



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1100871  
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: \_\_\_\_\_



1100871

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 <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 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

<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	BOSWORTH B 1
Doc ID	1100871

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BOSWORTH B 1
Doc ID	1100871

Tops

Name	Top	Datum
HEEBNER	3781	
TORONTO	3801	
LANSING	3891	
KANSAS CITY	4176	
MARMATON	4319	
CHEROKEE	4455	
ATOKA	4569	
MORROW	4661	
ST. GENEVIEVE	4770	
ST. LOUIS	4798	



**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 03856 A

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


DATE OF JOB <b>7/20/12</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>Bosworth B 1</b>					WELL NO.	
ADDRESS		COUNTY <b>Finney</b>			STATE <b>Ky</b>			
CITY		STATE		SERVICE CREW <b>Royce, Victor, Sawl</b>				
AUTHORIZED BY <b>Tuco</b>		<b>JRB</b>		JOB TYPE <b>Z42 Surface</b>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <b>7/20/12</b>	DATE <b>7/20/12</b> TIME <b>12:00</b>	
<b>19888</b>	<b>15</b>					ARRIVED AT JOB	<b>3:30</b>	
<b>39223 37926</b>	<b>15</b>					START OPERATION	<b>12:01</b>	
<b>30464 37547</b>	<b>15</b>					FINISH OPERATION	<b>6:30</b>	
<b>38950 37925</b>	<b>15</b>					RELEASED	<b>7:00</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:   
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con	SK	345	13 95	4812 75
CL110	Premium Plus	SK	215	12 23	2996 35
CC109	Calcium Chloride	Lb	1437	79	1135 23
CC102	Colloflake	Lb	148	2 78	411 44
CC136	C-51	Lb	65	18 75	1218 75
CF253	Guide shoe	EA	1		285 00
CF1403	Flapper Float Valve	EA	1		371 25
CF4405	Centralizers	EA	15	108 75	1631 25
CF4456	Basket	EA	1		787 50
CF105	Top Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
E101	Heavy Equip Mileage	Mi	210	5 25	1102 50
CE240	Blending & Mixing Charge	SK	590	1 05	619 50
E113	Bulk Delivery	Tm	1946	1 20	2335 20
CE202	Depth Charge	4hr	1		1125 00
CE504	Plug Container	EA	1		187 50
E100	Pickup Mileage	Mi	170	3 19	223 30
3003	Service Super A507	EA	1		131 25
T105	Cement Data Acq.	EA	1		412 50

AP LOCATION/DEST. **Libcap**  
 LEASE/WELL/FAC **Bosworth B-1**  
 MAXIMO / WSM # **01-02**  
 TASK **115 3974**  
 PROJECT # **115 3974**  
 SPO / BPA **UN-SUPPORTED**  
 PRINTED NAME **Jeremy Knese**  
 SIGNATURE:   
 I certify that these Services/Materials have been received.

SUB TOTAL **20,255.02**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <b>Chadline</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY  (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	





# Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>7/20/12</i>
Lease <i>Bozworth B</i>	Well # <i>1</i>	Service Receipt
Casing <i>4 5/8</i>	Depth <i>1819</i>	County <i>Finney</i> State <i>KS</i>
Job Type <i>surface</i>	Formation	Legal Description <i>27-22-34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>4 5/8</i>	Tubing Size	Shots/Ft		Lead <i>3455x A Con @ 12.1#</i>
Depth <i>1822.69</i>	Depth	From	To	
Volume <i>113</i>	Volume	From	To	<i>240 14.08</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>2455x Prem @ 14.8#</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	<i>1.34 6.33</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0:30</i>					<i>on loc, spot trucks, R.U., Sept. data</i>
<i>12:01</i>	<i>2500</i>				<i>test lines</i>
<i>12:07</i>	<i>110</i>			<i>5</i>	<i>start mixing</i>
<i>1</i>					<i>Tub Packed off</i>
<i>16:12</i>	<i>150</i>		<i>0</i>	<i>5</i>	<i>start mixing @ 12.1#</i>
<i>16:46</i>	<i>90</i>		<i>147</i>	<i>4</i>	<i>on tail @ 14.8#</i>
<i>17:05</i>	<i>0</i>		<i>58</i>	<i>-</i>	<i>Finished mixing, Prop Plug</i>
<i>17:10</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>start Disp, washup on plug</i>
<i>17:35</i>	<i>600</i>		<i>103</i>	<i>2</i>	<i>slow pull</i>
<i>17:40</i>	<i>1340</i>		<i>113</i>	<i>-</i>	<i>Plug Down (Float Held)</i>
<i>17:43</i>	<i>1500</i>				<i>Test Csg</i>
<i>17:1</i>					<i>Rel. Psg</i>
					<i>Job Complete</i>

