

**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 DistributionALT  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
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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	WILSON F-1
Doc ID	1077772

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WILSON F-1
Doc ID	1077772

Tops

Name	Top	Datum
HEEBNER	4098	
LANSING	4153	
MARMATON	4796	
CHEROKEE	4946	
MORROW	5242	
CHESTER	5390	
ST. GENEVIEVE	5482	
ST. LOUIS	5554	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WILSON F-1
Doc ID	1077772

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5554-5560 St. Louis	4 TON CO2 7 BBL XYLENE 36 BBL 10% ACID	5554-5560
4	5388-5394, 5409- 5422 CHESTER	500 GAL XYLENE 800 GAL DS FE HCL	5388-5422
		FLUSH 32 BBL 7% KCL	
4	5622-5626 ST. LOUIS	300 GAL XYLENE 800 GAL 10% DS FE HCL	5622-5626
		FUSH 36 BBL 4% KCL	
		FRAC: 19121 GAL X FRAC20 960955 SCF N2	5622-5626
		103700# 16/30 BRADY SAND	

## Summary of Changes

Lease Name and Number: WILSON F-1

API/Permit #: 15-081-21948-00-00

Doc ID: 1077772

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/12/2011	04/02/2012
Producing Formation	ST. LOUIS, CHESTER	ST. LOUIS & CHESTER (Corrected Perfs)
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1069875">../kcc/detail/operatorEditDetail.cfm?docID=1069875</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1077772">../kcc/detail/operatorEditDetail.cfm?docID=1077772</a>



**CONFIDENTIAL**

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Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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- 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.): \_\_\_\_\_

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- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
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- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

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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: \_\_\_\_\_



1069875

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

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Operator	OXY USA Inc.
Well Name	WILSON F-1
Doc ID	1069875

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WILSON F-1
Doc ID	1069875

Tops

Name	Top	Datum
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LANSING	4153	
MARMATON	4796	
CHEROKEE	4946	
MORROW	5242	
CHESTER	5390	
ST. GENEVIEVE	5482	
ST. LOUIS	5554	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WILSON F-1
Doc ID	1069875

#### Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
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4	5388-5394, 5622- 5626 CHESTER	500 GAL XYLENE 800 GAL DS FE HCL	5388-5626
		FLUSH 32 BBL 7% KCL	
4	5622-5626 ST. LOUIS	300 GAL XYLENE 800 GAL 10% DS FE HCL	5622-5626
		FUSH 36 BBL 4% KCL	
		FRAC: 19121 GAL X FRAC20 960955 SCF N2	5622-5626
		103700# 16/30 BRADY SAND	



**BASIC**<sup>SM</sup>  
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 01959 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>8-20-11</b>	DISTRICT <b>1717</b>	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 <b>Oxy USA</b>	LEASE <b>Wilson 'F'</b>						WELL NO. <b>1</b>
ADDRESS	COUNTY <b>Haskell</b>	STATE <b>Ks</b>					
CITY	SERVICE CREW <b>Cochran/Mendoza</b>						
AUTHORIZED BY <b>T. Davis</b>	JOB TYPE: <b>Z42 8 5/8 Surface</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME
<b>21755</b>	<b>5.25</b>	<b>19828</b>	<b>5.25</b>				<b>8-20 AM 12:00</b>
<b>27808</b>	<b>5.25</b>	<b>19883</b>	<b>5.25</b>			ARRIVED AT JOB	<b>8-20 AM 13:45</b>
<b>19553</b>	<b>5.25</b>	<b>19829</b>	<b>5.25</b>			START OPERATION	<b>8-20 AM 16:20</b>
		<b>19566</b>	<b>5.25</b>			FINISH OPERATION	<b>8-20 AM 17:40</b>
						RELEASED	<b>8-20 AM 19:00</b>
						MILES FROM STATION TO WELL	<b>33</b>

