i>
<i>12:47</i>	<i>700</i>		<i>12</i>	<i>5.5</i>	<i>Start Super Flush</i>
<i>12:50</i>	<i>700</i>		<i>5</i>	<i>5.5</i>	<i>Start fresh H₂O</i>
<i>12:51</i>	<i>700</i>		<i>103</i>	<i>5.5</i>	<i>Start Cmt 380sk @ 13.8*</i>
<i>13:08</i>					<i>Shutdown + Wash up</i>
<i>13:10</i>					<i>Drop Plug</i>
<i>13:16</i>	<i>150</i>		<i>0</i>	<i>5.5</i>	<i>Start Disp. w/ fresh H₂O</i>
<i>13:44</i>	<i>1200</i>		<i>147</i>	<i>2</i>	<i>Slow Rate</i>
<i>13:48</i>	<i>1900</i>		<i>157</i>	<i>2</i>	<i>Bump Plug</i>
<i>13:50</i>	<i>0</i>			<i>0</i>	<i>Release / float held</i>
<i>13:51</i>	<i>2500</i>				<i>Pressure Test Csg.</i>
<i>14:25</i>	<i>2600</i>				<i>Csg. Held</i>
<i>14:23</i>	<i>100</i>		<i>9</i>	<i>2</i>	<i>Plug Rat Hole w/ 30sk @ 13.3*</i>
<i>14:53</i>	<i>100</i>		<i>6</i>	<i>2</i>	<i>Plug Morse Hole w/ 20sk @ 13.3*</i>
<i>15:28</i>					<i>Wash up</i>
<i>15:35</i>					<i>End Job</i>

Service Units	<i>21755</i>	<i>2790819583</i>	<i>14355/1424</i>	<i>14354/19198</i>
Driver Names	<i>Cochran</i>	<i>Mendoza</i>	<i>S. Chavez</i>	<i>J. Ortiz</i>

Andy Customer Representative *J. Bennett* Station Manager *M. Cochran* Cementer

Attachment to Wiggains 12-7 (API 15-189-22767)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead:415	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 160	2% CC, 1/4# Cellflake
Production	50-50 Poz	380	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 15, 2011

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

Re: ACO1
API 15-189-22767-00-00
WIGGAINS 12-7
NE/4 Sec.12-35S-36W
Stevens 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