



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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	WILLIAMS I-3
Doc ID	1067787

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WILLIAMS I-3
Doc ID	1067787

Tops

Name	Top	Datum
HEEBNER	4069	-1093
LANSING	4159	-1183
MARMATON	4761	-1785
CHEROKEE	4941	-1965
ATOKA	5125	-2149
MORROW	5240	-2264
CHESTER	5343	-2367
ST. GENEVIEVE	5420	-2444

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WILLIAMS I-3
Doc ID	1067787

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5306-5316 MORROW	30 BBL 7% KCL	5306-5316
		ACID: 68 BBL XYLENE & 10% DS FE HCL	5306-5316
		FRAC: 482 BBL 4 % KCL WATER	5306-5316
		970800 SCF N2 & 00300# 20/40 MESH SAND	
		RBP	4890
4	4790-4800 MARMATON	12 BBLS 4% KCL	4790-4800
		ACID: 2500 GAL XYLENE & 15% DS FE HCL	4790-4800
		FLUSH: 29 BBLS 4% 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 02042 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>7-24-11</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>Williams</u>		WELL NO. <u>I-3</u>			
ADDRESS		COUNTY <u>Haskell</u>		STATE <u>Ks</u>			
CITY STATE		SERVICE CREW <u>Cochran/Ortiz/S.Chavez/Conrad</u>					
AUTHORIZED BY <u>J. Bennett</u>		JOB TYPE: <u>242 85% Surface</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <u>7-24</u> TIME <u>05:00</u>
<u>21755</u>	<u>11</u>	<u>19827</u>	<u>11</u>			ARRIVED AT JOB	<u>7-24</u> <u>07:30</u>
<u>27808</u>	<u>11</u>	<u>19566</u>	<u>11</u>			START OPERATION	<u>7-24</u> <u>15:45</u>
<u>19553</u>	<u>11</u>					FINISH OPERATION	<u>7-24</u> <u>17:30</u>
<u>37021</u>	<u>11</u>					RELEASED	<u>7-24</u> <u>18:30</u>
<u>19883</u>	<u>11</u>					MILES FROM STATION TO WELL	<u>41</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: Jeremy M. Keese
(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		1347.00
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	2		2050.00
CF1363	Auto fill float collar	ea	2		2590.00
CF1773	Centralizer	ea	25		3625.00
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		1426.80
CE202	Depth Chrg. 1001'-2,000'	4hr	1		1500.00
CE504	Plug Container	job	1		250.00
E100	Pick-up Mileage	mi	35		148.75
S003	Service Supervisor	ea	1		175.00
				SUB TOTAL	<u>23418.00</u>

CHEMICAL / ACID DATA:			

SERVICE & LOCATION/DEPT. % TAX ON \$	<u>Liberal</u>	D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>
MATERIALS LEASE/WELL/FAC. % TAX ON \$	<u>Williams I-3</u>	
MAXIMO / WSM #	TOTAL	
TASK	<u>0102</u>	ELEMENT <u>3023</u>
PROJECT #	<u>1136201</u>	CAPEX / OPEX - Circle one
SPO / BPA	UNSUPPORTED <input type="checkbox"/>	
ORDERED BY CUSTOMER AND RECEIVED BY:	<u>Jeremy Keese</u>	
SIGNATURE	<u>Jeremy M. Keese</u>	(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

SERVICE REPRESENTATIVE Mike Cochran

THE ABOVE MATERIAL AND SERVICES ORDERED BY CUSTOMER AND RECEIVED BY: Jeremy Keese

FIELD SERVICE ORDER NO. _____



Cement Report

Customer	Oxy USA		Lease No.			Date	7-24-11		
Lease	Williams		Well #	I-3		Service Receipt	1717 02042		
Casing	8 7/8 24'	Depth	1810		County	Haskell		State	Ks
Job Type	Z42 Surface		Formation			Legal Description	7 30 33		
Pipe Data			Perforating Data			Cement Data			
Casing size	8 7/8		Tubing Size			Shots/Ft		Lead	395sk A-con
Depth	1810		Depth	From	To			3% CC - 3/4" Polyflake	
Volume			Volume	From	To			2% WCA-1 2.4 gal/sk	
Max Press			Max Press	From	To			14 gal/sk @ 12.1 gal	
Well Connection			Annulus Vol.	From	To			Tail in 150sk Perm +	
Plug Depth			Packer Depth	From	To			2% CC - 3/4" Polyflake	
								1.34 gal/sk @ 6.3 gal/sk	
								@ 14.8 gal	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log				
07:30					on loc. / Held Safety Meeting				
09:30					Start Crg.				
14:30					Crg on Bottom Cir. w/ Air				
					TP1814' TD1810' 435T				
					Crg landed w/ 9' stick up				
					Did Not Cir. Down				
15:20					Held Safety Meeting				
15:46	2940				Test Pump + Lines				
15:53	300		168	4.5	Start Lead CMT 395sk @ 12.1"				
16:29	300		36	4.5	Start Tail CMT 150sk @ 14.8"				
16:39					Shutdown + Drop Plug				
16:47	0		0	4.5	Start Disp. w/ fresh H ₂ O				
17:07	400		90	2.5	Slow Rate				
17:14	1100		112	2.5	Bump Plug				
17:20	0			0	Release / Float Held				
17:30					End Job				
	400				Pressure Before Plug landed				
					Circulated Cement to the Pit				
Service Units	21755	2780418553	3302119883	1982919886					
Driver Names	Cochran	ortiz	J. Chavez	Candley					

