



KANSAS CORPORATION COMMISSION 1066005
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: _____



1066005

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ELIZABETH A. COX 6
Doc ID	1066005

All Electric Logs Run

ARRAY INDUCTION SHALLOW FOCUSED ELECTRIC LOG
COMPACT PHOTO DENSITY COMPENSATED NEUTRON MICRORESISTIVITY LOG
COMPENSATED SONIC W/ INTEGRATED TRANSIT TIME LOG
CEMENT BOND LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ELIZABETH A. COX 6
Doc ID	1066005

Tops

Name	Top	Datum
HEEBNER	4074	-1095
LANSING	4166	-1187
MARMATON	4758	-1779
CHEROKEE	4930	-1951
ATOKA	5110	-2131
MORROW	5224	-2245
CHESTER	5321	-2342
ST. GENEVIEVE	5433	-2454
ST. LOUIS	5475	-2496

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ELIZABETH A. COX 6
Doc ID	1066005

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	4769-4773, 4785-4789, 4830-4832	40 BBL 2% KCL	4769-4887
	4885-4887 MARMATON		
		ACID: 500 GAL XYLENE, 2500 GAL	4769-4887
		10% DS FE HCL FLUSH: 1218 GAL 2 % KCL	
	CIBP@4730		4730
4	4613-4618, 4670-4676 KANSAS CITY	30 BBL 4% KCL	4613-4676
		ACID: 500 GAL XYLENE 2500 GAL	4613-4676
		10% DS FE HCL FLUSH: 1176 2 % KCL	



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 01775 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-30-11 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 Elizabeth A. Cox		WELL NO. 6			
ADDRESS		COUNTY Haskell		STATE Ks			
CITY STATE		SERVICE CREW Abel O. Cochran / Oliver / Mendoza / Gibson / F. Martinez					
AUTHORIZED BY T. Davis		JOB TYPE: Z42 9 5/8 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	6-29-11 12:45
21755	13	30464	13			ARRIVED AT JOB	6-29-11 16:00
27808	13	19883	13			START OPERATION	6-20-11 01:00
19553	13	34726	8			FINISH OPERATION	6-20-11 05:20
14355	17					RELEASED	6-30-11 05:00
14284	13					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/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
CL101	'A-con' Blend	sk	470		8742.00
CL100	Premium Plus	sk	180		2934.00
CC109	Calcium Chloride	lb	1666		1749.30
CC102	Celloflake	lb	280		1036.00
CC130	C-51	lb	89		2225.00
CF1364	Auto Fill Float Collar	ea	1		1525.00
CF1204	Auto Fill Float Shoe	ea	1		1375.00
CF1781	Centalizer	ea	15		2400.00
CF1904	Basket	ea	1		340.00
CF106	Top Plug	ea	1		260.00
CF504	Stop Ring	ea	1		50.00
E101	Heavy Equip. Mileage	mi	90		630.00
CE240	Blending + Mixing Serv. Chrg.	sk	650		910.00
E113	Bulk Delivery	tm	918		1468.50
CE202	Depth Chrg. '1001-2000'	4hr	1		1500.00
CE504	Plug Container	job	1		250.00
E100	Pick-up Mileage	mi	30		127.50
5003	Service Supervisor	ea	1		175.00
T105	Cement Data Acquisition Monitor	ea	1		550.00

SUB TOTAL **23817.24**

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. _____ SECTION _____
 SERVICE/CLIENT **Elizabeth Cox #6**
 MARKET/CRM # _____ %TAX ON \$ _____
 TAX **01-02** ELEMENT **3923**
 PROJECT # **1135174** CAPEX/OPEX - Circle one
 SPS/UPA _____ UNSUPPORTED

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

FIELD SERVICE ORDER NO. _____



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>			Lease No.		Date <i>6-29-11</i>		
Lease <i>Elizabeth A Cox</i>			Well # <i>6</i>		Service Receipt <i>1717 01775</i>		
Casing <i>9 5/8</i>		Depth		County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>2 4/2 Surface</i>		Formation		Legal Description <i>S 30 S3</i>			
Pipe Data			Perforating Data		Cement Data		
Casing size <i>9 5/8 36"</i>		Tubing Size		Shots/Ft		Lead <i>470sk A-con</i> <i>3% CC - 1/2" Cellulose</i> <i>2% WCA - 1.2.4 #/sk</i> <i>14.2 #/sk @ 12.1 #/gal</i> Tail in <i>180sk Premium</i> <i>2% CC - 1/4" Cellulose</i> <i>1.34 #/sk 6.53981</i> <i>@ 14.8 #/gal</i>	
Depth <i>1820.08 TP 41.5J</i>		Depth		From			To
Volume <i>1815 Rig TD</i>		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>16:20</i>					<i>on loc. / Held Safety Meeting</i>		
<i>18:40</i>					<i>Start Csg</i>		
<i>19:45</i>					<i>Spot + Rig up Equip.</i>		
<i>00:00</i>					<i>Csg on Bottom Cir. w/Rig</i>		
					<i>Held Safety Meeting w/Rig Crew</i>		
<i>01:03</i>	<i>3200</i>				<i>Test Pump + Lines</i>		
<i>01:05</i>	<i>300</i>		<i>201</i>	<i>5-3</i>	<i>Start Lead CMT 470sk @ 12.1 #</i>		
<i>02:09</i>	<i>400</i>		<i>43</i>	<i>3</i>	<i>Start Tail Cmt 180sk @ 14.8 #</i>		
<i>02:30</i>					<i>Shutdown + Drop Plug</i>		
<i>02:32</i>	<i>300</i>		<i>0</i>	<i>4</i>	<i>Start Disp. w/fresh H₂O</i>		
<i>03:02</i>	<i>700</i>		<i>127</i>	<i>2</i>	<i>Slow Rate</i>		
<i>03:07</i>	<i>1500</i>		<i>137</i>	<i>2</i>	<i>Bump Plug</i>		
<i>03:12</i>	<i>0</i>		<i>137</i>	<i>0</i>	<i>Release / Floats Held</i>		
<i>03:15</i>					<i>End Job</i>		
	<i>750</i>				<i>Pressure Before Plug Landed</i>		
					<i>Circulated Cmt to the Pit</i>		
Service Units <i>21755</i>		<i>2780819583</i>		<i>1435514284</i>		<i>3046419883</i>	
Driver Names <i>Cochran</i>		<i>Mendoza</i>		<i>J. Martinez</i>		<i>Gibson/Lortiz</i>	

