



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: _____



1066946

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	CORRELL A-1
Doc ID	1066946

All Electric Logs Run

BOREHOLE COMPENSATED SONIC POROSITY DELTA T LOG
CEMENT BOND LOG
ARRAY COMPENSATED RESISTIVITY LOG
SPECTRAL DENSITY DUAL SPACED NEUTRON MICROLOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	CORRELL A-1
Doc ID	1066946

Tops

Name	Top	Datum
HEEBNER	4063	
LANSING	4125	-1134
MARMATON	4761	-1770
CHEROKEE	4925	-1934
ATOKA	5109	-2118
MORROW	5226	-2235
CHESTER	5320	-2329
ST. GENEVIEVE	5400	-2409

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	CORRELL A-1
Doc ID	1066946

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	4790-4794 MARMATON	32 BBL 2% KCL	4790-4794
		ACID: 300 GAL XYLENE 800 GAL 15% DS FE HCL	4790-4794
		FLUSH: 30 BBLS 2% KCL	
6	4592-4596 KANSAS CITY	ACID: 300 GAL XYLENE 800 GAL 15% DS FE HCL	4592-4596
		FLUSH: 27.3 BBLS 2% KCL	
6	4153-4158 LANSING		4153-4158



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 02035 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-15-11 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 Correll		WELL NO. A-1					
ADDRESS		COUNTY Haskell		STATE Ks					
CITY STATE		SERVICE CREW Cochran Vasquez / Mendoza / Siroky / Ortiz							
AUTHORIZED BY T. Davis		JOB TYPE: Z 42 8 5/8 Surface 09:00							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21755	5.5	19805	5.5				7-15	AM	12:25
27808	5.5	19808	5.5			ARRIVED AT JOB	7-15	AM	12:25
19553	5.5	19827	5.5			START OPERATION	7-15	AM	15:15
		19566	5.5			FINISH OPERATION	7-15	AM	16:48
						RELEASED	7-15	AM	18:00
						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: Jeff Gill
(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	395		7347 00
CL110	Premium Plus	sk	150		2445 00
CC109	Calcium Chloride	lb	1398		1467 90
CC102	Celloflake	lb	137		506 90
CC130	C-51	lb	75		1875 00
CF1203	Auto Fill Float Shoe	ea	1		1025 00
CF1363	Auto Fill Float Collar	ea	1		1275 00
CF1773	Centralizer	ea	15		2175 00
CF1903	Basket	ea	1		315 00
CF503	Stop Ring	ea	1		44 00
CF105	Top Plug	ea	1		225 00
CF3000	Thread lock	ea	12		408 00
E101	Heavy Equip. Mileage	mi	105		735 00
CE240	Blending + Mixing Serv. Chrg.	sk	545		763 00
E113	Bulk Delivery	TM	898		1436 80
CE202	Depth Chrg. 1001'-2000'	4hr	1		1500 00
CE504	Plug Container	job	1		250 00
E100	Pick-up Mileage	mi	35		148 75
5003	Service Supervisor	ea	1		175 00

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. _____ D9281NOMID027
LEASE/WELL/FAC **Correll A-1** 1850553

MAXIMUM EQUIPMENT _____ %TAX ON \$ _____
MATERIALS **0102** _____ %TAX ELEMENT **3023**

PROJECT # **1136202** CAPEX / OPEX TOTAL **one**

SPC / RPA _____ UNSUPPORTED
Circle of Type _____
DATE **Jeff Gill**

SERVICE REPRESENTATIVE Tracy Cook THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Jeff Gill
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



Cement Report

Customer	Oxy USA	Lease No.		Date	7-15-11
Lease	Correll	Well #	A-1	Service Receipt	171702035
Casing	8 5/8	Depth	1829	County	Haskell
				State	K5
Job Type	242 Surface	Formation		Legal Description	8-30-33