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: *Andy Saldy*  
(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	390		
CL110	Premium Plus	sk	450		
CC109	Calcium Chloride	lb	380		
CC102	Cello flake	lb	30		
CC130	C-51	lb	74		
CF1203	Auto fill Float Shoe	ea	1		
CF1363	" " " " Collar	ea	1		
CF1773	Centralizer	ea	1		
CF1903	Basket	ea	1		
CF503	Stey Ring	ea	1		
CF105	Top Plug	ea	1		
E101	Heavy Equip. Mileage	mi	90		
CE240	Bleeding + Mixing Serv. Chrg.	sk	540		
E113	Bulk Delivery	tm	72		
CE202	Depth Chrg. 1001-2000'	4hr	1		
CE504	Plug Container	job	1		
E100	Pick-up Mileage	mi	30		
5003	Service Supervisor	ea	1		
T105	Cement Data Acquisition Monitor	ea	1		
SUB TOTAL					17830.47

  

CHEMICAL / ACID DATA:			

  

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

SERVICE REPRESENTATIVE <i>Mike Coch</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Andy Saldy</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
--	---

FIELD SERVICE ORDER NO. \_\_\_\_\_



### Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>8-20-11</i>	
Lease <i>Wilson "F"</i>		Well # <i>1</i>		Service Receipt <i>1717 01959</i>	
Casing <i>8 5/8</i>	Depth	County <i>Haskell</i>	State <i>Ks</i>		
Job Type <i>Z 42 Subsec</i>	Formation	Legal Description <i>23 30 33</i>			
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size	Tubing Size	<b>Shots/Ft</b>		<b>Lead</b>	
Depth	Depth	From	To	<i>See Call Sheet</i>	
Volume	Volume	From	To		
Max Press	Max Press	From	To		
Well Connection	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To	<b>Tail in</b>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>17:45</i>					<i>On Loc. / Held Safety Meeting</i>
					<i>Rig Running Csg.</i>
<i>15:15</i>					<i>Csg on Bottom Cir. w/ Rig</i>
<i>16:15</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>16:20</i>	<i>400</i>		<i>167</i>	<i>5.5</i>	<i>Start Lead Cmt 390sk @ 12.1"</i>
<i>16:48</i>	<i>300</i>		<i>36</i>	<i>3</i>	<i>Start Tail Cmt 150sk @ 14.8"</i>
<i>16:59</i>					<i>Shutdown + Drop Plug</i>
<i>17:01</i>	<i>250</i>		<i>0</i>	<i>5</i>	<i>Start Disp. w/ fresh H<sub>2</sub>O</i>
<i>17:20</i>	<i>250</i>		<i>102</i>	<i>2.5</i>	<i>Slow Rate</i>
<i>17:24</i>	<i>1350</i>		<i>112</i>	<i>2.5</i>	<i>Bump Plug</i>
<i>17:32</i>	<i>0</i>		<i>112</i>	<i>0</i>	<i>Release / float Held</i>
<i>17:35</i>					<i>End Job</i>
					<i>Circulated CMT to the Pit</i>
	<i>800</i>				<i>Pressure before Plug landed</i>
					<i>Total Pipe 1809.63 SJ 44.77</i>
					<i>TD 1805</i>
Service Units	<i>21755</i>	<i>2790919553</i>	<i>1982919883</i>	<i>1982719566</i>	
Driver Names	<i>Cocharn</i>	<i>Mendoza</i>	<i>Orriz</i>	<i>Siroky</i>	

Andy  
Customer Representative

J. Bennett  
Station Manager

M. Cocharn  
Cementer



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
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Phone 620-624-2277

