



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: _____



1069241

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARRISON B-1
Doc ID	1069241

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARRISON B-1
Doc ID	1069241

Tops

Name	Top	Datum
CHASE	2566	
COUNCIL GROVE	2813	
HEEBNER	3932	
TORONTO	3942	
LANSING	4014	
MARMATON	4576	
CHEROKEE	4716	
ATOKA	4931	
MORROW	4985	
CHESTER	5075	
ST. GENEVIEVE	5119	
ST. LOUIS	5150	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARRISON B-1
Doc ID	1069241

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5155-5162 ST. LOUIS	20 BBL 7% KCL	5155-5162
		ACID 16 BBL 15% FE MCA	5155-5162
		FLUSH 30 BBL 7% KCL	
4	5054-5068 MORROW	20 BBL 7% KCL	5054-5068
		FRAC 17377 X FRAC 20, 5000# 16/30 BRADY SAND	5054-5068
		682248 SCF N2	

Attachment to Garrison B-1 (API # 15-081-22958)

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 +	Tail: 150	2% CC, 1/4# Cellflake
Production	50-50 Poz	265	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite 1/4# Polyflake



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 01953 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-6-11	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 Garrison "B"						WELL NO. 1
ADDRESS		COUNTY Haskell			STATE Ks		
CITY STATE		SERVICE CREW Cochran/Mendoza/Munoz					
AUTHORIZED BY T. Davis		JOB TYPE: 242 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME
21755	12						8-5-11 AM 2:10
27808	12					ARRIVED AT JOB	8-6-11 AM 02:30
19553	12					START OPERATION	8-6-11 AM 11:30
14355	12					FINISH OPERATION	8-6-11 AM 13:15
14284	12					RELEASED	8-6-11 AM 14:30
						MILES FROM STATION TO WELL	58

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	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
CF1205	Auto fill Float Shoe	ea	1		1025 00
CF1363	Auto fill Float Collar	ea	1		1275 00
CF1775	Centriflizer	ea	15		2175 00
CF1903	Basket	ea	1		315 00
CF503	Stop Ring	ea	1		44 00
CF105	Top Plug	ea	1		225 00
E101	Heavy Equip. Mileage	mi	165		1155 00
CE240	Blending + Mixing Serv. Chrg.	sk	545		763 00
E113	Bulk Delivery	tm	1411		2257 60
CE202	Depth Charge 1001'-2000'	4hr	1		1500 00
CE504	Plus Container	job	1		250 00
SUB TOTAL					20543.90

CHEMICAL / ACID DATA:			

AP LOCAL SERVICE & EQUIPMENT STATIONS D02

LEASEMATERIAL MATERIALS Garrison B-1 % TAX ON \$ _____

MAXIMO / WSM # _____ TOTAL _____

TASK **01-02** ELEMENT **3023**

PROJECT **1135262** CAPEX / OPEX - Circle one

SPO / SPA _____ UNSUPPORTED

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND DELIVERED BY _____

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

[Stamp: certify that these Services/Materials have been received]

SERVICE REPRESENTATIVE *[Signature]*

FIELD SERVICE ORDER NO. _____



Cement Report

Customer	Ox4 USA	Lease No.		Date	8-6-11
Lease	Garrison 8" B"	Well #	1	Service Receipt	1717 01953
Casing	8 5/8	Depth	1820	County	Haskell
Job Type	242 Surface	Formation		State	Ks
				Legal Description	14 27 34

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 24"	Tubing Size		Lead 395sk A-con Dens
Depth	TD 1816 TP 1820	Depth		3% CC - 1/4" Polyflake
Volume	55.45	Volume		.2% WCA-1 2.4# / sk
Max Press		Max Press		1 1/2 gal / sk @ 12.1 # / gal
Well Connection		Annulus Vol.		Tail in 150sk cement
Plug Depth		Packer Depth		2% CC - 1/4" Polyflake
				1.34# / sk @ 6.33 gal / sk
				@ 14.8 # / gal

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
02:30					on loc. / Held Safety Meeting
03:00					Spot + Rig up Equip.
06:15					Start Csg.
10:30					Csg on Bottom Cir. v / Rig
					1821.91 TP 45.15 ST 10ft Stickup
11:38	2500				Test Pump + lines
11:47	400		169	5.5	Start Lead Cmt 395 sk @ 12.1 #
12:19	350		36	5.5-40	Start Tail Cmt 150 sk @ 14.8 #
12:25					Shutdown + Drop Plug
12:29	0		0	5	Start Disp. w/ fresh H ₂ O
12:33	350		20	5	Cmt to surface
12:43	250		50	4	Slow Rate
12:49	650		102	2	Slow Rate
12:54	1400		113	2	Pump Plug
13:02	0		113	0	Release / Flats Held
					End Job
	675				Pressure Before Plug landed
					Circulated Cmt to the Pit

Service Units	21955	27808 19553	14355 14284		
Driver Names	Cochran	Mendoza	Manoel		

Customer Representative: _____ Station Manager: J. Bennett Cementer: M. Cochran

Taylor Printing, Inc.