Service Units	<i>19866</i>	<i>3722339726</i>	<i>3046437547</i>	<i>3875037725</i>
Driver Names	<i>Cetin Z</i>	<i>T. Olds</i>	<i>V. Vasquez</i>	<i>S. Rodriguez</i>

Jeremy \_\_\_\_\_ Customer Representative
Jeremy Beards \_\_\_\_\_ Station Manager
Chad \_\_\_\_\_ Cementer



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

FIELD SERVICE TICKET  
1717 03857 A

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

DATE OF JOB: <u>7/22/12</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>Anschutz A-1</u>						WELL NO.:			
ADDRESS:		COUNTY: <u>Haskell</u>				STATE: <u>Ks</u>				
CITY:		STATE:		SERVICE CREW: <u>Saul, Juan</u>						
AUTHORIZED BY: <u>Tyce</u>		<u>JRB</u>		JOB TYPE: <u>PTA 242</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19558</u>	<u>7.5</u>						<u>7/21</u>			<u>9:30</u>
<u>37223 37720</u>	<u>7.5</u>					ARRIVED AT JOB				<u>9:30</u>
<u>30463 37721</u>	<u>7.5</u>					START OPERATION				<u>23:00</u>
						FINISH OPERATION				<u>4:30</u>
						RELEASED				<u>5:00</u>
						MILES FROM STATION TO WELL				<u>45</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
CL103	60/40 Poz	SK	250	9.00	2250.00
CC200	Gemust Gel	Lb	430	19	81.70
CC109	Calcium Chloride	Lb	387	79	305.73
E101	Heavy Equip Mileage	Mi	90	5.25	472.50
CF240	Blending & Mixing Charge	SK	250	1.05	262.50
F113	Bulk Delivery	TN	483.75	1.20	580.50
CF202	Depth Charge 100' to 2000'	EA	4W		1125.00
E100	Pickup Mileage	Mi	45	3.19	143.55
5003	Service Supervisor	EA	1		131.25
CF403	Add Hrs	EA	4	375.00	1500.00
<b>AP LOCATION/DEPT.</b> <u>Lis Cap</u> <b>002</b> <input type="checkbox"/> <b>NON 002</b> <input type="checkbox"/> <b>LEASE/WELL/FAC</b> <u>Anschutz A1</u> <b>MAXIMO / WSM #</b> _____ <b>TASK</b> <u>#0102</u> <b>ELEMENT</b> <u>3023</u> <b>PROJECT #</b> <u>1150739 CAPEX / OPEX - Circle one</u> <b>SPO / BPA</b> _____ <b>UNSUPPORTED</b> <input type="checkbox"/> <b>PRINTED NAME</b> <u>Tessa Starnam</u> <b>SIGNATURE:</b> <u>[Signature]</u> <small>I certify that these Services/Materials have been received</small>					

SUB TOTAL 6852.73

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.	



