



KANSAS CORPORATION COMMISSION 1064018  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

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



1064018

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ELIZABETH A. COX 5
Doc ID	1064018

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ELIZABETH A. COX 5
Doc ID	1064018

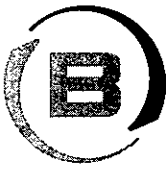
Tops

Name	Top	Datum
HEEBNER	4077	-1097
LANSING	4170	-1190
MARMATON	4759	-1779
CHEROKEE	4924	-1944
ATOKA	5099	-2119
MORROW	5219	-2239
CHESTER	5322	-2342
ST. GENEVIEVE	5421	-2441
ST. LOUIS	5489	-2509

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ELIZABETH A. COX 5
Doc ID	1064018

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5374-5394 CHESTER (ISOLATED)	20 BBL 7% KCL	5374-5394
		CIBP 2 SX CMT	5324
6	4792-4796 MARMATON (ISOLATED)	20 BBL 2% KCL	4792-4796
		ACID: 7 BBL XYLENE, 12 BBL 15% W/ ADDITIVES	4792-4796
		FLUSH 25 BBL 4% KCL	
3	4606-4613, 4668- 4678 KANSAS CITY	20 BBL 7% KCL	4606-4678



**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 01746 A

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

DATE OF JOB <u>6/4/11</u> DISTRICT <u>1717</u>		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 <u>Day USA</u>		LEASE <u>Elizabeth A Cox</u> <u>5</u> WELL NO.							
ADDRESS		COUNTY <u>Haskell</u>		STATE <u>KS</u>					
CITY		STATE		SERVICE CREW <u>Royce</u>					
AUTHORIZED BY <u>Tyce</u> <u>JRB</u>		JOB TYPE: <u>Fit</u> <u>Z61</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>19486</u>	<u>2</u>							<u>AM</u>	<u>4:30</u>
<u>30463</u>	<u>2</u>							<u>AM</u>	<u>7:30</u>
<u>19483</u>	<u>2</u>							<u>AM</u>	<u>8:37</u>
								<u>AM</u>	<u>8:52</u>
								<u>AM</u>	<u>9:30</u>
						MILES FROM STATION TO WELL	<u>30</u>		

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
<u>E101</u>	<u>Heavy Equip Miscel</u>	<u>Mi</u>	<u>30</u>		<u>210 00</u>
<u>E220</u>	<u>Acid pump serv.</u>	<u>EA</u>	<u>1</u>		<u>725 00</u>
<u>E100</u>	<u>Pickup Miscel</u>	<u>Mi</u>	<u>30</u>		<u>127 50</u>
<u>5003</u>	<u>Service SuperV507</u>	<u>EA</u>	<u>1</u>		<u>175 00</u>
<b>AP LOCATION/DEPT.</b> _____ <b>D02</b> <input type="checkbox"/> <b>NON D02</b> <input checked="" type="checkbox"/> <b>LEASE/WELL/FAC</b> <u>Elizabeth A Cox #5</u> <b>MAXIMO / WSM #</b> _____ <b>TASK</b> <u>α-02</u> <b>ELEMENT</b> <u>3023</u> <b>PROJECT #</b> <u>1135174</u> <b>CAPEX / OPEX - Circle one</b> <b>SPD / BPA</b> _____ <b>UNSUPPORTED</b> <input type="checkbox"/> <b>PRINTED NAME</b> <u>Jeff Woolley</u> <b>SIGNATURE:</b> <u>[Signature]</u>					

SUB TOTAL 1,237.50

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <u>[Signature]</u> (WELL OWNER OPERATOR OR CONTRACTOR OR AGENT)
---	---

FIELD SERVICE ORDER NO.

