



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: _____



1063499

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BERGER A-3
Doc ID	1063499

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BERGER A-3
Doc ID	1063499

Tops

Name	Top	Datum
HEEBNER	3952	
TORONTO	3968	
LANSING	3998	
MARMATON	4581	
ATOKA	4956	
MORROW	5013	
CHESTER	5080	
ST. GENEVIEVE	5116	



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

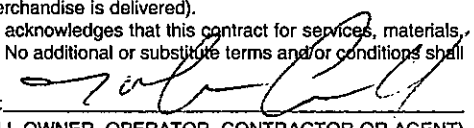
FIELD SERVICE TICKET
1717 01717 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-24-11 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 Berger "A" 3 WELL NO.							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW L. Chavez, Ruben, Jose, Juan							
AUTHORIZED BY Sony Bennett JRB		JOB TYPE: 8 3/8 Surface 742							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19820	10	19828	9				5-23-11		9:00
30464	9	19883	2			ARRIVED AT JOB	5-24-11	AM	10:30
19419	2					START OPERATION	5-24-11	AM	6:00
19808	2					FINISH OPERATION	5-24-11	AM	9:00
19905	9					RELEASED	5-24-11	AM	1:00
						MILES FROM STATION TO WELL			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

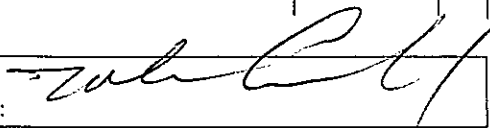
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. 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 SERVICE USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con Blend	SK	440		8,184.00
CL110	Premium Plus Cmt	SK	160		2,608.00
CL109	Calcium Chloride	LB	1544		1,621.20
CC102	Collaflocc	LB	260		962.00
CC130	C-51	LB	83		2,075.00
CF1283	A5 Float Shoe	EA	1		750.00
CF1294	A5 Float Collar	EA	1		1,850.00
CF1773	Centralizer	EA	15		2,175.00
CF1903	8 3/8 Basket	EA	1		315.00
CF105	Rubber Plug	EA	1		225.00
CF 503	8 3/8 Stop Ring	EA	1		44.00
CF 3050	IR Tread Lock	EA	1		34.00
E101	Heavy Equipment Mileage	mi	1		1,092.00
CE 240	Blending & Mixing Charge	SK	600		840.00
E113	Bulk Delivery	tm	1409		2,350.40
CE 202	Depth Charge	4hrs	1		1500.00
CE 504	Plus Container Charge	job	1		250.00
E106	Pickup Mileage	mi	52		221.00
S003	Service Supervisor	EA	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL	21584.79
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

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

Customer <i>Oxy</i>		Lease No.		Date <i>5-24-11</i>	
Lease <i>Berger A</i>		Well # <i>1-</i>		Service Receipt <i>01717</i>	
Casing <i>8 5/8 24</i>	Depth <i>1858</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>8 5/8 Surface 242</i>		Formation		Legal Description <i>22-27-34</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>440 sk A-Con</i>	
Depth <i>1891</i>	Depth	From	To	<i>2.4 FT SK Cont</i>	
Volume <i>117 bbls</i>	Volume	From	To	<i>14.6 gal SK 12.1 #</i>	
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>160 sk Prom</i>	
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT SK Plus Cont</i>	
Plug Depth <i>1840</i>	Packer Depth	From	To	<i>6.3 Gal SK</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log <i>Yard 1100 PM</i>
<i>2230</i>					<i>Arrive On Location</i>
<i>2235</i>					<i>Safety Meeting - Rig Up</i>
<i>2235</i>					<i>Rig Runny Casing</i>
<i>620</i>					<i>Circulate w/ rig</i>
<i>655</i>					<i>Hook up to TRES</i>
<i>710</i>	<i>2000</i>		<i>1</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>720</i>	<i>350</i>		<i>188</i>	<i>5.7</i>	<i>Pump Lead cont @ 12.1 #'s</i>
<i>735</i>	<i>250</i>		<i>38</i>	<i>4.0</i>	<i>Pump Tail cont @ 14.8 #'s</i>
<i>745</i>					<i>Drop Plug - Wash Up</i>
<i>750</i>	<i>300</i>		<i>107</i>	<i>5.2</i>	<i>Displace</i>
<i>815</i>	<i>700</i>		<i>10</i>	<i>2.5</i>	<i>Shut Down</i>
<i>820</i>	<i>1200</i>		<i>.1</i>	<i>.1</i>	<i>Lead Plug - Floats Held</i>
<i>825</i>	<i>1500</i>				<i>Test Casing - OK</i>
<i>855</i>					<i>Job Complete</i>
					<i>Cement To Surface</i>
Service Units <i>14820</i>		<i>3044-1999</i>	<i>14805-14808</i>	<i>14828-14833</i>	
Driver Names <i>J. Chantz</i>		<i>Dobson</i>	<i>Jose</i>	<i>Juan</i>	

