



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1096516
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 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

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: _____



1096516

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
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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
<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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ELIZABETH A. COX 8
Doc ID	1096516

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ELIZABETH A. COX 8
Doc ID	1096516

Tops

Name	Top	Datum
HEEBNER	4066	
LANSING	4162	
MARMATON	4775	
CHEROKEE	4932	
ATOKA	5110	
MORROW	5223	
CHESTER	5352	
ST. GENEVIEVE	5431	
ST. LOUIS	5493	

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

October 09, 2012

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

Re: ACO1
API 15-081-21972-00-00
ELIZABETH A. COX 8
SE/4 Sec.08-30S-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



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 02590 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-9-12	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	LEASE Elizabeth A Cox	WELL NO. 8							
ADDRESS	COUNTY Haskell	STATE KS							
CITY	STATE	SERVICE CREW J. Chavez							
AUTHORIZED BY Jay Bentt	JOB TYPE: Z42 8 3/8 Sur Face								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 2-9-12	AM PM	TIME -200
19820	10	19827	10	30464	10	ARRIVED AT JOB	2-9-12	AM	-400
		19566	2	37547	2	START OPERATION	2-9-12	AM	-1100
27462	10					FINISH OPERATION	2-9-12	AM	-115
						RELEASED	2-9-12	AM	-230
						MILES FROM STATION TO WELL	30		

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: Kevin Thready
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con Island	SK	355		6231 00
CL110	Premium Plus Cement	SK	245		3993 50
CC109	Calcium Chloride	lb	1407		1477 35
CC102	Cello Flake	lb	145		536 50
CC130	C-51	lb	63		1575 00
CF253	Guide Shoe	EA	1		380 00
CF1453	Insert Float	EA	1		280 00
CF4405	Centralizer 8 3/8	EA	15		2175 00
CF4556	Cement Basket 8 3/8	EA	1		1050 00
CF3000	Thread Lock Kit	EA	12		408 00
CF105	Rubber Plug	EA	1		225 00
CF4109	Stop Collar	EA	1		100 00
E101	Heavy Equipment Mileage	mi	90		630 00
CE240	Blending & Mixing Charge	SK	580		812 00
E113	Bulk Delivery	tn	819		1310 40
CE202	Depth Charge	4hrs	1		1500 00
CE504	Plus Container Charge	job	1		250 00
E100	Pickup Mileage	mi	30		127 50
5003	Service Support				175 00

AP LOCATION/DEPT. LIBERAL 002 NON 002

LEASE/WELL/FAC Elizabeth A. Cox #8 SUB TOTAL

MAXIMO / WSM # _____

TASK 010 SERVICE & EQUIPMENT ELEMENT 300 %TAX ON \$ 2

PROJECT # MIE 207 CAPEX OPEX Circle one %TAX ON \$

SPO / BPA _____ UNSUPPORTED

PRINTED NAME Kevin Thready

SIGNATURE: Kevin Thready

I certify that these Services/Materials have been received

17845 23

TOTAL

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE Ismael Chavez

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Kevin Thready

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy</i>		Lease No.		Date <i>2-9-11</i>	
Lease <i>Elizabeth A. Cox</i>		Well # <i>8</i>		Service Receipt <i>2590</i>	
Casing <i>8 5/8 24#</i>	Depth <i>1791'</i>	County <i>Haskeell</i>		State <i>KS</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>8-30-33</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size		Shots/Ft		Lead <i>335SK A-Com</i>
Depth <i>1795</i>	Depth <i>53.44'</i>	From	To		<i>2.4FT-5K</i>
Volume <i>111.5 bbls</i>	Volume	From	To		<i>14.6Gd-SK 12.1#</i>
Max Press <i>2000</i>	Max Press	From	To		Tail in <i>2455K Prem</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To		<i>1.34FT-5K Cmt</i>
Plug Depth <i>1746</i>	Packer Depth	From	To		<i>6.33Gd-SK 14.8#</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1600</i>					<i>Arrive On location</i>
<i>1610</i>					<i>Safety Meeting - Rig Up</i>
<i>1800</i>					<i>Rig Pumping Casing</i>
<i>2200</i>					<i>Circulate w/Rig</i>
<i>2315</i>					<i>Hook Up To BES</i>
<i>2320</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>2325</i>	<i>250</i>		<i>143</i>	<i>5.0</i>	<i>Pump Lead cmt @ 12.1 #</i>
<i>2350</i>	<i>200</i>		<i>59</i>	<i>4.5</i>	<i>Pump Tail cmt @ 14.8 #</i>
<i>1205</i>					<i>Drop Plug - Wash Up</i>
<i>1210</i>	<i>400</i>		<i>101</i>	<i>5.1</i>	<i>Displace</i>
<i>1230</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1235</i>	<i>1500</i>		<i>.1</i>		<i>Land Plug Float Held</i>
<i>105</i>					<i>TEST Casing - 30min Passed</i>
					<i>Job Complete</i>
<i>Thanks For Using Basic Energy Services</i>					
Service Units	<i>19820</i>	<i>27482</i>	<i>19827-19564</i>	<i>30464-31547</i>	
Driver Names	<i>J. Omar</i>	<i>Eddie</i>	<i>Victor</i>	<i>Devid</i>	

