



**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

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: \_\_\_\_\_



1100286

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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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	FEIGHT A 8
Doc ID	1100286

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	FEIGHT A 8
Doc ID	1100286

Tops

Name	Top	Datum
HEEBNER	3977	
LANSING	4166	
MARMATON	4706	
CHEROKEE	4926	
ATOKA	5047	
MORROW	5193	
CHESTER	5349	
ST. GENEVIEVE	5463	
ST. LOUIS	5567	
SPERGEN	5671	



**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 02932 A

DATE \_\_\_\_\_ TICKET NO. 2932A

DATE OF JOB <u>7-10-12</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>FEIGHT A</u>	WELL NO. <u># 8</u>					
ADDRESS	COUNTY <u>HASKELL</u>	STATE <u>Ks</u>					
CITY	STATE	SERVICE CREW <u>LIZBEN TOGO JERRY Eddie Carlos John</u>					
AUTHORIZED BY <u>Jerry Bennett JRB</u>	JOB TYPE: <u>242 8 5/8 Surface</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <u>7-9-12</u> AM/PM <u>12:00</u> TIME
<u>71183</u>	<u>8</u>	<u>AP LOCATION/DEPT. 1-b/cap</u>		<u>D02</u>	<input type="checkbox"/> NON D02 <input type="checkbox"/>	ARRIVED AT JOB	<u>7-9-12</u> AM/PM <u>11:30</u>
<u>27462</u>	<u>10</u>	<u>LEASE/WELL/FAC FEIGHT</u>		<u>A-B</u>		START OPERATION	<u>7-10-12</u> AM/PM <u>9:15</u>
<u>30464</u>		<u>MAXIMO / WSM #</u>		<u>ELEMENT 5501</u>		FINISH OPERATION	AM/PM <u>12:20</u>
<u>37547</u>		<u>TASK 0102</u>		<u>CAPEX / OPEX - Circle one</u>		RELEASED	AM/PM <u>1:00</u>
<u>19827</u>		<u>PROJECT # 1145963</u>		<u>UNSUPPORTED</u>	<input type="checkbox"/>	MILES FROM STATION TO WELL	<u>35</u>
<u>12566</u>		<u>SPO / BPA</u>					

PRINTED NAME Darrel Moore

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. At such time 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.

SIGNATURE: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL 101	A-Con	✓ SK	335	13 95	4673 25
CL 110	Premium Plus CEMENT	✓ SK	245	12 23	2996 35
CC 109	Calcium CHLORIDE	✓ lb	1407	79	1111 53
CC 102	CELLOFLAKE	✓ lb	146	2 78	405 88
CC 130	C-51	✓ lb	63	18 75	1181 25
CF 253	GRIDE SHOE REG 8 5/8	✓ EA	1		285 00
CF 1403	ISFV FLAPPER TYPE 8 5/8	✓ EA	1		371 25
CF 105	T. Rubber Plug 8 5/8	✓ EA	1		168 75
CF 4109	STOP Collar 8 5/8	✓ EA	1		75 00
CF 4556	MT BSKT Annular 8 5/8	✓ EA	1		787 50
CF 4405	Economizer Hinged 8 5/8	✓ EA	15	108 75	1631 25
E 101	HEAVY Veh M. LEAGS	m.	105	5 25	551 25
CE 240	Blending & mixing SERVICE CHARGES	SK	580	1 05	609 00
E 113	Resppant Bsk DELIVERY CHARGES	TM	955.5	1 20	1146 60
CE 202	DEPTH CHARGE 1001-2000	4 hrs	1		1125 00
CE 509	Plug Cut CHARGES	JOB	1		187 50
E 100	Un. F M. LEAGS CHARGES	m.	35	3 19	111 65
S 003	SERVICE SUPERVISOR CHARGES	1	EA		131 25
T 105	<del>MT DATA Acq. Monitor</del>	<del>1</del>	<del>EA</del>		

SUB TOTAL 20,024 26

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>20,561 21</u>

SERVICE REPRESENTATIVE T. CERA

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

FIELD SERVICE ORDER NO. \_\_\_\_\_



Customer	Oxy USA	Lease No.		Date	7-10-12
Lease	FEIGHT	Well #	A + B	Service Receipt	2932A
Casing	8 5/8	Depth	1816	County	Haskell
Job Type	242	Formation		State	K1
				Legal Description	B-27-29

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8	Tubing Size		Lead 3355x
Depth	1816	Depth		A. Con
Volume	112.86 Bbls	Volume		3 1/2 CC .2% WCA-1
Max Press	25000	Max Press		1/4" CF. 12.1 #/gal 2.40 ft
Well Connection	8 5/8	Annulus Vol.		Tail in 2455x
Plug Depth	1774.50	Packer Depth		PCEN Plus CMT
				2 1/2 CC 1/4" CF
				14.8 #/gal 1.34 ft

