



WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

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

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

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

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

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

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

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

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

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

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

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

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

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

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

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

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

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



1100061

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

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

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SMU 317
Doc ID	1100061

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SMU 317
Doc ID	1100061

Tops

Name	Top	Datum
HEEBNER	3769	
TORONTO	3785	
LANSING	3863	
KANSAS CITY	4189	
MARMATON	4293	
CHEROKEE	4433	
ATOKA	4550	
MORROW	4633	
ST. GENEVIEVE	4700	
ST. LOUIS	4779	



**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 02794 A

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

DATE OF JOB: <b>7-6-12</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>SMU #317</b>		WELL NO.:					
ADDRESS:		COUNTY: <b>Finney</b>		STATE: <b>KS</b>					
CITY: _____ STATE: _____		SERVICE CREW: <b>L. CHAMBER, Eddie, Julia, Ed M.</b>							
AUTHORIZED BY: <b>Tony Bantl</b>		JOB TYPE: <b>242 8 5/8 Surface</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<b>7-6-12</b>	<b>PM</b>	<b>1:30</b>
<b>19820</b>	<b>13</b>	<b>38750</b>	<b>13</b>	<b>14355</b>	<b>13</b>	ARRIVED AT JOB	<b>7-6-12</b>	<b>AM</b>	<b>7:30</b>
		<b>37125</b>	<b>1</b>	<b>14284</b>	<b>1</b>	START OPERATION	<b>7-6-12</b>	<b>AM</b>	<b>1:30</b>
<b>27462</b>	<b>13</b>					FINISH OPERATION	<b>7-6-12</b>	<b>AM</b>	<b>4:30</b>
						RELEASED	<b>7-6-12</b>	<b>AM</b>	<b>5:30</b>
						MILES FROM STATION TO WELL	<b>70</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: *[Signature]*  
(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	345	13 95	4812 75
CL110	Premix Plus Cement	SK	245	12 23	2996 35
CC109	Calcium Chloride	16	1437	79	1135 23
CC102	CelloFlake	16	148	2 78	411 44
CC130	C-51	16	65	18 75	1218 75
CF253	Guide Shoe	EA	1		285 00
CF1403	Insert Float Valve	EA	1		371 25
CF4405	Centralizer 8 3/4	EA	6	108 75	652 50
CF4556	Cement Basket	EA	1		787 50
CF105	Ribbon Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equipment Mileage	mi	210	5 25	1102 50
CE240	Blending & Mixing Charge	52	590	1 05	619 50
E113	Bulk Delivery Charge	tn	1946	1 20	2335 20
CE202	Depth Charge	4hrs	1		1125 00
CE504	Plug Cement Charge	job	1		187 50
E100	Pickup Mileage	mi	70	3 19	223 30
S003	Service Supervisor	EA	1		131 25
T105	Data Acquisition Monitor	EA	1		412 50

*lib Cap - Capex*  
*SMU 317*  
*01-02*  
*3023*  
*1147527*  
*Calc Wgls*  
*[Signature]*

**\$21520.54 7/6/12**

SUB TOTAL **21526 27**

CHEMICAL / ACID DATA:			

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. \_\_\_\_\_



**BASIC<sup>SM</sup>**  
**ENERGY SERVICES**  
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 Phone 620-624-2277

FIELD SERVICE TICKET CONT.

TICKET NO. 171702794

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CE503	Derrick Charge	EA	1		225	00
CE406	Additional Hours	hr	6	375 00	2250	00



# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>7-6-12</i>
Lease <i>5/MU</i>	Well # <i>317</i>	Service Receipt <i>2794</i>
Casing <i>8 5/8</i>	Depth <i>1805</i>	County <i>Finnery</i> State <i>KS</i>
Job Type <i>242 Surf Fall</i>	Formation	Legal Description <i>23-23-34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size	Shots/Ft		Lead <i>3455K A-Con</i>
Depth <i>1815</i>	Depth	From	To	<i>2.4 FT 25K</i>
Volume <i>11265</i>	Volume	From	To	<i>14.0 Gal 12.1#</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>2455K 1655L</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.34 FT 25K</i>
Plug Depth <i>1772</i>	Packer Depth	From	To	<i>6.33 Gal SK 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>330</i>					<i>Arrive on location</i>
<i>400</i>					<i>Safety Meeting - Rig Up</i>
<i>800</i>					<i>Rig Pump Casing</i>
<i>1400</i>					<i>Circulate w/ Rig</i>
<i>1430</i>					<i>Hook up to BES</i>
<i>1435</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1440</i>	<i>300</i>		<i>147</i>	<i>5.5</i>	<i>Pump Leadout @ 12.1#</i>
<i>1510</i>	<i>200</i>		<i>58</i>	<i>5.0</i>	<i>Pump Tail out @ 14.8#</i>
<i>1520</i>					<i>Prop Plug - D Wash Up</i>
<i>1525</i>	<i>300</i>		<i>102</i>	<i>5.5</i>	<i>Displace</i>
<i>1540</i>	<i>600</i>		<i>10</i>	<i>2.0</i>	<i>Slow-Dow - Displace</i>
<i>1600</i>	<i>800</i>				<i>Did not Pump Plug - Over 2615</i>
					<i>Flood Held</i>
					<i>Connect To Surface</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>

Service Units	<i>19820</i>	<i>27462</i>	<i>38750-57725</i>	<i>14355-14284</i>
Driver Names	<i>J. CHANDR</i>	<i>Eddie</i>	<i>EDM</i>	<i>Julian</i>

Cal  
Customer Representative
Tony Bennett  
Station Manager
Ismael Chaur  
Cementer
Taylor Printing, Inc.



