



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1093792  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

|                                   |                 |   |
|-----------------------------------|-----------------|---|
| Spud Date or<br>Recompletion Date | Date Reached TD | Completion Date or<br>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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

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

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

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1093792

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<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
|                                   |           |         |             |               |         |

|  |   |   |
|--|---|---|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____<br><input type="checkbox"/> Other <i>(Specify)</i> _____ | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|---|---|

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | OXY USA Inc.           |
| Well Name | SCHOONOVEN A 1         |
| Doc ID    | 1093792                |

All Electric Logs Run

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

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | OXY USA Inc.           |
| Well Name | SCHOONOVEN A 1         |
| Doc ID    | 1093792                |

Tops

| Name           | Top  | Datum |
|----------------|------|-------|
| HEEBNER        | 3740 |       |
| LANSING        | 3843 |       |
| MARMATON       | 4280 |       |
| CHEROKEE       | 4413 |       |
| ATOKA          | 4569 |       |
| MORROW         | 4625 |       |
| ST. GENENVIEVE | 4683 |       |
| ST. LOUIS      | 4730 |       |

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  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 17, 2012

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

Re: ACO1  
API 15-055-22150-00-00  
SCHOONOVEN A 1  
SE/4 Sec.08-23S-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



**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 03557 A

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

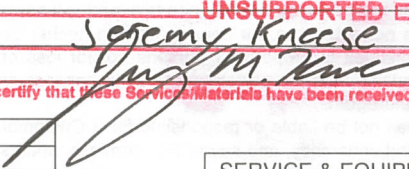
|   |          |  |          |            |     |                            |                |           |              |
|---|----------|--|----------|------------|-----|----------------------------|----------------|-----------|--------------|
| DATE OF JOB: <b>5-22-12</b> DISTRICT: <b>1717</b> |          | 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>Schoonover A#1</b> WELL NO.:   |          |            |     |                            |                |           |              |
| ADDRESS:  |          | COUNTY: <b>Finney</b> STATE: <b>KS</b>   |          |            |     |                            |                |           |              |
| CITY: _____ STATE: _____                          |          | SERVICE CREW: <b>E Mendoza, J Grijalda, S. Cho</b>   |          |            |     |                            |                |           |              |
| AUTHORIZED BY: <b>J. Bennett</b>                  |          | JOB TYPE: <b>242-8 7/8" Surface</b>  |          |            |     |                            |                |           |              |
| EQUIPMENT#  | HRS      | EQUIPMENT#   | HRS      | EQUIPMENT# | HRS | TRUCK CALLED               | DATE           | AM/PM     | TIME         |
| <b>34726</b>                                      | <b>8</b> | <b>30464</b>   | <b>4</b> |            |     |                            | <b>5-22-10</b> | <b>AM</b> | <b>8:00</b>  |
| <b>27808</b>                                      | <b>4</b> | <b>37547</b>   | <b>4</b> |            |     | ARRIVED AT JOB             |                | <b>PM</b> | <b>12:00</b> |
| <b>19553</b>                                      | <b>4</b> |  |          |            |     | START OPERATION            |                | <b>PM</b> | <b>2:30</b>  |
| <b>19837</b>                                      | <b>4</b> |  |          |            |     | FINISH OPERATION           |                | <b>PM</b> | <b>2:30</b>  |
| <b>19566</b>                                      | <b>4</b> |  |          |            |     | RELEASED                   |                | <b>PM</b> | <b>4:00</b>  |
|   |          |  |          |            |     | MILES FROM STATION TO WELL |                |           | <b>90 mi</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:   
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUNT |
|---------------------|---------------------------------------|------|----------|------------|-----------|
| CL101               | A-Con                                 | sk   | 315      | 13 95      | 4394 25   |
| CL110               | Premium Plus                          | sk   | 230      | 12 23      | 2812 90   |
| CC109               | Calcium Chloride                      | lb   | 1325     | 79         | 1046 75   |
| CC102               | Cellflake                             | lb   | 137      | 2 78       | 380 86    |
| CC130               | C-SI                                  | lb   | 60       | 18 75      | 1125 00   |
| CF253               | 8 7/8 Regular Guide Shoe              | ea   | 1        |            | 285 00    |
| CF1453              | Flapper Type Insert                   |      | 1        |            | 210 00    |
| CF4556              | Basket                                |      | 1        |            | 787 50    |
| CF105               | Top Rubber Plug                       |      | 1        |            | 168 75    |
| CF4109              | Stop Collar                           |      | 1        |            | 75 00     |
| CF4405              | Centralizer                           |      | 5        | 108 75     | 543 75    |

