



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: _____



1069206

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SHELL B-1
Doc ID	1069206

All Electric Logs Run

CEMENT BOND LOG
MICROLOG
COMPACT PHOTO DENSITY COMPENSATED NEUTRON MICRORESISTIVITY LOG
ARRAY INDUCTION SHALLOW FOCUSED ELECTRIC LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SHELL B-1
Doc ID	1069206

Tops

Name	Top	Datum
CHASE	2495	
COUNCIL GROVE	2764	
HEEBNER	3746	
TORONTO	3766	
LANSING	3807	
KANSAS CITY	4014	
MARMATON	4279	
CHEROKEE	4478	
ATOKA	4522	
MORROW	4609	
ST. GENEVIEVE	4680	
ST. LOUIS	4736	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SHELL B-1
Doc ID	1069206

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4688-4698 ST. GENEVIEVE	20 BBL 7% KCL	4688-4698
4	4656-4674 MORROW		4656-4674
		FRAC. 1141000 SCF N2 100200# 20/40 MESH SAND 538 BBL TOTAL LOAD	4656-4698
4	4506-4514 CHEROKEE	20 BBL 7% KCL	4506-4514
4	4392-4402 MARMATON		4392-4402
		ACID 2700 GAL 7.5% FE MCA	4392-4514
		FLUSH 1260 GAL 7% KCL	
4	4142-4152 KANSAS CITY A	20 BBL 7% KCL	4142-4152
4	3999-4007, 4054- 4059 LANSING G		3999-4059
		ACID 800 GAL 15% FE MCA	3999-4007
		FLUSH 1092 GAL 4% KCL	
4	3811-3818 LANSING A	20 BBL 4% KCL	3811-3818
		ACID 700 GAL 15% FE MCA	3811-3818
		FLUSH 966 GAL 4% KCL	



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 01977 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-5-11	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	LEASE Shell B #1		WELL NO.						
ADDRESS		COUNTY Finney	STATE KS						
CITY		STATE		SERVICE CREW R. Martinez, J. Martinez, K. Sroky					
AUTHORIZED BY J. Bennett		JOB TYPE: 242 8 5/8" Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	6	19827	3				8-5-11	3:00	
3811	3	19806	3			ARRIVED AT JOB		6:00	
19919	3					START OPERATION		9:30	
30464	3					FINISH OPERATION		10:45	
19808	3					RELEASED		11:00	
						MILES FROM STATION TO WELL	85 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	APPROXIMATE	DATE	TIME	PROJECT #	BLK #	WELL #	LEASE #	APPROXIMATE
CL101	A-Caps	SK	290										
CL110	Premium Plus	SK	150										
CC109	Calcium Chloride	lb	1383										
CC102	Cellflake	lb	135										
CC130	C-51	lb	74										
CF1203	8 5/8 Auto Fill Float Shoe	ea	1										
CF1303	Auto Fill Float Collar		1										
CF1113	Centralizer		15										
CF1903	Basket		1										
CF503	Stop Ring		1										
CF105	Top Rubber Plug		1										
E101	Heavy Equipment Mileage	mi	255										
CE240	Blending + Mixing Service	SK	540										
E113	Proppant + Bulk Delivery	cu/yd	2159										
CE202	Pump Depth: 1001-2000'	ea	1										
CE504	Plus Container	ea	1										
E100	Unit Mileage	mi	85										
5003	Service Supervisor	ea	1										
CE503	High Head	ea	1										
											SUB TOTAL	20361.07	

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.



Cement Report

Customer Oxy Shell B	Lease No. 1	Date 8-5-11
Lease Shell B	Well # 1	Service Receipt 01977
Casing 8 5/8" 24#	Depth 242-8 5/8"	County Finney
Job Type 242-8 5/8" Surface	Formation Surface	State KS
Legal Description 17-22-34		

Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8" 24#	Tubing Size	Shots/Ft		Lead 390 sk A-Con w/3% CC, 1/4# PF, .2% WCA-1 Tail in 150 sk Prem. Plus w/2% CC, 1/4# PF
Depth 1806'	Depth	From	To	
Volume Disp 112	Volume	From	To	
Max Press 2000#	Max Press	From	To	
Well Connection TD=1795'	Annulus Vol.	From	To	
Plug Depth 51-46' (1760')	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:00					on loc.-side assesment (Laird D.C.)
6:00					Spot trucks rig up
9:00					Safety meeting
9:30					Pressure test 2000#
9:30	100		167	4.5	mix + pump 390sk A-Con w/3% CC, 1/4# polyflake, .2% WCA-1
					2.40 ft/sk, 14.00 gal/sk @ 12.1 ppg
10:00	100		36	4	mix + pump 150 sk Premium Plus w/2% CC, 1/4# polyflake
					1.34 ft/sk, 6.33 gal/sk @ 14.8 ppg
10:15					drop plug, wash, pumping
10:20	0		0	4.5	disp ceg
10:40	900		102	2	slow roll last 10 bbl of disp
10:45	1500		112	0	land plug float hold circ cut to surface