Jeff RLB
Customer Representative

Sam Barta
Station Manager

Samuel Chaur
Cementer



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 02672 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>3/13/12</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>Elizabeth A Cox #8</u>				WELL NO.:	
ADDRESS:		COUNTY: <u>Haskell</u>		STATE: <u>KS</u>			
CITY:		STATE:		SERVICE CREW: <u>Royce, Victor, Saul</u>			
AUTHORIZED BY: <u>Tyce</u>		JOB TYPE: <u>Whipstock Plug 342</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: <u>3/13/12</u> TIME: <u>8:00</u>
<u>19885</u>	<u>5</u>					ARRIVED AT JOB	<u>11:10</u>
<u>37223 37426</u>	<u>5</u>					START OPERATION	<u>4:54</u>
<u>14354 14284</u>	<u>5</u>					FINISH OPERATION	<u>5:34</u>
						RELEASED	<u>6:30</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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL100	Stemdm	SK	205	12.00	2460.00
CL112	Compt Friction Reducer	lb	97	4.50	436.50
SU152	Progel 250	EA	567	19	107.73
E101	Heavy Equip Mileage	MF	60	5.25	315.00
CE240	Blending & Mixing Charge	MF	205	1.05	215.25
E113	Bulk Delivery Charge	MF	287.5	1.20	347.40
E110	Pickup Mileage	MF	30	3.19	95.70
S003	Service Supp	EA	1		131.25
TL105	Cement Deacquisition	EA	1		412.50

AP LOCATION/DEPT: Libecap D02 NON D02
 LEASE/WELL/FAC: Elizabeth A. Cox #8
 MAXIMO / WSM # _____
 TASK: 0102 ELEMENT: 3023
 PROJECT # 1136204 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME: Jeff Cull
[Signature]

SUB TOTAL 5871.33

CHEMICAL / ACID DATA:			

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

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



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 02786 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-19-12 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 Elizabeth A Cox #8 WELL NO.:							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW J. Chase, Eddie, Julian							
AUTHORIZED BY Jan Benth		JOB TYPE: 242 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							3-19-12		1:00
19820	11	27462	11	38750	11	ARRIVED AT JOB	3-19-12		3:30
				37725	1	START OPERATION	3-19-12		8:55
						FINISH OPERATION	3-19-12		10:30
						RELEASED	3-19-12		11:30
						MILES FROM STATION TO WELL	30		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: Jeff Gill
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50-50 PZR	SK	275	8 25	2268 75
CC113	Gypsum	lb	1155	56	646 80
CC111	Salt	lb	1688	38	641 44
CC103	C-15	lb	139	9 38	1303 82
CC105	C-41P	lb	58	3 00	174 00
CC201	Gilsonite	lb	1375	50	687 50
CF251	Guide Shoe	EA	1		187 50
CF1451	Insert Float Valve	EA	1		161 25
CF4452	Centralizer 5/2	EA	25	56 25	1406 25
CF3000	Thread Lock 1017	EA	1		25 50
CF103	Rubber Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CC155	Super Flush 11	gal	500	1 15	575 00
E101	Heavy Mileage Equipment	mi	60	5 25	315 00
CE240	Blanket + Mixing Charge	SK	275	1 05	288 75
E113	Bulk Delivery Charge	tm	347	1 20	415 50
CE206	Depth Charge	4hrs	1		2160 00
CE504	Plus Container Charge	job	1		187 50
E100	Pickup Mileage	mi	30	3 19	95 70

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. Liberal Cap SUB TOTAL **12226 06**
 LEASE/WELL/FAC. Elizabeth A Cox #8 NON D02 D02
 SERVICE & EQUIPMENT %TAX ON \$
 MAXIMO / WSM #
 MATERIALS %TAX ON \$
 TASK 0102 ELEMENT 5501 TOTAL
 PROJECT # 1136204 CAPEX / OPEX - Circle one
 SPO / BPA Jeff Gill UNSUPPORTED
 PRINTED NAME Jeff Gill