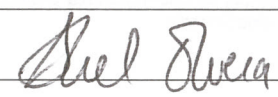
AP LOCATION/DEPT. Libeap D02E NON D02E  
LEASE/WELL/FAC Schoonover A-1  
MAXIMO / WSM # \_\_\_\_\_  
TASK 01-02 ELEMENT 3025  
PROJECT # 1152422 CAPEX / OPEX - Circle one  
D / BPA \_\_\_\_\_ UNSUPPORTED   
Printed Name Jeremy Knese  
Signature: 

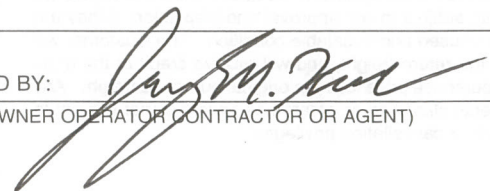
I certify that these Services/Materials have been received

SUB TOTAL **\$18738.46**

| CHEMICAL / ACID DATA: |  |  |  |
|-----------------------|--|--|--|
|                       |  |  |  |
|                       |  |  |  |
|                       |  |  |  |

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

SERVICE REPRESENTATIVE:   
FIELD SERVICE ORDER NO. \_\_\_\_\_

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:   
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



**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 CONT.

TICKET NO. 035576

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT     | QUANTITY | UNIT PRICE | \$ AMOUNT |
|---------------------|---------------------------------------|----------|----------|------------|-----------|
| E101                | Heavy Equipment Mileage               | mi       | 270      | 5 25       | 1417 50   |
| CE240               | Blending & Mixing Service             | sb       | 545      | 1 05       | 572 25    |
| E113                | Proppant + Bulk Delivery              | ton/yard | 2313     | 1 20       | 2775 60   |
| CE202               | Pump Depth: 1001-2000'                | ea       | 1        |            | 1125 00   |
| CE504               | Plug Container                        | ea       | 1        |            | 187 50    |
| E100                | Unit Mileage                          | mi       | 90       | 3 19       | 287 10    |
| S003                | Service Supervisor                    | ea       | 1        |            | 131 25    |
| T105                | Cement Data Acquisition               | ea       | 1        |            | 412 50    |
|                     |                                       |          |          |            |           |
|                     |                                       |          |          |            |           |
|                     |                                       |          |          |            |           |
|                     |                                       |          |          |            |           |
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|                     |                                       |          |          |            |           |
|                     |                                       |          |          |            |           |
|                     |                                       |          |          |            |           |
|                     |                                       |          |          |            |           |



# Cement Report

|          |                    |           |       |                   |         |
|----------|--------------------|-----------|-------|-------------------|---------|
| Customer | Oxy USA            | Lease No. |       | Date              | 5-22-12 |
| Lease    | Schoonover A       | Well #    | 1     | Service Receipt   | 03557   |
| Casing   | 8 5/8" 24#         | Depth     | 1812' | County            | Finney  |
| Job Type | 242-8 5/8" Surface | Formation |       | State             | KS      |
|          |                    |           |       | Legal Description | 8-23-34 |

| Pipe Data       |               | Perforating Data |         | Cement Data                    |
|-----------------|---------------|------------------|---------|--------------------------------|
| Casing size     | 8 5/8" 24#    | Tubing Size      |         | Lead 315 sk<br>A-Con           |
| Depth           | 1812'         | Depth            | From To |                                |
| Volume          | Disp- 112 bbl | Volume           | From To | Tail in 230 sk<br>Premium Plus |
| Max Press       | 1500#         | Max Press        | From To |                                |
| Well Connection | TD-1809'      | Annulus Vol.     | From To |                                |
| Plug Depth      | ST-44'        | Packer Depth     | From To |                                |

