



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
---	---

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 Bbbs.	Gas Mcf	Water Bbbs.	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	BLACK C-1
Doc ID	1064377

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BLACK C-1
Doc ID	1064377

Tops

Name	Top	Datum
HEEBNER	4043	-1076
LANSING	4140	-1173
MARMATON	4749	-1782
CHEROKEE	4918	-1951
ATOKA	5100	-2133
MORROW	5213	-2246
CHESTER	5325	-2358
ST. GENEVIEVE	5370	-2403
ST. LOUIS	5492	-2525



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 01766 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-8-11	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: Black "C"				WELL NO.: 1		
ADDRESS:		COUNTY: Haskell		STATE: Ks				
CITY:		SERVICE CREW: Cochran/mendoza/		S. Chavez				
AUTHORIZED BY:		JOB TYPE: Z42 95% surface		V. Pasquoz				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
21755	8.75	19828	8.75				6-8	08:20
27808	8.75	19883	8.75			ARRIVED AT JOB	6-8	11:45
19553	8.75	14355	8.75			START OPERATION	6-8	16:50
		14284	8.75			FINISH OPERATION	6-8	19:10
						RELEASED	6-8	20:30
						MILES FROM STATION TO WELL	40	

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 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
CL101	'A-con' Blend	sk	525		
CL110	Premium Plus	sk	200		
CC109	Calcium Chloride	lb	1858		
CC102	Collaflake	lb	313		
CC130	C-51	lb	99		
CF1454	Insert	ea	1		
CF254	Guide Shoe	ea	1		
CF1781	Centralizer	ea	15		
CF1904	Basket	ea	1		
CF106	Top Plug	ea	1		
CF504	Stop Ring	ea	1		
E101	Heavy Equip. Mileage	mi	90		
CE240	Blending + Mixing Service Chrg.	sk	725		
E113	Bulk Delivery	TM	1023		
CE202	Depth Chrg 1001-2000'	4hr	1		
CE504	Plug Container	job	1		
E100	Pick-up Mileage	mi	30		
5003	Service Supervisor	ea	1		

SUB TOTAL **21,801.01**

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]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



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 01796 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-16-11		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: Black C#1				WELL NO.:			
ADDRESS:				COUNTY: Haskell				STATE: KS			
CITY:				STATE:				SERVICE CREW: T. Gibson, V. Vasquez			
AUTHORIZED BY: J. Bennett				JOB TYPE: 242-7" Production							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED: 6-16-11 AM 4:00					
34726	8					ARRIVED AT JOB: 6-15-11 AM 6:00					
30464	2					START OPERATION: 6-15-11 AM 11:00					
19919	6					RESTART OPERATION: 6-16-11 AM 2:00					
19805	2					RELEASED: 6-16-11 AM 3:00					
19808	6					MILES FROM STATION TO WELL: 30 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 for the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only the conditions appearing on the front and back of this form. 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.

PRINTED NAME: TERRY M. STEPHENS

SIGNED: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
01104	50/50 POZ	ea	305		3355 00
01113	Gilsonite	lb	1285		963 75
01111	3" LF	ft	1695		847 50
01103	C-15	ft	155		1937 50
01107	C-42	ft	65		520 00
01501	Gilsonite	lb	1525		1021 75
01202	7" Auto Fill Float Shoe	ea	1		975 00
01362	1" Auto Fill Float Collar	ea	1		1100 00
01170	1" Turbo lizer	ea	25		2500 00
01502	1" Stop Ring	ea	1		40 00
01104	1" Top Rubber Plug	ea	1		110 00
01155	Superflush	gal	500		765 00
E101	Heavy Equipment Mileage	mi	60		420 00
CE240	Bending & Mixing Service	SK	305		427 00
E113	Proppant + Bulk Delivery	ton/mi	386		617 60
CE206	Ruid Depth: 5001'-6000'	ea	1		2880 00
CE504	Fluo Container	ea	1		250 00
E100	Unit Mileage	mi	30		127 50
5003	Service Supervisor	ea	1		175 00

SUB TOTAL: 14278.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Noel Durera	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
FIELD SERVICE ORDER NO.:	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer Oxia USA	Lease No.	Date 6-16-11
Lease Black C #1	Well #	Service Receipt 01796
Casing 7" 23#	Depth 5648.88'	County Maskell State KS
Job Type 242-7" Production	Formation	Legal Description 18-30-33