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Phone 620-624-2277

FIELD SERVICE TICKET

1717 03851 A

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

DATE OF JOB: <u>4/12/17</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>Exy USA</u>	LEASE: <u>SMA 317</u>		WELL NO.:							
ADDRESS:		COUNTY: <u>Finney</u>	STATE: <u>Ks</u>							
CITY:		SERVICE CREW: <u>Rape, Victor</u>								
AUTHORIZED BY: <u>Tyce</u>		JOB TYPE: <u>242 L.S.</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19858</u>	<u>9.5</u>									<u>2:00</u>
<u>3422334426</u>	<u>9.5</u>									<u>6:30</u>
<u>35750 37703</u>	<u>9.5</u>									<u>1:15</u>
										<u>3:30</u>
										<u>4:00</u>
										<u>90</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
CC104	50/80 <del>AP LOCATION/DEPT</del> Libcap <del>D02</del> <input type="checkbox"/> <del>NON D02</del>	SK	200	8 25	1650 0
CC113	Gypsum <del>LEASE/WELL/FAC</del> SMA 317	LB	840	56	470 4
CC111	Salt <del>MAXIMO / WSM #</del>	LB	1227	38	466 2
CC103	C-15 <del>TASK</del> 01-02 <del>ELEMENT</del> 3025	LB	101	9 38	947 3
CC105	C-41P <del>PROJECT #</del> 1147527 <del>CAPEX / OPEX - Circle one</del>	LB	42	3 00	126 0
CC201	Gilsonite <del>SPD / BPA</del> <del>UNSUPPORTED</del>	LB	998	50	499 0
CF251	Guide <del>PRINTED NAME</del> Jeremy Kneese	EA	1		187 5
CF1401	Float <del>SIGNATURE:</del> <u>[Signature]</u>	EA	1		277 5
CF103	Top Plug	EA	1		78 7
CF4105	Stop Collar	EA	1		63 0
CF4452	Centralizers	EA	20	56 25	1125 0
CC155	Super flush II	gal	500	1 15	575 0
E101	Heavy Equip Mileage	Mi	180	5 25	945 0
CE 240	Blending & Mixing Charge	SK	200	1 05	210 0
E113	Bulk Delivery	Tm	756	1 20	907 2
CE205	Depth Charge 4001 to 5000'	thr	1		1890 0
CE504	Plug Container	Jch	1		187 5
E100	Pickup Mileage	Mi	90	3 19	287 4
5003	Service Super, V1507	EA	1		131 2

SUB TOTAL 11436 3

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.:	





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

FIELD SERVICE TICKET COI

TICKET NO. 1717038514

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
T105	Cement Data Acquisition Monitor	ea	1		412 \$



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
Liberal, Kansas

### Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>7/10/12</i>
Lease <i>SMU</i>	Well # <i>317</i>	Service Receipt
Casing <i>5 1/2</i>	Depth <i>4885</i>	County <i>Finney</i> State <i>KS</i>
Job Type <i>L.S.</i>	Formation	Legal Description <i>23/23/34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>200 SK</i>
Depth <i>4873.42</i>	Depth	From	To	<i>50/50 @ 13.5"</i>
Volume <i>112</i>	Volume	From	To	<i>1.58 7.36</i>
Max Press <i>2500</i>	Max Press	From	To	Tail in
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>06:30</i>					<i>on loc, spot trucks, R.V. Supt</i>
<i>13:52</i>	<i>3300</i>				<i>Test Lines</i>
<i>13:58</i>	<i>200</i>		<i>5</i>	<i>4</i>	<i>H2O</i>
<i>14:00</i>	<i>200</i>		<i>12</i>	<i>4</i>	<i>superflush</i>
<i>14:03</i>	<i>190</i>		<i>5</i>	<i>4</i>	<i>H2O</i>
<i>14:06</i>	<i>190</i>		<i>0</i>	<i>4</i>	<i>start mixing @ 135#</i>
<i>14:26</i>	<i>0</i>		<i>56</i>		<i>shot down, Drop Plug, Washup</i>
<i>14:32</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>start disp</i>
<i>14:58</i>	<i>300</i>		<i>102</i>	<i>2</i>	<i>slow rate</i>
<i>14:58</i>	<i>1400</i>		<i>112</i>	<i>-</i>	<i>Plug Down (Float Held)</i>
<i>15:02</i>	<i>2530</i>				<i>Test Csg.</i>
<i>15:32</i>	<i>0</i>				<i>Release P3</i>
					<i>Job Complete</i>

Service Units	<i>194866</i>	<i>312233797</i>	<i>38750</i>	<i>37926</i>
Driver Names	<i>Chine</i>	<i>R. Olds</i>	<i>V. Vasquez</i>	

*Derek Adam* Customer Representative      *Jerry Bennett* Station Manager      *Chad Hinz* Cementer