Customer: <b>Oxy USA</b>	Lease No.	Date: <b>6/4/11</b>
Lease: <b>Elizabeth A Cox</b>	Well # <b>5</b>	
Field Order #	Station: <b>Liberal</b>	Casing <b>9 5/8</b> Depth
Type Job: <b>Fit test</b>	Formation	County: <b>Haskell</b> State: <b>KS</b>
		Legal Description: <b>3-30-33</b>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<b>9 5/8</b>							5 Min.
Depth	Depth	From	To	Pre Pad	Max		
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush: <b>Fresh</b>	Gas Volume		Total Load

Customer Representative: <b>Andy</b>	Station Manager: <b>Jerry Bennett</b>	Treater: <b>Chad Hinz</b>
Service Units: <b>19455 30463 19443</b>		
Driver Names: <b>CHINZ R. Olds</b>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
19:30					on loc, spot trk, Rig up
20:20					seal mtr
20:37	350		110		Fit (Formation Integrity Test)
20:47	125				Release Psi
20:48	350		110		Lot (Leak Off test)
20:49	300				1 min
20:50	290				2 min
20:51	250				3 min
20:52	250-0				Release Psi
					Job Complete
					Thank You
					Chad & crew



**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

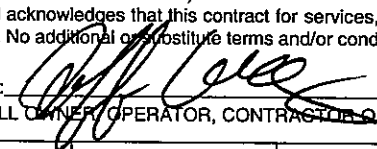
FIELD SERVICE TICKET  
1717 01768 A

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

DATE OF JOB <b>6-10-11</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>Elizabeth A. Cox</b> WELL NO. <b>5</b>						
ADDRESS		COUNTY <b>Haskell</b> STATE <b>Ks</b>						
CITY STATE		SERVICE CREW <b>Cochran/Mendoza/Munoz</b>						
AUTHORIZED BY <b>T. Davis</b>		JOB TYPE: <b>Z42 7" L.S.</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<b>21755</b>	<b>15.3</b>						<b>6-10</b>	<b>08:00</b>
<b>27809</b>	<b>15.3</b>					ARRIVED AT JOB	<b>6-10</b>	<b>06:15</b>
<b>19553</b>	<b>15.3</b>					START OPERATION	<b>6-10</b>	<b>18:15</b>
<b>14854</b>	<b>15.3</b>					FINISH OPERATION	<b>6-10</b>	<b>20:30</b>
<b>19578</b>	<b>15.3</b>					RELEASED	<b>6-10</b>	<b>21:30</b>
						MILES FROM STATION TO WELL		<b>40</b>

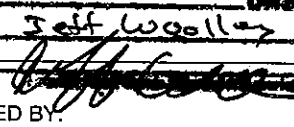
CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

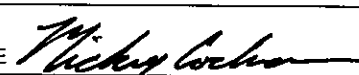
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. 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
CL104	0.50/50 Poz	sk	230		2530 00
CL100	Premium	sk	50		800 00
CC113	Gypsum	lb	970		727 50
CC111	Salt	lb	1280		640 00
CC103	C-15	lb	117		1462 50
CC107	C-42P	lb	49		392 00
CC201	Gilsonite	lb	1150		770 50
CF1282	Accu-Seal Float Shoe	ea	1		620 00
CF1780	Centralizer	ea	20		2000 00
CF502	Stop Ring	ea	1		40 00
CF104	Top Plug	ea	1		110 00
CF1293	Accu-Seal Float Collar	ea	1		850 00
CC155	Super Flush II	gal	500		765 00
E101	Heavy Equip. Mileage	mi	100		700 00
CE240	Blending & Mixing Serv. Chrg	sk	280		392 00
E113	Bulk Delivery	tm	603		964 80
CE206	Depth Chrg. 5001'-6000'	4hr	1		2880 00
CE504	Plug Container	job	1		250 00
E100	Pick-up Mileage	mi	50		212 50

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. \_\_\_\_\_ DISTRICT/NO. \_\_\_\_\_  
 LEASE/WELL/FAC. **Elizabeth A Cox 5** SUB TOTAL **15,214.41**  
 SERVICE & EQUIPMENT # \_\_\_\_\_ %TAX ON \$ \_\_\_\_\_  
 MATERIAL # **01-02** %TAX ON \$ \_\_\_\_\_ ELEMENT **3023**  
 PROJECT # **1135174** CAPEX / OREX: Circle one  
 SPO / BPA \_\_\_\_\_ UNSUPPORTED ( )  
 PRINTED NAME **Jeff Wooley**  
 SIGNATURE: 

