

1089197

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	WATKINS B 2
Doc ID	1089197

All Electric Logs Run

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



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 02540 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>4-4-12</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>Watkins B</u> # <u>2</u> WELL NO.						
ADDRESS		COUNTY <u>Haskell</u> STATE <u>KS</u>						
CITY STATE		SERVICE CREW <u>J. Chavez, Eddie, Seilian, Roman</u>						
AUTHORIZED BY <u>Tony Benth</u>		JOB TYPE: <u>242 Surface</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM- TIME
							<u>4-4-12</u>	<u>PM 200</u>
<u>19820</u>	<u>12</u>	<u>30464</u>	<u>12</u>	<u>37725</u>	<u>12</u>	ARRIVED AT JOB	<u>4-4-12</u>	<u>AM - 330</u>
		<u>37547</u>	<u>1</u>	<u>38750</u>	<u>1</u>	START OPERATION	<u>4-4-12</u>	<u>AM - 1230</u>
<u>27462</u>	<u>12</u>					FINISH OPERATION	<u>4-4-12</u>	<u>AM - 1430</u>
						RELEASED	<u>4-4-12</u>	<u>AM - 345</u>
						MILES FROM STATION TO WELL		<u>30</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: Cal Wylie
(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	335		4673 25
CL110	Prem Plus Cont	SK	245		2996 35
CC109	Calcium Chloride	LB	1407		111 53
CC102	CelloAlco	LB	145		408 10
CC130	C-51	LB	63		1181 25
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Float	EA	1		210 00
CF4405	Centralizer 8 5/8	EA	15		1631 25
CF4556	Cont Basket 8 5/8	EA	1		787 50
CF3000	IRT Thread Lock Nut	EA	2		51 00
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar 8 5/8	EA	1		75 00
E101	Heavy Equipment Mileage	mi	90		472 50
CE240	Blend & Mixing Charge	SK	580		609 00
E113	Bulk Delivery Charge	tm	819		982 80
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plug Container Charge	job	1		187 50
E100	Picking Mileage	mi	30		95 70
S003	Service Supervisor	EA	1		131 25
SUB TOTAL					<u>18565 23</u>

CHEMICAL / ACID DATA:			

AP LOCATION: _____ SERVICE & EQUIPMENT _____ % TAX ON \$ _____
 LEASE/WELL: _____ MATERIALS _____ % TAX ON \$ _____
 MAXIMO: _____ TOTAL _____
 TASK: _____
 PROJECT # _____

SERVICE REPRESENTATIVE: Tony Benth
 SPO / BPA: _____
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Cal Wylie
 (WELL OWNER OPERATOR OR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Orly USA</i>	Lease No.	Date <i>4-4-12</i>
Lease <i>WATKINS B</i>	Well # <i>2</i>	Service Receipt <i>2540</i>
Casing <i>8 5/8</i>	Depth <i>1800</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>242 Surface</i>	Formation	Legal Description <i>23-29-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>3355k A-con</i>
Depth <i>1807</i>	Depth <i>55 45</i>	From	To	<i>2.4ft 35k</i>
Volume <i>112615</i>	Volume	From	To	<i>14.06d-51k/12.1 #</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>2455k Pro-Plus</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.341735k</i>
Plug Depth <i>1762</i>	Packer Depth	From	To	<i>6.336d-51k 14.8 #</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>330</i>					<i>Arrive - On location</i>
<i>1000</i>					<i>Safety Meeting - Rig Up</i>
<i>900</i>					<i>Rig Pump Casing</i>
<i>1200</i>					<i>Circulate 4/105</i>
<i>1230</i>					<i>Hook up to BES</i>
<i>1235</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1240</i>	<i>400</i>		<i>145</i>	<i>5.0</i>	<i>Pump Lead cement @ 12.1 #</i>
<i>1330</i>	<i>300</i>		<i>60</i>	<i>2.0</i>	<i>Pump Tail cement @ 14.8 #</i>
<i>1400</i>					<i>Drop Plus - Wash Up</i>
<i>1405</i>	<i>350</i>		<i>102</i>	<i>5.9</i>	<i>Displace</i>
<i>1425</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1430</i>	<i>1500</i>		<i>1</i>	<i>1.1</i>	<i>Lead Plus - Float Held</i>
					<i>Cement To Surface</i>
<i>1545</i>					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>

