



1094901

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 <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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	CUNDIFF A 2B
Doc ID	1094901

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	CUNDIFF A 2B
Doc ID	1094901

Tops

Name	Top	Datum
HEEBNER	3750	
LANSING	3867	
KANSAS CITY	4177	
MARMATON	4278	
CHEROKEE	4415	
MORROW	4620	
ST. GENEVIEVE	4692	
ST. LOUIS	4783	



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 03576 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>09-12</i>	DISTRICT <i>1717</i>	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 <i>OKY USA</i>	LEASE <i>Curdiff 'A' #28</i> WELL NO.						
ADDRESS	COUNTY <i>Finney</i> STATE <i>KS</i>						
CITY	STATE	SERVICE CREW <i>L. Chase, Eddie, Julian, Ed</i>					
AUTHORIZED BY <i>Jay Bennett JRB</i>	JOB TYPE: <i>742 Surface</i>						
EQUIPMENT# <i>1980</i>	HRS <i>10</i>	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <i>8-9-12</i> AM <i>7:30</i>
AP LOCATION/DEPT. <i>lib/cap</i> DRILLER/DISC						ARRIVED AT JOB	DATE <i>6-4-12</i> AM <i>11:30</i>
<i>3065-10</i>	LEASE/WELL/FAC <i>Curdiff A-2-13</i>	<i>38750</i>	<i>10</i>	<i>37725</i>	<i>1</i>	START OPERATION	DATE <i>6-9-12</i> AM <i>4:00</i>
<i>3724-1</i>	MAXIMO / WMS #	TASK <i>0102</i>		ELEMENT <i>3023</i>		FINISH OPERATION	DATE <i>6-9-12</i> AM <i>6:45</i>
PROJECT # <i>1112529 / CAPEX / OPEX - Circle one</i>						RELEASED	DATE <i>6-9-12</i> AM <i>7:00</i>
SPO / BPA <input type="checkbox"/> CONTRACT CONDITIONS: <input type="checkbox"/> UNSUPPORTED <input type="checkbox"/>						MILES FROM STATION TO WELL <i>90</i>	

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 equipment provides all of the terms and conditions of the contract 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 the principal 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 Blend	SK	340	13.95	4743.00
CL110	Prem Nos Cement	SK	245	12.23	2996.35
CC109	Calcium Chloride	lb	1422	.79	1123.38
CC102	CelloFlake	lb	147	2.78	408.66
CC130	C-51	lb	64	18.75	1200.00
CF253	Guide Shoe	SA	1		285.00
CF1453	Insert Float Valve	CA	1		210.00
CF4556	Cement Berseck	CA	1		287.50
CF106	Rubber Plug	SA	1		168.75
CF4109	Stop Collar	SA	1		75.00
CF4405	Centraizer	CA	1.5	108.75	1631.25
E101	Heavy Equipment Mileage	mi	270	5.25	1417.50
CE240	Blending + Mixing Charge	SK	585	1.05	614.25
E113	Bulk Delivery Charge	ton	2479.5	1.20	2975.40
CE202	Depth Charge	Hours	1		1125.00
CE504	Plug Container Charge	job	1		187.50
E100	Pickup Mileage	mi	90	3.19	287.10
S003	Service Supervisor	SA	1		131.25
T105	Cement DATA Acquisition Monitor	CA	1		412.50
SUB TOTAL					21004.39

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Samuel Chavez* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer <i>Oxy</i>	Lease No.	Date <i>6-9-12</i>
Lease <i>Cundiff 'A'</i>	Well # <i>RB</i>	Service Receipt <i>3574</i>
Casing <i>8 5/8</i>	Depth <i>1820</i>	County <i>Finnay</i> State <i>KS</i>
Job Type <i>242</i>	Formation	Legal Description <i>10-23-34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>340SK A Con</i>
Depth <i>1829</i>	Depth <i>5.5' 45'</i>	From	To	<i>2.447 SK</i>
Volume <i>113.565</i>	Volume	From	To	<i>14.601 SK / 2.1#</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245SK / 11m PWS</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.324 SK</i>
Plug Depth <i>1780</i>	Packer Depth	From	To	<i>6.3346 SK 14.8</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1200</i>					<i>Arrive On location</i>
<i>1200</i>					<i>Safety Meeting - Rig Up</i>
<i>1200</i>					<i>Rig Running Casing</i>
<i>1520</i>					<i>Circulate w/ Plug</i>
<i>1550</i>					<i>Hook Up To 1365</i>
<i>1600</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1610</i>	<i>300</i>		<i>145</i>	<i>6.0</i>	<i>Pump head out @ 12.1#</i>
<i>1640</i>	<i>250</i>		<i>58</i>	<i>5.0</i>	<i>Pump Tail out @ 14.8#</i>
<i>1655</i>					<i>Prep Plug - Wash Up</i>
<i>1700</i>	<i>350</i>		<i>103</i>	<i>6.0</i>	<i>Displace</i>
<i>1720</i>	<i>900</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1725</i>	<i>1400</i>		<i>11</i>	<i>11</i>	<i>Lead Plug to float held</i>
<i>1800</i>	<i>1300</i>				<i>Test Casing - OK</i>
					<i>Cement To Surface</i>
					<i>Job Complete</i>
					<i>Thanks For Very Basic Energy Services</i>

Service Units	<i>14520</i>	<i>27462</i>	<i>38750-37725</i>	<i>30463-37724</i>
Driver Names	<i>John</i>	<i>Eddie</i>	<i>EJ</i>	<i>Sullivan</i>

George
Customer Representative

Ben Burt
Station Manager

John Daniel
Cementer
Taylor Printing, Inc.