SERVICE REPRESENTATIVE 

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_







**BASIC**  
ENERGY SERVICES  
Liberal, Kansas

**Cement Report**

Customer <i>Oxy USA</i>	Lease No.	Date <i>6-10-11</i>
Lease <i>Elizabeth A Cox</i>	Well # <i>5</i>	Service Receipt <i>171701768</i>
Casing <i>7"</i>	Depth <i>5564</i>	County <i>Haskell</i>
Job Type <i>Z42 7" L.S.</i>	Formation	State <i>Ks</i>
		Legal Description <i>8 30 33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>7" 26"</i>	Tubing Size	Shots/Ft		Lead Rat + Mouse <i>50sk Premium 1.18 #/sk 5.22 gal/sk @ 15.6 #/gal Tail in 230sk 5050 gal 5" w-60-107.5 gal 6" C-18-45 Bellmer 5" Tritonite 1.52 #/sk 6.65 gal/sk @ 13.8 #/gal</i>
Depth <i>5564</i>	Depth	From	To	
Volume	Volume	From	To	
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>06:15</i>					<i>on loc. / Held Safety Meeting</i>
<i>06:15</i>					<i>Rig Running Csg.</i>
<i>12:30</i>					<i>Csg on Bottom Cir. w/ Rig</i>
<i>18:21</i>	<i>3000</i>				<i>Test Pump + Lines</i>
<i>19:23</i>	<i>400</i>		<i>5</i>	<i>5</i>	<i>Start fresh H<sub>2</sub>O</i>
<i>19:24</i>	<i>400</i>		<i>12</i>	<i>5</i>	<i>Start Super Flush II</i>
<i>19:27</i>	<i>400</i>		<i>5</i>	<i>5</i>	<i>Start fresh H<sub>2</sub>O</i>
<i>18:28</i>	<i>450</i>		<i>62</i>	<i>6</i>	<i>Start Cmt 230sk @ 13.8"</i>
<i>19:40</i>					<i>Shutdown + Wash up</i>
<i>19:41</i>					<i>Drop Top Plug</i>
<i>18:46</i>	<i>250</i>		<i>0</i>	<i>7.4</i>	<i>Start Disp. w/ fresh H<sub>2</sub>O</i>
<i>19:11</i>	<i>1150</i>		<i>202</i>	<i>2</i>	<i>Slow Rate</i>
<i>19:18</i>	<i>1800</i>		<i>209</i>	<i>2</i>	<i>Bump Plug</i>
<i>19:24</i>	<i>0</i>			<i>0</i>	<i>Release / floats Held</i>
<i>19:26</i>	<i>2500</i>				<i>Pressure Test Csg</i>
<i>19:59</i>	<i>0</i>				<i>Release</i>
<i>20:06</i>	<i>150</i>		<i>6</i>	<i>2.5</i>	<i>Plug Rat Hole w/ 30sk</i>
<i>20:14</i>	<i>150</i>		<i>4</i>	<i>2.5</i>	<i>Plug Mouse Hole w/ 20sk</i>
<i>20:30</i>					<i>End Job</i>
					<i>Shutdown Operations + W.O.O. from</i>
					<i>14:30 to 18:15</i>
					<i>T.D. 5540' Total Pipe 5564'</i>
	<i>1250</i>				<i>Pressure Before Plug landed</i>

Service Units	<i>21955</i>	<i>2790819553</i>	<i>1435419578</i>		
Driver Names	<i>Cochran</i>	<i>Mendoza</i>	<i>Munoz</i>		

Jeff Gill  
Customer Representative

J. Bennett  
Station Manager

M. Cochran  
Cementer

**Attachment to Elizabeth A. Cox #5 (API 15-081-21942)**

**Cement & Additives**

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 335	3% CC, 1/2# Cellflake, 0.2% WCA1
	Class C	Tail: 200	2% CC, 1/4# Cellflake
Production	50-50 Poz	230	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 28, 2011

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

Re: ACO1  
API 15-081-21942-00-00  
ELIZABETH A. COX 5  
SE/4 Sec.08-30S-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