



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1103031  
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: \_\_\_\_\_



1103031

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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	PHOENIX A 1
Doc ID	1103031

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	PHOENIX A 1
Doc ID	1103031

Tops

Name	Top	Datum
HEEBNER	4105	
LANSING	4206	
MARMATON	4831	
CHEROKEE	4989	
ATOKA	5123	
MORROW	5272	
CHESTER	5390	
ST GENEVIEVE	5474	
ST LOUIS	5555	



**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 03585 A

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

DATE OF JOB: <b>8-3-12</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>Phoenix 'A' #1</b>		WELL NO.:						
ADDRESS:	COUNTY: <b>Haskell</b>		STATE: <b>KS</b>						
CITY:	STATE:		SERVICE CREW: <b>I. Chavez, Eddie, Sullian, Hector</b>						
AUTHORIZED BY: <b>Tony Bennett J.O.</b>	JOB TYPE: <b>242 8 5/8 Surface</b>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>19820</b>	<b>12</b>	<b>30464</b>	<b>4</b>	<b>30463</b>	<b>6</b>		<b>8-3-12</b>	<b>PM</b>	<b>730</b>
		<b>37547</b>	<b>1</b>	<b>37724</b>	<b>1</b>	ARRIVED AT JOB	<b>8-3-12</b>	<b>AM</b>	<b>930</b>
<b>27462</b>	<b>12</b>					START OPERATION	<b>8-3-12</b>	<b>AM</b>	<b>930</b>
						FINISH OPERATION	<b>8-3-12</b>	<b>AM</b>	<b>1145</b>
						RELEASED	<b>8-8-12</b>	<b>AM</b>	<b>1200</b>
						MILES FROM STATION TO WELL	<b>30</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 Blend	SK	335	13 95	4673 25
CL110	Prem Plus Cont	SK	245	12 23	2996 35
CL109	Calcium Chloride	lb	1407	79	1111 53
CL102	Cello Flalce	lb	146	2 78	405 88
CC130	C-51	lb	63	18 75	1181 25
CF253	Guide Shoe	EA	1		285 00
CF1453	Insert Float Valve	EA	1		210 00
CF4405	Controlizer	EA	15	108 75	1631 25
CF105	Rubber Plug	EA	1		168 75
CF4109	Stop Collar	EA	1		75 00
CF4556	Cement Basket	EA	1		787 50
E101	Heavy Equipment Mileage	mi	90	5 25	472 50
CE240	Blandly & Mruz Charge	SK	580	1 05	609 00
E113	Bull's Delivery Charge	tm	819	1 20	982 80
CE202	Depth Charge	4hr	1		1125 00
CE504	Plus Landing Charge	job	1		187 50
E100	Picking Mileage	mi	30	3 19	95 70
S003	Service Supervisor	EA	1		131 25
T105	Cement Data Acquisition	EA	1		412 50

SUB TOTAL **17542 01**

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. **Libecap D02**  NON D02

SERVICE ELEMENT **Phoenix A-1**

MATERIALS WSM # \_\_\_\_\_ %TAX ON \$ \_\_\_\_\_

TASK **0102** ELEMENT **3023**

PROJECT # **1147929** CAPEX / OPEX - Circle one

SPO / BPA  UNSUPPORTED

PRINTED NAME **Jeff Gull**

SERVICE REPRESENTATIVE **Josue Chavez** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY **Jeff Gull**

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.





**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 03866 A

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

DATE OF JOB: <u>8/9/12</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>Phoenix A-1</u>	WELL NO.:		
ADDRESS:	COUNTY: <u>Haskell</u>	STATE: <u>KS</u>		
CITY:	STATE:	SERVICE CREW: <u>Royce, Hector R.</u>		
AUTHORIZED BY: <u>Tyce</u>	JOB TYPE: <u>242 L.S.</u>			

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>19888</u>	<u>11.5</u>						<u>8/9</u>	<u>5:00</u>
<u>3922339926</u>	<u>11.5</u>					ARRIVED AT JOB	<u>8/9</u>	<u>8:30</u>
<u>982719566</u>	<u>11.5</u>					START OPERATION	<u>8/9</u>	<u>4:07</u>
						FINISH OPERATION		<u>6:24</u>
						RELEASED		<u>4:00</u>
						MILES FROM STATION TO WELL		<u>30</u>