SERVICE REPRESENTATIVE <u>Ernest Chavez</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <u>Jeff Gill</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>3-19-12</i>	
Lease <i>Elizabeth A Cox</i>		Well # <i>8</i>		Service Receipt <i>2786</i>	
Casing <i>5 1/2 17.0</i>		Depth <i>5750</i>		County <i>Haskell</i> State <i>KS</i>	
Job Type <i>242 Long Strg</i>		Formation		Legal Description <i>8-30-33</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 17#</i>		Tubing Size		Shots/Ft	
Depth <i>5754</i>		Depth		From	To
Volume <i>113.7</i>		Volume		From	To
Max Press <i>2500</i>		Max Press		From	To
Well Connection <i>5 1/2</i>		Annulus Vol.		From	To
Plug Depth <i>5709</i>		Packer Depth		From	To
Tail in <i>2255k 50-50</i> <i>1.58 Ft 3-sk POZ</i> <i>7.36 Gd-sk 13.5#</i>					
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1545</i>					<i>Arrive On Location</i>
<i>1550</i>					<i>Safety Meetg - Rig Up</i>
<i>1600</i>					<i>Rig Pump Casing</i>
<i>2010</i>					<i>Circulate w/ Rig</i>
<i>2050</i>					<i>Hook Up To BES</i>
<i>2055</i>	<i>3000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>2058</i>	<i>300</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>2100</i>	<i>250</i>		<i>12</i>	<i>5.0</i>	<i>Pump Super Flush</i>
<i>2105</i>	<i>200</i>		<i>5</i>	<i>5.0</i>	<i>Pump Water Spacer</i>
<i>2110</i>	<i>150</i>		<i>72</i>	<i>5.0</i>	<i>Pump cmt @ 13.5#</i>
<i>2125</i>					<i>Drop Plug - Wash Up</i>
<i>2130</i>			<i>123</i>	<i>6.0</i>	<i>Displace</i>
<i>2150</i>	<i>1200</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>2155</i>	<i>1700</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Float Held</i>
<i>2200</i>	<i>2500</i>		<i>1.0</i>	<i>1</i>	<i>Test Casing - Held</i>
<i>2230</i>					
<i>2330</i>					<i>Job Complete</i>
<i>Thanks For Using Basic Energy Services</i>					
Service Units	<i>19820</i>	<i>27442</i>	<i>38750 - 37725</i>		
Driver Names	<i>J Chavez</i>	<i>Eddie</i>	<i>JULIAN</i>		

Jeff Gill
Customer Representative

Jay Beath
Station Manager

J Chavez
Cementer

Attachment to Elizabeth A. Cox #8 15-081-21972-01-00

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 335	3% CC, 1/4# Polyflake, 0.2% WCA1
	Prem +	Tail: 245	2% CC, 1/4# Polyflake
Production	50-50 Poz	255	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite 1/4# Polyflake, 0.2% WCA1

Elizabeth "A" Cox#8 ST01 Survey Report (Def Survey)

Report Date: April 05, 2012 - 03:00 PM	Survey / DLS Computation: Minimum Curvature / Lubinski	
Client: OXY	Vertical Section Azimuth: 49.412 ° (Grid North)	
Field: KC, Haskell County (NAD 27 SZ) 2012	Vertical Section Origin: 0.000 ft, 0.000 ft	
Structure / Slot: OXY 8-30S-33W (Elizabeth "A" Cox#8) / Elizabeth "A" Cox#8	TVD Reference Datum: KB	
Well: Elizabeth "A" Cox#8	TVD Reference Elevation: 2979.100 ft above MSL	
Borehole: Sidetrack Wellpath	Seabed / Ground Elevation: 2965.100 ft above MSL	
UWI / API#: Unknown / Unknown	Magnetic Declination: 6.544 °	
Survey Name: Elizabeth "A" Cox#8 ST01	Total Field Strength: 51811.330 nT	
Survey Date: March 13, 2012	Magnetic Dip Angle: 65.220 °	
Tort / AHD / DDI / ERD Ratio: 21.256 ° / 124.130 ft / 3.422 / 0.037	Declination Date: March 13, 2012	
Coordinate Reference System: NAD27 Kansas State Plane, Southern Zone, US Feet	Magnetic Declination Model: BGGM 2011	
Location Lat / Long: N 37° 26' 51.38503", W 100° 56' 54.61131"	North Reference: Grid North	
Location Grid N/E Y/X: N 293684.700 ftUS, E 1289256.800 ftUS	Grid Convergence Used: -1.505 °	
CRS Grid Convergence Angle: -1.50467402 °	Total Corr Mag North->Grid North: 8.048 °	
Grid Scale Factor: 0.99996936	Local Coord Referenced To: Well Head	