FIELD SERVICE TICKET  
1717 02438 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>8-26-11</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</u>	LEASE <u>Wilson F</u>		1		WELL NO.		
ADDRESS		COUNTY <u>Haskell</u>		STATE <u>KS</u>			
CITY		STATE		SERVICE CREW <u>I. Chavez, Adam, Hector</u>			
AUTHORIZED BY <u>Sony Bennett</u>		<u>IRB</u>		JOB TYPE: <u>242 Long String 5 1/2</u>			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM PM TIME
<u>19820</u>	<u>9</u>	<u>27808</u>	<u>9</u>	<u>19828</u>	<u>9</u>	ARRIVED AT JOB	<u>8-25-11</u> AM PM - <u>1100</u>
		<u>19553</u>	<u>2</u>	<u>19883</u>	<u>2</u>	START OPERATION	<u>8-26-11</u> AM PM - <u>200</u>
						FINISH OPERATION	<u>8-26-11</u> AM PM - <u>400</u>
						RELEASED	<u>8-26-11</u> AM PM - <u>515</u>
						MILES FROM STATION TO WELL	<u>85</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: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	290 50/50 POZ	SK	290		3190 00
CL103	60/40 POZ	SK	50		600 00
CC113	Gypsum	lb	1220		915 00
CC111	Salt	lb	1781		890 50
CC103	C-15	lb	147		1837 50
CC107	C-4RP	lb	61		488 00
CC201	Gilsonite	lb	1450		971 50
CC102	Cello Flake	lb	73		270 10
CF1201	AFU shoe	EA	1		675 00
CF1361	AFU collar	EA	1		875 00
CF1778	Centralizer 5 1/2	EA	18		1350 00
CF501	5 1/2 Stop Ring	EA	1		40 00
CF103	Rubber Plug	EA	1		105 00
CL153	Super Flush	gal	500		765 00
E101	Heavy Equipment Mileage	mi	170		1190 00
CE240	Blending & Mixing Service Charge	SK	340		476 00
E113	Bulk Delivery Charge	tm	1237		1979 20
CE206	Depth Charge	4hrs	1		2880 00
CE504	Plug Container Charge	job	1		250 00

SUB TOTAL 15630 33

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)





# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>8-26-11</i>
Lease <i>Wilson F</i>	Well # <i>1</i>	Service Receipt <i>02438</i>
Casing <i>5 1/2</i>	Depth <i>5694</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>242 Long String</i>	Formation	Legal Description <i>23-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>	Tubing Size	Shots/Ft		Lead <i>505K</i>
Depth <i>5698</i>	Depth	From	To	<i>Rat + Mouse 60/40</i>
Volume <i>132 bbls</i>	Volume	From	To	<i>1.83 FT<sup>3</sup> SK</i>
Max Press <i>2500 PSI</i>	Max Press	From	To	<i>10.136 gal SK POZ</i>
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	Tail in <i>290 SK</i>
Plug Depth <i>5653</i>	Packer Depth	From	To	<i>1.62 FT<sup>3</sup> SK 50/50</i>
				<i>POZ</i>
				<i>9.36 gal SK 13.5#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2300</i>					<i>Yard 900PM</i>
<i>2315</i>					<i>Arrive On Location</i>
<i>2300</i>					<i>Safety Meeting - Rig Up</i>
<i>115</i>					<i>Rig Running in Casing</i>
<i>150</i>					<i>Circulate w/ Rig</i>
<i>200</i>	<i>2500</i>		<i>10</i>	<i>1.0</i>	<i>Hook Up To BES</i>
<i>205</i>	<i>450</i>		<i>5</i>	<i>4.0</i>	<i>Pressure Test</i>
<i>210</i>	<i>425</i>		<i>12</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>215</i>	<i>400</i>		<i>5</i>	<i>4.0</i>	<i>Pump Super Flush</i>
<i>220</i>	<i>375</i>		<i>84</i>	<i>4.5</i>	<i>Pump Water Spacer</i>
<i>240</i>					<i>Pump cmt @ 13.5 #'s</i>
<i>245</i>	<i>600</i>		<i>123</i>	<i>6.5</i>	<i>Wash Up - Prop Plug</i>
<i>310</i>	<i>750</i>		<i>10</i>	<i>2.0</i>	<i>Displace</i>
<i>315</i>	<i>1250</i>		<i>.1</i>	<i>.25</i>	<i>Slow Down</i>
<i>350</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Land Plug - Float Held</i>
<i>400</i>					<i>Test Casing - 2500 PSI - OK</i>
<i>530</i>					<i>Plug Rat + Mouse Hole</i>
					<i>Job Complete</i>
<i>Thanks For Using Basic Energy Services</i>					

Service Units	<i>19920</i>	<i>27808-19553</i>	<i>19928-19983</i>		
Driver Names	<i>F. Chavez</i>	<i>Adam</i>	<i>Hector</i>		

Andy Customer Representative     
 Tony Bennett Station Manager     
 Samuel Chavez Cementer



**Attachment to Wilson F-1 (API # 15-081-21948)**

**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	290	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

December 09, 2011

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

Re: ACO1  
API 15-081-21948-00-00  
WILSON F-1  
SE/4 Sec.23-30S-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