Pipe Data		Perforating Data		Cement Data
Casing size 7" 23#	Tubing Size	Shots/Ft		Lead 255 sk
Depth 5648.88'	Depth	From	To	50/50 Poz
Volume 214 bbl	Volume	From	To	
Max Press 2500#	Max Press	From	To	Tail in
Well Connection	Annulus Vol.	From	To	
Plug Depth 5601.68'	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:00					on loc-site assessment
6:05					spot trucks - rig up
10:00					CSG on bit, Break Circ 1 hr
11:15					pressure test 3000#
11:20	400		5	3	pump 5 bbl H ₂ O spacer
11:23	400		12	3	pump 12 bbl Superflush
11:27	400		5	3	pump 5 bbl H ₂ O spacer
11:30	400		69	5	mix & pump 255 sk 50/50 Poz w/ 6% w/b, 10% Salt, 6% G/S, 4% Defoamer 5# Gilsonite - 1.52 #/sk, 6.65 gal/sk @ 13.8
11:50					drop plug, wash pumping 1 hr
11:53	0		0	6	disp CSG
	1100		204	2	slow rate last 10 bbl of disp
12:30	1600		214	0	land plug, float held
12:40					psi test CSG @ 2500# for 30 min
1:10					psi test passed
1:30					plug rat & mouse hole w/ 50 SKS job complete.

Service Units	34776	20461-19919	19805-19808		
Driver Names	A. Olvera	T. Gibson	V. Vasquez		

J. Carroll Customer Representative S. Bennett Station Manager A. Olvera Cementer



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

FIELD SERVICE TICKET
 1717 01997 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-14-11 DISTRICT 1717		NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER Oxy		LEASE Black C #1 WELL NO.:							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW R Martinez, S Chavez							
AUTHORIZED BY J. Bennett		JOB TYPE: 24 - Squeeze							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	6						9-14-11	PM	7:00
38111	2					ARRIVED AT JOB		PM	8:00
19919	4					START OPERATION		PM	9:00
14354	2					FINISH OPERATION		AM	12:00
19578	4					RELEASED		AM	1:00
						MILES FROM STATION TO WELL	30 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	
C1100	Premium / Common	SK	150		2400 00	
C1109	Calcium Chloride	lb	80		84 00	
E101	Heavy Equipment Mileage	mi	60		420 00	
CE240	Blending & Mixing Service	sk	300		420 00	
E113	Proppant Bulk Delivery	ton/mi	423		676 80	
CE205	Pump Depth 4001-5000	ea	1		2520 00	
E100	Unit Mileage	mi	30		127 50	
5003	Service Supervisor	ea	1		175 00	
					SUB TOTAL	5117.75

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]*
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Cement Report

Customer	Oxy	Lease No.		Date	9-14-11
Lease	Black C	Well #	1	Service Receipt	01997
Casing	7" 26#	Depth		County	Maskell
Job Type	246-Squeeze	Formation		State	KS
		Legal Description	18-30-33		

Pipe Data		Perforating Data		Cement Data
Casing size	7" 26#	Tubing Size	2 7/8"	Lead Premium/Common
Depth		Depth	4038'	
Volume	4 bbl	Volume	23.4 bbl	Tail in
Max Press		Max Press	1500#	
Well Connection		Annulus Vol.	126.4 bbl	
Plug Depth		Packer Depth	4038'	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:45					on loc.-site assesment
8:00					spot trucks-rig up
8:45					safety meeting/JSA
9:00	500		1	1	load annulus w/ 1 bbl to 500#
9:15		300	27	3.5	establish inj. rate - 3.5 bpm @ 300# loaded w/ 23.5 bbl
10:10		200	28.3	2	mix + pump 150 sk Premium/Common 50sk w/ 2% CC, 100sk neat 1.06 ft 3/sk, 4.35 gal/sk, @ 16.4 ppg
10:25					wash pumping lines
11:30		1500	22	25	disp tubing w/ 22 bbl squeeze to 1500# - Check flow back
11:45		300	35	3	rev out tubing clean pull 5 stds
12:15		1000	1	.25	shut in w/ 1000#
12:30					job complete

Service Units	34726	3811-19919	14354-19578		
Driver Names	A. Olvera	R. Martinez	S. Chavez		

W. Williman Customer Representative
 J. Bennett Station Manager
 A. Olvera Cementer

Attachment to Black C-1 (API # 15-081-21941)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 535	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	50-50 Poz	255	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 30, 2011

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

Re: ACO1
API 15-081-21941-00-00
BLACK C-1
NE/4 Sec.18-30S-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