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 24#	Tubing Size		Lead See Call sheet
Depth	1829	Depth		
Volume		Volume		Tail in
Max Press		Max Press		
Well Connection		Annulus Vol.		
Plug Depth		Packer Depth		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:25					on loc. / Held Safety Meeting
12:25					Rig Running Csg.
14:40					Csg. on Bottom Cir. w/ Rig
					TP 18.33' ST 44' TD 1829'
15:17	2500				Test Pump + Lines
15:19	300		169	5.5	Start head Cmt 375sk @ 12.1*
15:53	250		27	4	Start Tail Cmt 150sk @ 19.8*
16:07					Shutdown + Drop Plug
16:09	100		0	4.5	Start Disp. w/ fresh H ₂ O
16:31	550		103	2.5	Slow Rate
16:35	1200		113	2.5	Bump Plug
16:40	0		113	0	Release / Floats Held
16:45					End Job
	650				Pressure Before Plug Landed
					Circulated Cement to the Pit

Service Units	21755	2980819553	19805/19808	1982719566	
Driver Names	Cochran	Mendoza	Siroky	Ortiz	

J. Gill Customer Representative
 J. Bennett Station Manager
 M. Cochran Cementer



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P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 02068 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-20-11	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 Correll #1		WELL NO.						
ADDRESS		COUNTY Haskell	STATE KS						
CITY		SERVICE CREW T. Gibson, S. Chavez							
AUTHORIZED BY J. Bennett JRB		JOB TYPE: 242- 5 1/2" Production							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	1						7-20-11	AM	3:00
27808	2					ARRIVED AT JOB		AM	5:00
19553	5					START OPERATION		AM	9:30
19828	2					FINISH OPERATION		AM	10:00
14284	5					RELEASED		AM	12:00
						MILES FROM STATION TO WELL	20 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:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CC104	50/50 Poz	SK	300		3300 00
CC100	Premium/Common	SK	50		800 00
CC113	Gypsum	lb	1260		945 00
CC111	Salt	lb	1835		919 50
CC103	C-45	lb	152		1900 00
CC107	C-42P	lb	63		504 00
CC201	Gilsonite	lb	1000		1005 00
CC102	Cellulose	lb	75		277 50

PROJECT # 1136202
TASK # 0102
ELEMENT 3023
EASEWELL/FAC Correll #1
AP LOCATION/DEPT. _____
D021NON D021

SIGNATURE:
PRINTED NAME: James D. Clark
SPO / BPA _____
UNSLIPPED

SUB TOTAL \$ 13,991.78

CHEMICAL / ACID DATA:			

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

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



Cement Report

Customer	Oxy USA	Lease No.		Date	7-20-11
Lease	Correll A	Well #	1	Service Receipt	07068
Casing	5 1/2" 17#	Depth	5588.08'	County	Haskell
Job Type	242-5 1/2" Production	Formation		State	KS
				Legal Description	8-30-33

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2" 17#	Tubing Size		Lead 300 SK
Depth	5588.08'	Depth		50/50 POZ
Volume	Disp-128.6 bbl	From	To	
Max Press	3800#	From	To	Tail in 50 sk
Well Connection	FD-5578'	Annulus Vol.	From	To
Plug Depth	35-44.75' (5543.33)	Packer Depth	From	To
				Class H

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:00					on loc.-site assesment
5:10					spot trucks - rig up
8:30					CSG on btm, break circ lhr.
9:15					safety meeting
9:30					pressure test 3000#
9:35	150		5	4	Dump 5 bbl H ₂ O spacer
9:37	150		12	4	pump 12 bbl Superflush
9:42	150		5	4	pump 5 bbl H ₂ O spacer
9:50	25		13	3	mix + pump 50 sk Class H to plug rat + mouse holes
10:00			86.6		mix + pump 300 sk 50/50 POZ w/ 5% W-60, 10% salt, .6% C15, 1/4# performer, 5# Gilsenik, 1/4# polyflake
					1.62 #3'sk, 7.36 gal/sk @ 13.5 ppq
10:17	0		0	7	drop plug, disp CSG
10:36	700		118	2	slow rate
10:45	1500		128.6	0	land plug, float held
					job complete

Service Units	34726	27808-14553	19838-14284		
Driver Names	A. Rivera	T. Gibran	S. Chaz		

Date _____ Customer Representative Dale
 Station Manager J. Bennett
 Cementer A. Rivera
 Taylor Printing, Inc.

Attachment to Correll A-1 (API # 15-081-21955)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 395	3% CC, 1/4# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 150	2% CC, 1/4# Cellflake
Production	50-50 Poz	300	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

November 08, 2011

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

Re: ACO1
API 15-081-21955-00-00
CORRELL A-1
NW/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