Service Units	<i>19820</i>	<i>27442</i>	<i>30444-37547</i>	<i>37</i>
Driver Names	<i>JChavez</i>	<i>Eddie</i>	<i>Ramon</i>	<i>Soliman</i>

cd Customer Representative *Sam Batt* Station Manager *Samuel Chavez* Cementer 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 02858 A

DATE _____ TICKET NO. _____

DATE OF JOB: 4/10/12	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: Watkins "B" 2						WELL NO.:
ADDRESS:	COUNTY: Haskell	STATE: KS					
CITY:	SERVICE CREW: Royce, Saul, Santi						
AUTHORIZED BY: Tyce	JOB TYPE: 5 1/2 L.S. Z42						
EQUIPMENT#	HRS.	EQUIPMENT#	HRS.	EQUIPMENT#	HRS.	TRUCK CALLED	DATE
19886	4.5						6:00
3922339926	4.5					ARRIVED AT JOB	9:00
30463 39924	4.5					START OPERATION	11:07
						FINISH OPERATION	12:45
						RELEASED	1:30
						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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL103	60/40 POZ	SK	50	9 00	450 00
CL104	50/50 POZ	SK	185	8 25	1526 25
CC113	Gypsum	lb	750	56	436 80
CC111	Salt	lb	1,140	38	433 20
CC103	C-15	lb	94	9 38	881 72
CC105	C-41 P	lb	39	3 00	117 00
CC201	Gilsonite	lb	925	50	462 50
CF251	Guide Shoe Reg. 5 1/2	EA	1		187 50
CF1451	Flapper Float Valve	EA	1		161 25
CF4452	Centralizer	EA	20	56 25	1125 00
CF103	TOP Plug	EA	1		78 75
CF3000	Thread Lock Kit	EA	12	25 50	306 00
CF4105	Stop Collar	EA	1		63 00
CC155	Super-flush II	gal	500	1 15	575 00
E101	Heavy Equip Mileage	Mi	70	5 25	367 50
CE240	Blending & Mixing Chrg	SK	235	1 05	246 75
E113	Bulk Delivery	TM	348.25	1 20	417 90
CE205	Depth Charge 4001 to 5000'	4hr	1		1890 00
CE504	Plug Container	Job	1		187 50

CHEMICAL / ACID DATA:			

SUB TOTAL: **10,569.02**

SIGNATURE: _____

SERVICE & EQUIPMENT TAX: _____

MATERIALS TAX: _____

TOTAL: **11,595.33**

ELEMENT: **3023**

DATE: **01-02**

SERVICE REPRESENTATIVE: **Chad Hinz**

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____

AP LOCATION/DEPT: _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



Cement Report

Customer Ory USA	Lease No.	Date 4/10/12
Lease Watkins "B"	Well # 2	Service Receipt
Casing 5 1/2	Depth 4819 RTD	County Haskell State KS
Job Type Long string	Formation	Legal Description 23-29-35

Pipe Data		Perforating Data		Cement Data
Casing size 5 1/2	Tubing Size	Shots/Ft		Lead 185 SX 50/50 @ 13.5 #
Depth 4820.93	Depth	From	To	
Volume 110.8	Volume	From	To	1.584 7.36 gal
Max Press 2500	Max Press	From	To	Tail in 150SX 60/40
Well Connection P.C.	Annulus Vol.	From	To	POZ @ 13 #
Plug Depth	Packer Depth	From	To	RH + MH
				1.644 8.5 gal

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
09:00					on loc, spot trucks, Rel. Saphmty
11:07	3300				Psit test
11:09	210		5	4	H2O spacer
11:11	210		12	4	superflush
11:14	210		5	4	H2O spacer
11:20					Plug RTM
11:28	210		0	5	start mixing @ 13.5 #
11:41	0		53	-	Finished mixing
11:42					Washup PTL
11:49	0		0	5	start Disp
12:08	600		100	2	slow Rate
12:12	1570		111	-	Plug Down
12:14					Release Psi, float held
12:15	2570				Test Csg
12:45	0				Rel. Psi

Service Units	19888	3712233777	3046437724	
Driver Names	Chinz	R. Dicks	S. Chavez	S. Rodriguez

Cal Wybre Customer Representative
 Jerry Bennett Station Manager
 Chad Amz Cementer

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 31, 2012

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

Re: ACO1
API 15-081-21975-00-00
WATKINS B 2
SW/4 Sec.23-29S-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