Comments	MD (ft)	Incl (°)	Azim Grid (°)	TVD (ft)	VSEC (ft)	NS (ft)	EW (ft)	DLS (°/100ft)	Northing (ftUS)	Easting (ftUS)	Latitude (N/S ° ' ")	Longitude (E/W ° ' ")
Surface	0.00	0.00	49.41	0.00	0.00	0.00	0.00	N/A	293684.70	1289256.80	N 37 26 51.39	W 100 56 54.61
Marker MudLine	14.00	0.00	0.00	14.00	0.00	0.00	0.00	0.00	293684.70	1289256.80	N 37 26 51.39	W 100 56 54.61
Assume Vertical	2170.00	0.00	0.00	2170.00	0.00	0.00	0.00	0.00	293684.70	1289256.80	N 37 26 51.39	W 100 56 54.61
First SLB_MWD Survey	2264.00	1.03	10.34	2263.99	0.66	0.83	0.15	1.10	293685.53	1289256.95	N 37 26 51.39	W 100 56 54.61
	2296.00	1.85	41.87	2295.99	1.39	1.50	0.55	3.47	293686.20	1289257.35	N 37 26 51.40	W 100 56 54.61
	2359.00	3.58	50.01	2358.91	4.37	3.52	2.73	2.81	293688.22	1289259.53	N 37 26 51.42	W 100 56 54.58
	2453.00	8.25	58.30	2452.39	13.97	8.95	10.72	5.04	293693.65	1289267.52	N 37 26 51.48	W 100 56 54.48
	2547.00	8.47	55.46	2545.39	27.52	16.42	22.17	0.50	293701.12	1289278.96	N 37 26 51.55	W 100 56 54.34
	2610.00	8.10	54.12	2607.73	36.55	21.65	29.58	0.66	293706.35	1289286.38	N 37 26 51.61	W 100 56 54.25
	2673.00	9.53	56.73	2669.99	46.15	27.12	37.54	2.36	293711.82	1289294.34	N 37 26 51.66	W 100 56 54.15
	2736.00	9.82	56.60	2732.09	56.65	32.94	46.39	0.46	293717.63	1289303.18	N 37 26 51.72	W 100 56 54.05
	2799.00	9.77	55.28	2794.17	67.30	38.94	55.27	0.37	293723.64	1289312.06	N 37 26 51.78	W 100 56 53.94
	2862.00	9.11	50.08	2856.32	77.61	45.18	63.48	1.71	293729.88	1289320.28	N 37 26 51.85	W 100 56 53.84
	2925.00	8.86	49.59	2918.55	87.45	51.53	71.00	0.41	293736.23	1289327.80	N 37 26 51.91	W 100 56 53.75
	2988.00	8.53	47.40	2980.82	96.97	57.84	78.14	0.74	293742.53	1289334.93	N 37 26 51.98	W 100 56 53.66
	3051.00	6.37	41.46	3043.29	105.10	63.62	83.89	3.64	293748.32	1289340.69	N 37 26 52.04	W 100 56 53.59
	3114.00	5.53	40.43	3105.95	111.56	68.55	88.17	1.34	293753.25	1289344.97	N 37 26 52.09	W 100 56 53.54
	3177.00	4.27	41.39	3168.72	116.88	72.62	91.69	2.00	293757.32	1289348.49	N 37 26 52.13	W 100 56 53.50
	3239.00	2.51	40.28	3230.60	120.51	75.39	94.10	2.84	293760.08	1289350.89	N 37 26 52.15	W 100 56 53.47
Last SLB_MWD Survey	3302.00	0.96	9.71	3293.58	122.27	76.96	95.08	2.78	293761.66	1289351.87	N 37 26 52.17	W 100 56 53.46
Proj To Section TD	3353.00	0.96	9.71	3344.57	122.93	77.80	95.22	0.00	293762.50	1289352.02	N 37 26 52.18	W 100 56 53.46

Survey Type: Def Survey

Survey Error Model: ISCWSA Rev 0 *** 3-D 95.000% Confidence 2.7955 sigma

Survey Program:

Description	MD From (ft)	MD To (ft)	EOU Freq (ft)	Survey Tool Type	Borehole / Survey
	0.000	14.000	1/14.000	SLB_BLIND+TREND-Depth Only	Sidetrack Wellpath / Elizabeth "A" Cox#8 ST01
	14.000	2170.000	1/98.425	SLB_BLIND+TREND	Sidetrack Wellpath / Elizabeth "A" Cox#8 ST01
	2170.000	2170.000	Act Stns	SLB_BLIND+TREND	Sidetrack Wellpath / Elizabeth "A" Cox#8 ST01
	2170.000	3302.000	1/1132.000	SLB_MWD-STD	Sidetrack Wellpath / Elizabeth "A" Cox#8 ST01
	3302.000	3353.000	1/51.000	SLB_BLIND+TREND	Sidetrack Wellpath / Elizabeth "A" Cox#8 ST01