### Cement Report

Customer <b>Oxy USA</b>	Lease No.	Date <b>7/21/12</b>
Lease <b>ANSWITE A</b>	Well # <b>1</b>	Service Receipt
Casing <b>4 5/8</b>	Depth	County <b>Haskell</b> State <b>KS</b>
Job Type <b>PTA</b>	Formation	Legal Description <b>1-28-33</b>

Pipe Data		Perforating Data		Cement Data
Casing size <b>4 5/8</b>	Tubing Size	Shots/Ft		Lead <b>100 5x 60/40</b>
Depth <b>1823.51</b>	Depth	From	To	<b>@13.5 # 4% Gel</b>
Volume	Volume	From	To	<b>3% CaCl</b>
Max Press <b>1000</b>	Max Press	From	To	<b>1.54 y 7.59</b>
Well Connection <b>swage</b>	Annulus Vol.	From	To	<b>Tail in 100 5x 60/40</b>
Plug Depth	Packer Depth	From	To	<b>@13.5 4% Gel</b>
				<b>1.50 7.50</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
21:30					on loc, spot tracks, R.O. Safety mtg
23:05	100		10	5	H2O @ 1870'
23:08	808		0	5	Mix 60/40 @ 13.5 510 5x
23:20	60		41	4	H2O
23:22	0		2	-	Shot Down Tooth to 910'
02:38	1000				Test Plug
02:53	940				Rel. Psi
02:53	190		10	5	H2O @ 910'
02:55	40		0	4	Mix 60/40 @ 13.5 60 5x
03:03	60		16	4	Finish mixing on H2O
03:05	0		2	4	Shot Down <del>to</del> Tooth to 60'
04:04	10		5.3	2	Plug @ 60' 20SKS
04:13	10		5.3	2	Plug Mouse 20SKS, Washup
04:30					Job Complete

Service Units	<b>198566</b>	<b>3722339726</b>	<b>3046337724</b>	
Driver Names	<b>Chavez</b>	<b>S. Rodriguez</b>	<b>S. Garcia</b>	

Pessie  
Customer Representative
Perry Bennett  
Station Manager
Chad Hinz  
Cementer



**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

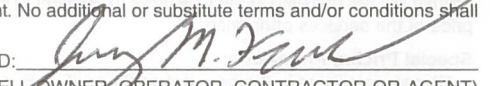
FIELD SERVICE TICKET  
1717 03580 A

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

DATE OF JOB <b>7-24-12</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>Bosworth B #1</b> WELL NO.
ADDRESS	COUNTY <b>Finney</b> STATE <b>KS</b>
CITY STATE	SERVICE CREW <b>J. Chava, Eddie, Santiago</b>
AUTHORIZED BY <b>Sony Bant</b>	JOB TYPE: <b>242 5 1/2 day string</b>
EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT# HRS	TRUCK CALLED <b>7-24-12 AM 4:00</b>
<b>19820 12 27462 12 38750 12</b>	ARRIVED AT JOB <b>7-24-12 AM 6:30</b>
<b>1983-3725 1</b>	START OPERATION <b>7-24-12 AM 11:30</b>
	FINISH OPERATION <b>7-24-12 AM 3:30</b>
	RELEASED <b>7-24-12 AM 4:00</b>
	MILES FROM STATION TO WELL <b>90</b>

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

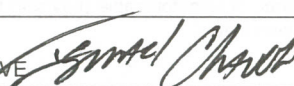
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. 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
CL104	50-50 POR	SK	230	8 25	1897 50
CC113	Gypsum	LB	970	56	543 20
CC111	Salt	LB	1417	38	538 46
CC103	C-15	LB	117	9 38	1097 46
CC105	C-410	LB	49	3 00	147 00
CC201	Gilsonite	LB	1150	50	575 00
CF251	Guide Shoe	EA	1		187 50
CF1401	Insert Float Valve	EA	1		277 50
CF103	Rubber Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizer 5/2	EA	20	56 25	1125 00
CC155	Super Flush	gal	500	1 15	575 00
E101	Heavy Equipment Mileage	mi	180	5 25	945 00
CE240	Blend & Mix Charge	SK	230	1 05	241 50
E113	Bulk Delivery Charge	tm	873	1 20	1047 60
CE206	Depth Charge	4hrs	1		2160 00
CE504	Plug Cement Charge	job	1		187 50
E100	Pickup Mileage	mi	90	3 19	287 10
5003	Service Supervisor	EA	1		131 25
SUB TOTAL					<b>12742 82</b>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: 

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

FIELD SERVICE ORDER NO.





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

November 13, 2012

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

Re: ACO1  
API 15-055-22166-00-00  
BOSWORTH B 1  
SW/4 Sec.27-22S-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