| Time  | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log   |
|-------|-----------------|-----------------|--------------|------|---|
| 10:00 |                 |                 |              |      | on loc-site assesment (running csg)   |
| 10:05 |                 |                 |              |      | spot trucks- rig up   |
| 12:00 |                 |                 |              |      | csg on btm break circ   |
| 12:10 |                 |                 |              |      | safety meeting / ISA  |
| 12:40 |                 |                 |              |      | pressure test 2000#   |
| 12:45 | 200             |                 | 135          | 5    | mixo pump lead amt 315 sk<br>A-Con @ 12.1 pp- 2.40 ft <sup>3</sup> /sk - 14.00 gal/sk       |
| 1:10  | 150             |                 | 55           | 5    | switch to tail amt 230 sk premium plus<br>@ 14.8 pp- 1.34 ft <sup>3</sup> /sk - 6.33 gal/sk |
| 1:25  | 0               |                 | 0            | 5    | drop plug, disp csg   |
| 1:50  | 400             |                 | 100          | 2    | slow rate last 10 bbl of disp   |
| 2:00  | 1100            |                 | 112          | 0    | land plug, float held   |
| 2:00  | <del>1500</del> |                 |              |      | circ amt to surface   |
| 2:30  | 1500            |                 |              |      | psi test csg 1500#  |
|       |                 |                 |              |      | job complete  |

|               |          |              |             |             |
|---------------|----------|--------------|-------------|-------------|
| Service Units | 34776    | 27808-19553  | 19827-19516 | 30464-37547 |
| Driver Names  | A. Overa | F. Hernandez | J. Grijalda | S. Chavez   |

Jeremy Customer Representative     
 J. Bennett Station Manager     
 A. Overa Cementer





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

FIELD SERVICE TICKET  
1717 03558 A

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

|               |            |            |      |  |                                   |                               |                              |                                    |                     |
|---------------|------------|------------|------|--|-----------------------------------|-------------------------------|------------------------------|------------------------------------|---------------------|
| DATE OF JOB   | 5-25-12    | 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  | Schoonover A#1                    |                               |                              | WELL NO.                           |                     |
| ADDRESS       |            |            |      | COUNTY                                       | Finney                            |                               |                              | STATE KS                           |                     |
| CITY          |            |            |      | STATE  |                                   |                               |                              | SERVICE CREW E. Mendoza, S. Chavez |                     |
| AUTHORIZED BY | J. Bennett |            |      | INITIALS                                     | JRB                               |                               |                              | JOB TYPE: 242-5 1/2" Production    |                     |
| EQUIPMENT#    | HRS        | EQUIPMENT# | HRS  | EQUIPMENT#                                   | HRS                               | TRUCK CALLED                  | DATE                         | AM                                 | TIME                |
| 34726         | 8          |            |      |  |                                   |                               | 5-25-12                      | 8:00                               |                     |
| 27808         | 4          |            |      |  |                                   | ARRIVED AT JOB                |                              | 12:00                              |                     |
| 19553         | 4          |            |      |  |                                   | START OPERATION               |                              | 2:00                               |                     |
| 14354         | 4          |            |      |  |                                   | FINISH OPERATION              |                              | 4:00                               |                     |
| 19578         | 4          |            |      |  |                                   | RELEASED                      |                              | 5:00                               |                     |
|               |            |            |      |  |                                   | MILES FROM STATION TO WELL    | 75 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: Jeremy M. Krum  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT   | QUANTITY | UNIT PRICE | \$ AMOUNT   |
|---------------------|---------------------------------------|--------|----------|------------|-------------|
| CU104               | 50/50 Poz                             | sk     | 240      |            |             |
| CC113               | Gypsum                                | lb     | 1010     |            |             |
| CC111               | Salt                                  | lb     | 1476     |            |             |
| CC103               | C-15                                  | lb     | 122      |            |             |
| CC105               | C-41P                                 | lb     | 51       |            |             |
| CC201               | Gilsonite                             | lb     | 1200     |            |             |
| CF251               | 5/8" Regular Guide Shoe               | ea     | 1        |            |             |
| CF1451              | Flapper Type Insert                   | ea     | 1        |            |             |
| CF103               | Top Rubber Plug                       | ea     | 1        |            |             |
| CF4105              | Stop Collar                           | ea     | 1        |            |             |
| CC155               | Superflush                            | gal    | 500      |            |             |
| E101                | Heavy Equipment Mileage               | mi     | 150      |            |             |
| CF240               | Blending & Mixing Service             | sk     | 240      |            |             |
| E113                | Proppant Bulk Delivery                | ton/mi | 758      |            |             |
| CF200               | Pump Depth: 5001-60000                | hr     | 1        |            |             |
| CF804               | Plug Container                        | ea     | 1        |            |             |
| E100                | Unit Mileage                          | mi     | 75       |            |             |
| S003                | Service Supervisor                    | ea     | 1        |            |             |
| T105                | Cement Data Acquisition               | ea     | 1        |            |             |
| SUB TOTAL           |                                       |        |          |            | \$11,148.34 |