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 02043 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-26-11	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 Williams				WELL NO. I-3	
ADDRESS		COUNTY Haskell		STATE Ks			
CITY		STATE		SERVICE CREW Cochran / Ortiz			
AUTHORIZED BY T. Davis IRB		JOB TYPE: 261 B.O.P. + F.I.T. Tests					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 7-25-11 TIME 05:00
2175	25.5					ARRIVED AT JOB	7-25-11 08:00
2780	25.5					START OPERATION	7-25-11 10:00
19553	25.5					FINISH OPERATION	7-26-11 08:30
						RELEASED	7-26-11 09:30
						MILES FROM STATION TO WELL 41	

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: Jeremy M. Keese
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E101	Heavy Equip. Mileage	Mi	60		420.00
E222	Acid Pump Service 2001-3000'	ea	1		1100.00
E100	Pickup Mileage	Mi	60		255.00
5005	Service Supervisor (First Phis on Loc.)	ea	1		175.00
CE405	Additional Hrs	ea	20		10,000.00
AP LOCATION/DEPT. <u>Libecap</u> D02 <input type="checkbox"/> NON D02 <input type="checkbox"/> LEASE/WELL/FAC. <u>Williams I-3</u> MAXIMO / WSM # _____ TASK <u>0102</u> ELEMENT <u>2017</u> PROJECT # <u>1136201</u> CAPEX / OPEX - Circle one SPO / BPA _____ UNSUPPORTED <input type="checkbox"/> PRINTED NAME <u>Jeremy Keese</u> SIGNATURE: <u>Jeremy M. Keese</u> <small>I certify that the above services/materials have been received</small>					

SUB TOTAL **11950.00**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Pickup Coach</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Jeremy M. Keese</u> (WELL OWNER OPERATOR OR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>7-25-11</i>	
Lease <i>Willid MS</i>		Well # <i>I-3</i>		Service Receipt <i>171702043</i>	
Casing		Depth		County <i>Haskell</i>	
Job Type		Formation		State <i>KS</i>	
Job Type		Formation		Legal Description <i>7 30 33</i>	
Pipe Data			Perforating Data		Cement Data
Casing size		Tubing Size		Shots/Ft	
Depth		Depth		Lead	
Volume		Volume		From	
Max Press		Max Press		To	
Well Connection		Annulus Vol.		From	
Plug Depth		Packer Depth		To	
Tail in					
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>08:15</i>					<i>on loc. / Held Safety Meeting</i>
<i>09:30</i>					<i>Spot + Rig Up Equip.</i>
<i>10:00</i>					<i>Test Pump + Lines</i>
<i>10:02</i>	<i>2400 High</i>				<i>Begin Test of Choke</i>
<i>12:13</i>		<i>250 Low</i>			<i>End Test</i>
<i>12:15</i>					<i>W.O.O.</i>
<i>19:00</i>	<i>2400 High</i>				<i>Begin Bop Test</i>
<i>22:52</i>		<i>250 Low</i>			<i>End Test</i>
<i>23:00</i>					<i>W.O.O.</i>
<i>23:38</i>	<i>2400 High</i>				<i>Begin Test + Dart Valve Tests</i>
<i>23:59</i>		<i>250 Low</i>			<i>End Test</i>
<i>24:00</i>					<i>W.O.O.</i>
<i>04:20</i>	<i>1500 Hold</i>		<i>30 min.</i>		<i>Begin Csg. Test</i>
<i>06:05</i>					<i>End Test</i>
<i>06:10</i>					<i>W.O.O.</i>
					<i>Begin Tests</i>
<i>08:30</i>					<i>Release Crew</i>
<i>08:30</i>					<i>End Job</i>
Service Units	<i>21755</i>	<i>2780919553</i>			
Driver Names	<i>Cochran</i>	<i>Ortiz</i>			

Jeremy
Customer Representative

J. Bennett
Station Manager

M. Cochran
Cementer

Attachment to Williams I-3 (API # 15-081-21951)

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	320	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 15, 2011

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

Re: ACO1
API 15-081-21951-00-00
WILLIAMS I-3
SE/4 Sec.07-30S-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