Jeff
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 01868 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>7-6-11</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>Oxy USA</u>		LEASE <u>Elizabeth A Cox</u> <u>60</u>		WELL NO.					
ADDRESS		COUNTY <u>Haskell</u>		STATE <u>KS</u>					
CITY STATE		SERVICE CREW <u>J. Chavez, Roben, Juan</u>							
AUTHORIZED BY <u>Jerry Bennett</u> <u>JRB</u>		JOB TYPE: <u>7' Long String</u> <u>742</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>19820</u>	<u>12</u>	<u>12978</u>	<u>12</u>	<u>14355</u>	<u>12</u>	ARRIVED AT JOB	<u>7-6-11</u>	AM	<u>1230</u>
		<u>14919</u>	<u>2</u>	<u>14284</u>	<u>2</u>	START OPERATION	<u>7-6-11</u>	AM	<u>600</u>
						FINISH OPERATION	<u>7-6-11</u>	AM	<u>1000</u>
						RELEASED	<u>7-6-11</u>	AM	<u>1030</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: Jeff Gill
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50-50 POZ	SLC	295		3245 00
CC113	Gypsum	lb	1240		930 00
CC111	Salt	lb	1034		817 00
CC103	C-15	lb	149		1862 50
CC107	C-4RP	lb	62		496 00
CC201	Gilsemitc	lb	1475		988 25
CC102	CelloFlace	lb	74		273 80
CF1202	AFU Shoc	EA	1		900 00
CF1362	AFU Collar	EA	1		620 00
CF1780	Centralizer 7"	CA	25		2500 00
CF502	7' Stop Ring	EA	1		40 00
CF104	Rubber Plug	EA	1		110 00
CC155	Super Flush 11	gal	500		765 00
E101	Heavy Equipment Mileage	mi	60		420 00
CE240	Blending & Mixing Charge	SLC	295		413 00
E113	Proppant and Bulk Delivery Charge	tm	372		595 20
CE206	Depth Charge	4hrs	1		2880 00
CE504	Plug Container Charge	job	1		250 00
E100	Prelap Mileage	mi	30		127 50

SUB TOTAL 13832 06

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. D02C

SERVICE & EQUIPMENT LEASEWELL/FAC Elizabeth A Cox #1 %TAX ON \$

MATERIALS MAXIMO / WSM # _____ %TAX ON \$

TASK D102 ELEMENT 3023

PROJECT # 1135174 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

Circle Doc Type PRINT NAME Jeff Gill

SERVICE REPRESENTATIVE Jerry Chavez

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer	Oxy USA	Lease No.		Date	7-6-11
Lease	Elizabeth A COX	Well #	60	Service Receipt	01868
Casing	7" 26#	Depth	5560	County	Haskell
State	KS	Job Type	Long String 242	Formation	
Legal Description	g-30-33				

Pipe Data		Perforating Data		Cement Data
Casing size	7" 26#	Tubing Size		Lead Port + Mouse Holes 50% 50-50 POZ 1.52F3-SK - 6.64Gd-SK Tail in 245SK 50-50 1.52F3-SK POZ 6.64Gd-SK 13.8#
Depth	5550	Depth	5547'	
Volume	210.7 b15	Volume		
Max Press	3000	Max Press		
Well Connection	7'	Annulus Vol.		
Plug Depth	5503	Packer Depth		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
1230					Arrive On Location
1235					Safety Meeting - Rig Up
1230					Rig Running in Casing
600					Circulate w/rig
625					Hook up To BES
630	1500		1.0	1.0	Pressure Test
635	400			5.0	Pump em Water Spacer
640	300			5.0	Pump Super Flush
645	275			5.0	Pump Water Spacer
650	200		68	5.0	Pump emt @ 13.8 #'s
705					Wash Up - Drop Plug
710	300		190	6.0	Displace
748	1000		20	3.0	Slow Down Displace - Lost circulation @ 170 b15 got back @ 178 b15
755	1500		.5	1.0	Land Plug - Floats Held
800	2500			1.0	Test Casing - OK Hold
850					Plug Port + Mouse Holes
					Job Complete
					Thanks For Using Basic Energy Services

Service Units	19820	12978-19919	14355-14284		
Driver Names	J. Chacor	Wilson	Suan		

Jeff Customer Representative
 Tony Bennett Station Manager
 Samuel Chacor Cementer

Attachment to Elizabeth A. Cox #6 (API # 15-081-21943)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 470	3% CC, 1/2# Cellflake, 0.2% WCA1
	Poz +	Tail: 180	2% CC, 1/4# Cellflake
Production	50-50 Poz	245	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite 1/4# Polyflake

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

October 24, 2011

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

Re: ACO1
API 15-081-21943-00-00
ELIZABETH A. COX 6
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