| CHEMICAL / ACID DATA: |  |  |  |
|-----------------------|--|--|--|
|                       |  |  |  |
|                       |  |  |  |
|                       |  |  |  |

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

SERVICE REPRESENTATIVE Alfred Overa  
FIELD SERVICE ORDER NO. \_\_\_\_\_

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Jeremy M. Krum  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

**Cement Report**

All operations performed by BES, Inc. are in accordance with legal actions of the state of Kansas.

|          |             |           |        |                 |         |
|----------|-------------|-----------|--------|-----------------|---------|
| Customer | Oxy USA     | Lease No. |        | Date            | 5-25-12 |
| Lease    | Schomover A | Well #    | 1      | Service Receipt | 03558   |
| Casing   | 5 1/2" ID   | County    | Finney | State           | KS      |

|          |                       |           |  |                   |         |
|----------|-----------------------|-----------|--|-------------------|---------|
| Job Type | 242-5 1/2" Production | Formation |  | Legal Description | 8-23-34 |
|----------|-----------------------|-----------|--|-------------------|---------|

| Pipe Data                |              | Perforating Data |    | Cement Data                 |
|--------------------------|--------------|------------------|----|-----------------------------|
| Casing size              | Tubing Size  | Shots/Ft         |    | Lead                        |
| 5 1/2" 27#               |              | From             | To | Tail in 240 SK<br>50/50 Poz |
| Depth 5040'              | Depth        | From             | To |                             |
| Volume Disp-115 bbl      | Volume       | From             | To |                             |
| Max Press 2500#          | Max Press    | From             | To |                             |
| Well Connection ID-5040' | Annulus Vol. | From             | To |                             |
| Plug Depth 55-43.57'     | Packer Depth | From             | To |                             |

| Time  | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log  |
|-------|-----------------|-----------------|--------------|------|--|
| 12:00 |                 |                 |              |      | on loc-site assessment (run in csg)  |
| 12:05 |                 |                 |              |      | spot trucks-rig up   |
| 11:45 |                 |                 |              |      | csg on btm break care  |
| 2:00  |                 |                 |              |      | safety meeting / JSA   |
| 2:15  |                 |                 |              |      | pressure test 3000#  |
| 2:45  | 200             |                 | 5            | 5    | pump 5 bbl H <sub>2</sub> O spacer   |
| 2:48  | 200             |                 | 12           | 5    | pump 12 bbl superflush   |
| 2:52  | 200             |                 | 5            | 5    | pump 5 bbl H <sub>2</sub> O spacer   |
| 2:57  | 150             |                 | 67.5         | 5    | Mix + pump 240 SK 50/50 Poz<br>@ 13.5 gpg - 1.58 H <sub>2</sub> O - 7.36 galsk |
| 3:20  |                 |                 |              |      | wash lines   |
| 3:23  | 0               |                 | 0            | 5    | drop plug disp csg   |
| 3:45  | 800             |                 | 105          | 2    | slow rate 1049 of disp   |
| 3:50  | 1300            |                 | 115          | 0    | land plug slow hold  |
| 4:00  | 2500            |                 |              |      | psi test csg @ 2500#   |
|       |                 |                 |              |      | job complete   |

|               |  |  |  |  |
|---------------|--|--|--|--|
| Service Units |  |  |  |  |
| Driver Names  |  |  |  |  |