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 03728 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-13-12	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 Candiff 'A'		#2B		WELL NO.				
ADDRESS	COUNTY Finney		STATE KS						
CITY	STATE	SERVICE CREW J. Chapp, Ollie, Ramon							
AUTHORIZED BY Jay Bant JRB	JOB TYPE: 242 LS								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
						ARRIVED AT JOB	6-13-12		- 200
19820	7	27462	7	30463	7	START OPERATION	6-13-12		AM - 300
				37724	1	FINISH OPERATION	6-13-12		AM - 400
						RELEASED	6-13-12		AM - 200
						MILES FROM STATION TO WELL	75		

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: *Dalk*
(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	290	8 25	2392 50
CL113	Gypsum	16	1220	56	683 20
CL111	Salt	16	1783	38	677 54
CL103	C-15	16	147	9 38	1378 86
CL105	C-41P	16	61	3 00	183 00
CL201	Gilsonite	16	1453	50	726 50
CF251	Guide Shoe	EA	1		187 50
CF451	Insert Float	EA	1		161 25
CF103	Rubber Plug	EA	1		78 75
CF405	Stop Collar	EA	1		63 00
CF4452	Centralizer 5/2	EA	25	56 25	1406 25
CL155	Super Flash II	gal	500	1 15	575 00
E101	Heavy Equipment Mileage	mi	150	5 25	787 50
CE240	Blending & Mix Change	SK	290	1 05	304 50
E115	Build & Delivery Charge	hr	915	1 20	1098 00
CE205	Repair Charge	4 hrs	1		1890 00
CE504	Plus Center Charge	job	1		187 50
E100	Pickup Mileage	mi	75	3 19	239 25
S003	Service Supervisor	EA	1		131 25

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. **L6 CAP** SUB TOTAL **13563 85**
 LEASE/WELL/EAC **Candiff A-2B** D02 NON D02
 MAXIMUM SERVICE & EQUIPMENT % TAX ON \$ _____
 TASK **NOBLE** % TAX ON \$ _____
 PROJECT # **1112529** ELEMENT **3023** TOTAL
 SPO / BPA CAPEX / OPEX - Circle one
 Circle Doc Type _____
 PRINTER _____ UNSUPPORTED

SERVICE REPRESENTATIVE: *Jay Bant* THE ABOVE MATERIAL AND SERVICES ORDERED BY CUSTOMER AND RECEIVED BY: *Daniel Ready*
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Owner <i>Oxy USA</i>		Lease No.		Date <i>6-13-12</i>	
Lease <i>CONDIFF 'A'</i>		Well # <i>2B</i>		Service Receipt <i>5278</i>	
Casing <i>5 1/2</i>	Depth <i>5003</i>	County <i>Finnely</i>		State <i>KS</i>	
Job Type <i>241</i>		Formation		Legal Description	
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 17.5#</i>	Tubing Size	Shots/Ft		Lead	
Depth <i>5000</i>	Depth <i>5.5 44</i>	From	To		
Volume <i>117 b/s</i>	Volume	From	To		
Max Press <i>2500</i>	Max Press	From	To	Tail in <i>2012 50-50</i>	
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	<i>1.58 ft 2.5 ft 102</i>	
Plug Depth <i>4956</i>	Packer Depth	From	To	<i>7.366 ft 13.5 #</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1400</i>					<i>Arrive On Location</i>
<i>1430</i>					<i>Safety Meeting - Rig Up</i>
<i>1400</i>					<i>Rig Running Casing</i>
<i>1700</i>					<i>Circulate w/ Rig</i>
<i>1740</i>					<i>Hook up to BE'S</i>
<i>1820</i>	<i>2900</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1925</i>	<i>300</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>1830</i>	<i>275</i>		<i>12</i>	<i>5.0</i>	<i>Pump Super Flush</i>
<i>1835</i>	<i>250</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>1840</i>	<i>200</i>		<i>68</i>	<i>5.0</i>	<i>Permit cmt @ 13.5 #</i>
<i>1700</i>					<i>Drop Plug - Wash Up</i>
<i>1705</i>	<i>350</i>		<i>107</i>	<i>4.0</i>	<i>Displace</i>
<i>1725</i>	<i>900</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1730</i>	<i>1400</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Float Held</i>
<i>1800</i>	<i>2500</i>		<i>1</i>	<i>1</i>	<i>Test Conn - OK</i>
					<i>Job Complete</i>
					<i>Thanks for using Basic Energy Services</i>
Service Units	<i>198.00</i>	<i>27462</i>	<i>38750-37725</i>		
Driver Names	<i>J. Moore</i>	<i>Eddie</i>	<i>Ramon</i>		

Dash
Customer Representative

Sony Best
Station Manager

[Signature]
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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 26, 2012

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

Re: ACO1
API 15-055-22159-00-00
CUNDIFF A 2B
NW/4 Sec.10-23S-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