John
Customer Representative

Sony Bennett
Station Manager

Samuel Chantz
Cementer



BASIC
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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 01741 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5/29/11	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: Berger A ^{14H}	3		WELL NO.			
ADDRESS:		COUNTY: Haskell	STATE: KS				
CITY:		STATE:		SERVICE CREW: Royce, Hector			
AUTHORIZED BY: Tyce		JOB TYPE: 5 1/2 L.S. Z42					

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19866	6	AP LOCATION/DEPT: Liberal		DOZ <input type="checkbox"/>	NON DOZ <input type="checkbox"/>		5/28/11	3:00 AM
30263	6	LEASE/WELL/RAC: Berger A-3				ARRIVED AT JOB		4:50 AM
19843	6	MAXIMO/WSM #:				START OPERATION	5/29/11	0:00 PM
19828	6	TASK: C102		ELEMENT: 3023		FINISH OPERATION		2:09 PM
19865	6	PROJECT: 1112949		CAPEX / OPEX:		RELEASED		3:00 PM
PO/BJA/CP#				UNITS/STAGES		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. He/She/It 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: _____

I hereby certify that all services/materials have been received.

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	AP INFO NEEDED MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 POZ	SK	190		2090.00
CL103	60/40 POZ	SK	50		600.00
EL13	Gypsum	lb	500		600.00
CC111	Salt	lb	1,056		528.00
CC103	C-15	lb	96		1200.00
CC107	C-42 P	lb	40		320.00
CC201	Gilsonite	lb	950		636.50
CC200	Cement Gral	lb	94		23.50
CF201	Auto fill Float Shoe	EA	1		675.00
CF1361	Auto fill Float Collar	EA	1		875.00
CF11746	Centralizer Turbo 5 1/2 x 7 7/8	EA	25		1875.00
CF501	5 1/2 Stop Ring	EA	1		40.00
CF103	Top Rubber Plug 5 1/2	EA	1		105.00
CF3000	Thread Lock Kit	EA	12		408.00
CC155	Super Flush II	gal	500		765.00
E101	Heavy Equip Mileage	Mi	100		700.00
CE240	Blending & Mixing Charge	SK	240		336.00
E113	Bulk Delivery Charge	Tm	518		828.80
CE206	Depth Charge: 5001-6000	ea	1		2880.00
				SUB TOTAL	12,095.40

CHEMICAL / ACID DATA:

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

TOTAL

SERVICE REPRESENTATIVE: Chad Hine THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer Owl USA	Lease No.	Date 5/28/11
Lease Berger 11A^u	Well # 3	Service Receipt
Casing 5 1/2	Depth	County Haskell State KS
Job Type 5 1/2 Lis.	Formation	Legal Description 22-27-34

Pipe Data		Perforating Data		Cement Data
Casing size 5 1/2 17#	Tubing Size	Shots/Ft		Lead PRO 5x 50/50
Depth 5398'	Depth	From	To	5% W-60, 10% salt
Volume 124	Volume	From	To	16% C-15, 1/4" Deformer
Max Press 2500#	Max Press	From	To	5# Gilsonite
Well Connection P.C.	Annulus Vol.	From	To	Tail in 1.904 6.65w
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
20:50					on loc, spot tracks, Rig up, set up
23:50					setting rig
23:56					psi test
01:05	2000#	5/29/11	12	4	Pump super flush
01:26					plug RTM
01:36	2000#		0	5	start mix 50/50 @ 13.8#
01:55	0		52		Finish mixing
02:00					Drop plug, wash up to PIT
01:01	0#		0	5.6	Start disp
01:30	900#		115	3	slow Rate
01:33	900# - 1400		125	-	Plug down
01:36	1400-0				Release Psi, Floatheld
01:39	0-2500#				psi test
02:09	2500-0				Release Psi
					Job Complete
					Thank you
					Chad & crew

Service Units	19488	30416319443	19828	19883
Driver Names	Chinz	R. Olds	H. Esqueda	

Jeremy
Customer Representative

Serry Bennett
Station Manager

Chad Hinz
Cementer

Attachment to Berger A-3 (API # 15-081-21937)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 440	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

September 19, 2011

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

Re: ACO1
API 15-081-21937-00-00
BERGER A-3
SE/4 Sec.22-27S-34W
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