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

FIELD SERVICE TICKET  
1717 03727 A

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

|   |          |  |          |              |          |                            |                |    |              |
|---|----------|--|----------|--------------|----------|----------------------------|----------------|----|--------------|
| DATE OF JOB <u>6-13-12</u> DISTRICT <u>1717</u> |          | NEW WELL <input type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input checked="" type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.: |          |              |          |                            |                |    |              |
| CUSTOMER <u>Oxy USA</u>                         |          | LEASE <u>Schoonover "A" #1</u> WELL NO.  |          |              |          |                            |                |    |              |
| ADDRESS   |          | COUNTY <u>Finney</u> STATE <u>KS</u>   |          |              |          |                            |                |    |              |
| CITY STATE                                      |          | SERVICE CREW <u>J. Chavez, Eddie, Roman</u>  |          |              |          |                            |                |    |              |
| AUTHORIZED BY <u>Jay Beath JRB</u>              |          | JOB TYPE: <u>241 Squeeze</u>   |          |              |          |                            |                |    |              |
| EQUIPMENT#                                      | HRS      | EQUIPMENT#   | HRS      | EQUIPMENT#   | HRS      | TRUCK CALLED               | DATE           | AM | TIME         |
| <u>19820</u>                                    | <u>6</u> | <u>27462</u>   | <u>6</u> | <u>38750</u> | <u>6</u> |                            | <u>6-13-12</u> | PM | <u>6:00</u>  |
|   |          |  |          | <u>37725</u> | <u>1</u> | ARRIVED AT JOB             | <u>6-13-12</u> | AM | <u>9:00</u>  |
|   |          |  |          |              |          | START OPERATION            | <u>6-13-12</u> | AM | <u>1:00</u>  |
|   |          |  |          |              |          | FINISH OPERATION           | <u>6-13-12</u> | PM | <u>12:30</u> |
|   |          |  |          |              |          | RELEASED                   | <u>6-13-12</u> | AM | <u>1:00</u>  |
|   |          |  |          |              |          | MILES FROM STATION TO WELL | <u>75</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 |
|---------------------|---------------------------------------|------|----------|------------|-----------|
| CL100               | Premium Gravel                        | SK   | 185      | 12 00      | 2220 00   |
| CC10A               | Calcium Chloride                      | lb   | 560      | 79         | 442 40    |
| E101                | Heavy Equipment Mileage               | mi   | 150      | 5 25       | 787 50    |
| CC240               | Blasting & Mixing Charge              | SK   | 300      | 1 05       | 315 00    |
| E113                | Bulk Delivery Charge                  | tn   | 1057.5   | 1 20       | 1269 00   |
| CC205               | Depth Charge                          | 4hrs | 1        |            | 1890 00   |
| E100                | Pickup Mileage                        | mi   | 75       | 3 19       | 239 25    |
| SC03                | Service Supervisor                    | EA   | 1        |            | 131 25    |
| T105                | Const DATA Acquisition Monitor        | EA   | 1        |            | 412 50    |

AP LOCATION/DEPT. LEBCAP D02 NON D02  
LEASE/WELL/FAC SCHOONOVER A-1  
MAXIMO (WSM) # OLBOIBIT  
TASK 0103 ELEMENT 3023  
PROJECT # 1152422 (CAPEX) OPEX - Circle One  
SPO / BPA UNSUPPORTED  
PRINTED NAME TONY ATON  
SIGNATURE: [Signature]

I certify that these Services/Materials have been received

SUB TOTAL 7706 90

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

TOTAL

SERVICE REPRESENTATIVE [Signature]

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

spass arising out of  
 performed by BES,  
 -level sections or roval.