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PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 01955 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-11-11	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 Garrison "B"		WELL NO. 1			
ADDRESS		COUNTY Haskell		STATE KS			
CITY		STATE		SERVICE CREW Cochran / Mendoza / Munoz			
AUTHORIZED BY T. Davis		JOB TYPE: 242 5 1/2 L.S.					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME
21755	7						8-10 AM 18:30
27808	7					ARRIVED AT JOB	8-10 AM 22:30
19553	7					START OPERATION	8-11 PM 02:00
19828	7					FINISH OPERATION	8-11 PM 09:30
19883	7					RELEASED	8-11 PM 05:30
						MILES FROM STATION TO WELL	

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: Marco Silva
(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	265		2915 0
CL100	Premium	sk	50		800 0
CC113	Gypsum	lb	1115		836 2
CC111	Salt	lb	1628		814 0
CC103	C-15	lb	134		1675 0
CC107	C-42 P	lb	56		448 0
CC201	Gilsonite	lb	1325		387 7
CC102	Cello Plake	lb	67		247 9
CF1201	Auto fill float shoe	ea	1		675 0
CF1361	" " " Collar	ea	1		875 0
CF1778	Centralizer	ea	17		1275 0
CF501	Stop Ring	ea	1		40 0
CF103	Top Plug	ea	1		105 0
CC155	Super Flush #	gal	500		765 0
E101	Heavy Equip. Mileage	Mi	170		1190 0
CE240	Blending & Mixing Serv. Chng.	sk	315		441 0
SUB TOTAL					15036 7

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT APPLICATION DEPT. Liberal Exp % TAX ON \$ 002 NON

MATERIALS LEASE/WELL/FAC Garrison B-1 % TAX ON \$ 001

MAXIMO / WSM # _____ TOTAL _____

TASK 01-02 ELEMENT 3023

PROJECT # 1135262 CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE Nicky Cochran THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Marco Silva SIGNATURE: Marco Silva

FIELD SERVICE ORDER NO. _____



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>8-10-11</i>		
Lease <i>GARRISON "D"</i>		Well # <i>1</i>		Service Receipt <i>171701955</i>		
Casing <i>5 1/2 17#</i>	Depth <i>5408</i>	County <i>Haskell</i>		State <i>Ks</i>		
Job Type <i>242 5 1/2 L.S.</i>		Formation		Legal Description <i>14 27 34</i>		
Pipe Data			Perforating Data			Cement Data
Casing size <i>5 1/2 17#</i>	Tubing Size		Shots/Ft		Lead	
Depth	Depth	From	To	<i>see call sheet</i>		
Volume	Volume	From	To			
Max Press	Max Press	From	To	Tail in		
Well Connection	Annulus Vol.	From	To	<i>see call sheet</i>		
Plug Depth	Packer Depth	From	To			
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
<i>17:00</i>					<i>On Loc. / Held Safety Meeting</i>	
					<i>Start Csg.</i>	
<i>00:30</i>					<i>Csg on Bottom Cir. w/Rig</i>	
					<i>T.P. 5408 5544</i>	
<i>02:12</i>		<i>250</i>	<i>6</i>	<i>2</i>	<i>Plug Rat Hole w/ 30sk (Rig Cir.)</i>	
<i>02:20</i>		<i>250</i>	<i>4</i>	<i>2</i>	<i>Plug Mouse Hole w/ 20sk (well)</i>	
					<i>Hook up to Pipe</i>	
<i>02:38</i>	<i>3500</i>				<i>Test Pump + Lines</i>	
<i>02:40</i>	<i>100</i>	<i>100</i>	<i>5</i>	<i>4</i>	<i>Start Fresh H₂O</i>	
<i>02:41</i>	<i>100</i>		<i>12</i>	<i>4</i>	<i>Start Superflush II</i>	
<i>02:44</i>	<i>200</i>		<i>5</i>	<i>4</i>	<i>Start Fresh H₂O</i>	
<i>02:46</i>	<i>250</i>		<i>77</i>	<i>5-6</i>	<i>Start Lead Cmt 265 sk @ 13.5#</i>	
<i>03:01</i>					<i>Shutdown + Washup</i>	
<i>03:03</i>					<i>Drop Top Plug</i>	
<i>03:08</i>	<i>100</i>		<i>0</i>	<i>6</i>	<i>Start Disp. w/ Fresh H₂O</i>	
<i>03:24</i>	<i>475</i>		<i>114</i>	<i>2.5</i>	<i>Slow Rate</i>	
<i>03:27</i>	<i>1300</i>		<i>124</i>	<i>2.5</i>	<i>Bump Plug</i>	
<i>03:32</i>			<i>124</i>	<i>0</i>	<i>Release / Flats Held</i>	
<i>03:37</i>	<i>2600</i>				<i>Pressure Test Csg.</i>	
<i>04:17</i>	<i>0</i>				<i>Release</i>	
<i>04:30</i>					<i>End Job</i>	
	<i>600</i>				<i>Pressure Before Plug Landed</i>	
Service Units	<i>21755</i>	<i>2780819583 1982819883</i>				
Driver Names						

Terry S.
Customer Representative

J. Bennett
Station Manager

M. Cochran
Cementer
Taylor Printing, Inc

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 15-081-21958-00-00
GARRISON B-1
SE/4 Sec.14-27S-34W
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