Service Units	34726	38111-19919	30464-19808	19857-19866
Driver Names	A. Owen	C. Martinez	J. Martinez	K. Sider

J. Carroll Customer Representative
 J. Bennett Station Manager
 A. Owen Cementer
 Taylor Printing, Inc.



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 01954 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-10-11	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 Shell "D"						WELL NO. 1
ADDRESS		COUNTY Finney			STATE Ks		
CITY		STATE		SERVICE CREW Cochran/Mendoza/Siroky			
AUTHORIZED BY T. O'Quis				JOB TYPE: 242 5 1/2 L.S.			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM TIME
21753	6						8-10 00:30
27808	6					ARRIVED AT JOB	8-10 04:40
19553	6					START OPERATION	8-10 06:30
19828	6					FINISH OPERATION	8-10 09:00
19883	6					RELEASED	8-10 10:30
						MILES FROM STATION TO WELL	100

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: *John Carroll*
(WELL OWNER OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	AMOUNT
CL104	50/50 Poz	sk	215		
CL100	Premium	sk	50		
CC113	Gypsum	lb	905		
CC111	Salt	lb	1321		
CC103	C-15	lb	109		
CC107	C-42P	lb	46		
CC 201	Gilsonite	lb	1075		
CC 102	Celloflake	lb	54		
CF1201	Auto fill float shoe	ea	1		
CF1361	Auto fill float collar	ea	1		
CF1778	Centralizer	ea	15		
CF501	Stop Ring	ea	1		
CF 103	Top Plug	ea	1		
CC135	Super flush II	gal	500		
E101	Heavy Equip. Mileage	Mi	170		

SUB TOTAL **1328452**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Nicky Cochran*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *John Carroll*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>8-10-11</i>	
Lease <i>Shell "B"</i>		Well # <i>1</i>		Service Receipt <i>171701954</i>	
Casing <i>5 1/2 17"</i>	Depth <i>4896</i>	County <i>Finney</i>		State <i>Ks</i>	
Job Type <i>242</i>		Formation		Legal Description <i>17 22 34</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 17"</i>	Tubing Size		Shots/Ft		Lead <i>See Call Sheet</i>
Depth <i>4896</i>	Depth		From	To	
Volume	Volume		From	To	Tail in <i>See Call Sheet</i>
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>04:40</i>					<i>on loc. / Held Safety Meeting Rig Ciri on Bottom w/ Csg, T.P. 4896.44 S.J. 44.35</i>
<i>04:50</i>					<i>Spot + Rig up Equip.</i>
<i>06:45</i>	<i>3800</i>				<i>Test Pump + Liner</i>
<i>06:47</i>	<i>300</i>		<i>5</i>	<i>4</i>	<i>Start fresh H₂O</i>
<i>06:48</i>	<i>300</i>		<i>12</i>	<i>4</i>	<i>Start Superflush II</i>
<i>06:51</i>	<i>350</i>		<i>5</i>	<i>4</i>	<i>Start fresh H₂O</i>
<i>06:52</i>	<i>400</i>		<i>62</i>	<i>5</i>	<i>Start Cmt 215 sk @ 13.5 #/gal</i>
<i>07:03</i>					<i>Shutdown & Wash up</i>
<i>07:07</i>	<i>0</i>		<i>0</i>	<i>6.4</i>	<i>Start Disp. w/ fresh H₂O</i>
<i>07:24</i>	<i>650</i>		<i>103</i>	<i>3</i>	<i>Slow Rate</i>
<i>07:26</i>	<i>2100</i>		<i>113</i>	<i>3</i>	<i>Bump Plug</i>
<i>07:31</i>	<i>0</i>			<i>0</i>	<i>Release / Floats Held</i>
<i>07:33</i>	<i>2500</i>				<i>Pressure Test Csg</i>
<i>08:10</i>	<i>0</i>				<i>Release</i>
<i>08:20</i>	<i>300</i>		<i>4</i>	<i>2</i>	<i>Plug Mouse Hole w/ 20sk @ 15.6 #</i>
<i>08:25</i>	<i>700</i>		<i>6</i>	<i>2</i>	<i>Plug Rat Hole w/ 30sk @ 15.6 #</i>
<i>08:40</i>					<i>Wash up</i>
<i>09:00</i>					<i>End Job</i>
Service Units	<i>21755</i>	<i>270081955</i>	<i>198281998</i>		
Driver Names	<i>Cochran</i>	<i>Mendoza</i>	<i>Siroky</i>		

J. Carroll
Customer Representative

J. Bennett
Station Manager

M. Cochran
Cementer

Attachment to Shell B-1 (API # 15-055-22110)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 390	3% CC, 1/4# Cellflake, 0.2% WCA1
	Prem +	Tail: 150	2% CC, 1/4# Cellflake
Production	50-50 Poz	215	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

November 30, 2011

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

Re: ACO1
API 15-055-22110-00-00
SHELL B-1
NW/4 Sec.17-22S-34W
Finney 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