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					Called out
					on Loc w tek's
					Hold SAFETY MTG
					Run 49 ft's 8 7/8 24" CSS
					Req G SHWB! AFU Insert 1 ft- 44.50
					STOP Callout! Cent 1/2 WCA-1 A- 1-3-5-7-10-13-16
					19-22-25-28-31-34-37 Cut Bot 40
9:15					CSG on Bottom
9:25					Hook up to CSS & BREAK CIRC w/215
					TAQ Bottom & Hold SAFETY
9:52					SHUT DOWN Rig up to CSS! Drop Ball
12:01				5.5	START Pumping H2O PSI TEST L10 3000
			5		START MIX LEAD CMT 3355x 12.1 #/gal
			140		START MIX TAIL CMT 24.5 BK A. B #/gal
			206		SHOT DOWN
11:06	100			7.0	START DISO
	520		102	2	102 out Slow Rate
11:31	700		112.4		Plug down
11:36	1300				PSI up CSS HELD 5min! RELEASE
11:40	2500		1	1	PSI up CSS 1500 30min HELD! RELEASE
12:20	RELEASE				Rack up! 503 Complete
					Circ Cut TO RT thanks PLEASE call
					TOOD J224 Eng. & Julian & Carlos

Service Units	71183	27462	37547	30464	15827	195466
Driver Names	TOOD	Edd. E	Carlos		Julian	

Customer Representative

Station Manager

Cementer

Taylor Printing, Inc.



**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 03853 A

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

DATE OF JOB: <u>7/15/12</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>Freight A-8</u>						WELL NO.:			
ADDRESS:		COUNTY: <u>Haskell</u>				STATE: <u>Ks</u>				
CITY:		STATE:		SERVICE CREW: <u>Royce, Juan</u>						
AUTHORIZED BY: <u>Tyce</u>		<u>JRB</u>		JOB TYPE: <u>742 Lisc</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>194885</u>	<u>7</u>						<u>7/14/12</u>			<u>8:00</u>
<u>3920339926</u>	<u>7</u>					ARRIVED AT JOB	<u>7/14/12</u>			<u>10:45</u>
<u>1982719566</u>	<u>7</u>					START OPERATION	<u>7/15/12</u>			<u>3:53</u>
						FINISH OPERATION	<u>7/15/12</u>			<u>5:40</u>
						RELEASED				<u>6:30</u>
MILES FROM STATION TO WELL										

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

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: [Signature]  
(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	<del>290</del>	8 25	2392 50
CC113	Gypsum	Lb	1220	56	683 20
CC111	Salt	Lb	1783	38	677 54
CC103	C-15	Lb	147	9 38	1378 86
CC105	C-41P	Lb	61	3 00	183 00
CC201	Gilsonite	Lb	1450	50	725 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Flapper Float Valve	EA	1		161 25
CF4452	Controlizers	EA	25	56 25	1406 25
CF3000	Thread Lock	EA	1		25 50
CF103	Top Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CC155	Super Flush II	Opal	500	1 15	575 00
E101	Heavy Equip Mileage	Mi	70	5 25	367 50
CF740	Bleeding & Mixing Charge	SK	290	1 05	304 50
E113	Bulk Delivery	Tm	427	1 20	512 40
CF206	Depth Charge 5001 to 6000'	4hr	1		2160 00
CF501	Plug Container	Job	1		187 50
E100	Pickup Mileage	Mi	35	3 19	111 65
SUB TOTAL					<u>12,949 65</u>

CHEMICAL / ACID DATA:			

AP LOCATION: Freight A-8 EQUIPMENT: Cap DELAY ON \$ 0000  
 LEASEWELL MATERIALS: Freight A-8 TAX ON \$ \_\_\_\_\_  
 MAXIMO / WSM # \_\_\_\_\_ TOTAL \_\_\_\_\_  
 TASK: #0102 ELEMENT: 3023  
 PROJECT # 1145963 CAPEX / OPEX - Circle one

SERVICE REPRESENTATIVE: <u>Chad Hinz</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
--	--

FIELD SERVICE ORDER NO. \_\_\_\_\_







# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>7/15/12</i>
Lease <i>Feight A</i>	Well # <i>46</i>	Service Receipt
Casing <i>5 1/2</i>	Depth <i>5900'</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>L.S.</i>	Formation	Legal Description <i>27-29-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>290 sk 50/50 @ 13.5 #</i>
Depth <i>5690.18</i>	Depth	From	To	<i>1.584 7.36 gal</i>
Volume <i>131</i>	Volume	From	To	
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	

7/14

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
22:45					on Loc, spot tracks, R.O., Safety out
03:53	3600				Test Lills
03:55	550		5	5	H <sub>2</sub> O
03:57	560		12	5	Superflush
04:01	490		5	5	H <sub>2</sub> O
04:09					Plug Mousl
04:15	600		0	5	Start mixing @ 13.5 #
04:30	Ø		76	-	Finished mixing, Drop Plug, Washup
04:37	Ø		0	5	Start Disp.
05:02	990		121	2	Slow Rate
05:06	1160		131	-	Plug Down (Float Held)
05:10	2540				Test Casing
05:40	Ø				Release PSI
					Job Complete

Service Units	<i>19866</i>	<i>372233712</i>	<i>19827</i>	<i>19566</i>
Driver Names	<i>Chaz</i>	<i>R. Olds</i>	<i>Sean G.</i>	

*Jesse*  
Customer Representative

*Vern Bennett*  
Station Manager

*Chad Hinz*  
Cementer