|                             |                   |                      |                                  |                             |
|-----------------------------|-------------------|----------------------|----------------------------------|-----------------------------|
| Customer <b>Oxy USA</b>     |                   | Lease No.            |                                  | Date <b>6-13-12</b>         |
| Lease <b>Schoonover "A"</b> |                   | Well # <b>1</b>      |                                  | Service Receipt <b>3727</b> |
| Casing <b>5 1/2</b>         | Depth <b>4060</b> | County <b>Finney</b> |                                  | State <b>KS</b>             |
| Job Type <b>Z41</b>         |                   | Formation            | Legal Description <b>8-23-34</b> |                             |

| Pipe Data                    |                          | Perforating Data |                | Cement Data  |
|------------------------------|--------------------------|------------------|----------------|--|
| Casing size <b>5 1/2</b>     | Tubing Size <b>2 3/8</b> | <b>Shots/Ft</b>  |                | <b>Lead</b>  |
| Depth <b>4060</b>            | Depth <b>3895</b>        | From <b>4060</b> | To <b>4060</b> | <b>Tail in 185 SK Class H<br/>1.18 # 3 SK<br/>5.16 # 1 SK 16.0 #</b> |
| Volume <b>7065</b>           | Volume <b>15.1615</b>    | From             | To             |  |
| Max Press <b>2000</b>        | Max Press <b>2000</b>    | From             | To             |  |
| Well Connection <b>2 3/8</b> | Annulus Vol. <b>9065</b> | From             | To             |  |
| Plug Depth <b>—</b>          | Packer Depth <b>3895</b> | From             | To             |  |

| Time         | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate       | Service Log                                   |
|--------------|-----------------|-----------------|--------------|------------|---|
| <b>9:00</b>  |                 |                 |              |            | <i>Arrive On location</i>                     |
| <b>9:15</b>  |                 |                 |              |            | <i>Safety Meeting Miss Up</i>                 |
| <b>9:40</b>  |                 |                 |              |            | <i>Pressure Test</i>                          |
| <b>9:50</b>  |                 |                 | <b>30</b>    | <b>3.5</b> | <i>Load Backside</i>                          |
| <b>10:00</b> | <b>500</b>      | <b>500</b>      | <b>10</b>    | <b>4</b>   | <i>Load Tubing Injection Rate</i>             |
| <b>10:20</b> |                 | <b>1000</b>     | <b>34</b>    | <b>3.0</b> | <i>Pump cont @ 16.0 #</i>                     |
| <b>10:35</b> |                 |                 |              |            | <i>Wash pump and Lines</i>                    |
| <b>11:00</b> |                 | <b>2000</b>     | <b>1.</b>    | <b>.25</b> | <i>Displace - Hold</i>                        |
| <b>11:20</b> | <b>1000</b>     |                 | <b>95</b>    | <b>3.0</b> | <i>Reverse Out - Long WAY</i>                 |
| <b>12:00</b> |                 |                 |              |            | <i>Roll 5 stands</i>                          |
|              |                 |                 |              |            | <i>Pressure up to 500psi</i>                  |
|              |                 |                 |              |            | <i>Shut in Well</i>                           |
|              |                 |                 |              |            | <i>Job Complete</i>                           |
|              |                 |                 |              |            |   |
|              |                 |                 |              |            | <i>Thanks For Using Basic Energy Services</i> |
|              |                 |                 |              |            |   |
|              |                 |                 |              |            |   |
|              |                 |                 |              |            |   |
|              |                 |                 |              |            |   |
|              |                 |                 |              |            |   |
|              |                 |                 |              |            |   |
|              |                 |                 |              |            |   |
|              |                 |                 |              |            |   |

|                              |              |                    |  |
|------------------------------|--------------|--------------------|--|
| Service Units <b>19820</b>   | <b>27462</b> | <b>30463-37724</b> |  |
| Driver Names <b>2 Charvz</b> | <b>Eddie</b> | <b>Ramon</b>       |  |

*Tony*  
Customer Representative

*Ben Bennett*  
Station Manager

*Grand Charvz*  
Cementer  
Taylor Printing, Inc.