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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 poe	SK	310	8 25	2557 50
CC113	Gypsum	Lb	1305	56	730 80
CC111	Salt	Lb	1907	38	724 66
CC103	C-15	Lb	157	9 38	1472 66
CC105	C-41P	Lb	66	3 00	198 00
CC201	Gilsonite	Lb	1,550	50	775 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Flapper Float Valve	EA	1		161 25
CF4452	Centralizer	EA	25	56 25	1406 25
CF3000	Thread lock kit	EA	1		
CF103	Top Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CC155	Super flush II	gal	500	1 15	575 00
E101	Heavy Equip Mileage	Mi	70	5 25	367 50
CE240	Blending & Mixing Charge	SK	310	1 05	325 50
E113	Bulk Delivery	TM	457	1 20	548 40
CE206	Depth Charge 5001 to 6000'	4hr	1		2160 00
CE504	Plug Container	Job	1		187 50
E100	Pickup Mileage	Mi	30	3 19	95 70

SUB TOTAL 13,158.72

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT & EQUIPMENT: 1717 D02EINORD02

LEASE/WELL/FACIAL: Phoenix A-1 %TAX ON \$ \_\_\_\_\_

MAXIMO / WSM # \_\_\_\_\_ TOTAL \_\_\_\_\_

TASK: C102 ELEMENT: 3023

PROJECT # 1147929 CAPEX / OPEX - Circle one

SPO / BPA \_\_\_\_\_ UNSUPPORTED

SERVICE REPRESENTATIVE: [Signature]

PRINTED NAME OF CUSTOMER AND RECEIVED BY: [Signature] 13,158.72

SIGNATURE: [Signature]  
I certify that these Services/Materials have been received

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







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

**Cement Report**

Customer <i>Oxy USA</i>		Lease No.		Date <i>8/9/12</i>	
Lease <i>Phoenix A</i>		Well # <i>1</i>		Service Receipt	
Casing <i>5 1/2</i>	Depth	County <i>Haskell</i>		State <i>Ks</i>	
Job Type <i>L.S.</i>		Formation		Legal Description <i>22/30/33</i>	

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>3105x 50/50</i> <i>Poz @ 15.5</i>
Depth <i>5714.31</i>	Depth	From	To	
Volume <i>131.6</i>	Volume	From	To	Tail in
Max Press <i>2500</i>	Max Press	From	To	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

8/8

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>20:30</i>					<i>on loc, spot trucks, R.O., Safety ma</i>
<i>04:07</i>	<i>3500</i>				<i>test lines</i>
<i>04:12</i>	<i>210</i>		<i>5</i>	<i>4</i>	<i>H2O</i>
<i>04:13</i>	<i>210</i>		<i>12</i>	<i>4</i>	<i>Superflush</i>
<i>04:18</i>	<i>210</i>		<i>5</i>	<i>4</i>	<i>H2O</i>
<i>04:33</i>			<i>5</i>	<i>4</i>	<i>Pur, mouse</i>
<i>04:40</i>	<i>200</i>		<i>0</i>	<i>5</i>	<i>Start mixing</i>
<i>05:10</i>			<i>52</i>	<i>-</i>	<i>Finished Mixing, Drop Plug, Wash</i>
<i>05:21</i>	<i>Ø</i>		<i>0</i>	<i>5</i>	<i>Start Disp</i>
<i>05:41</i>	<i>170</i>		<i>110</i>	<i>3</i>	<i>Slow Rate</i>
<i>05:49</i>	<i>300-1070</i>		<i>131</i>	<i>-</i>	<i>Plug down Float held</i>
<i>05:54</i>	<i>2500</i>				<i>Test sq.</i>
<i>06:24</i>	<i>Ø</i>				<i>Rel. Psi</i>

Service Units	<i>19586</i>	<i>3722337726</i>	<i>19527</i>	<i>19564</i>	
Driver Names	<i>CHINEZ</i>	<i>R. Olds</i>	<i>H. Piotrowski</i>		

*Derek Adam* Customer Representative      *Jerry Bennett* Station Manager      *Chad HINEZ* 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 03945 A

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

DATE OF JOB	9-14-12	DISTRICT	Liberal #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		Phoenix "A"		WELL NO. 1									
ADDRESS		COUNTY		Haskell		STATE		KS							
CITY		STATE		SERVICE CREW		Kirby, Ed, Victor									
AUTHORIZED BY		Tyce Davis		JOB TYPE:		Squeeze 2-42									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	9-14-12	DATE	AM	TIME					
				21755		ARRIVED AT JOB			AM	1030					
				27808		START OPERATION			AM						
				19919		FINISH OPERATION			AM						
				19827		RELEASED			AM						
				19566		MILES FROM STATION TO WELL									

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SIGNED: Mitch McNeil  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL100	Premium Cement	SK	200	12 00	3600 00
E101	Heavy Equipment Mileage	MI	70	5 25	367 50
CE240	Blending + Mixing Service Charge	SK	300	1 05	315 00
E113	Proppant + Bulk Delivery Charges	TM	494	1 20	592 80
CE206	Depth Charge 5001-6000	4hrs	1		2160 00
E100	Unit Mileage Charge - Pickup	MI	35	3 19	111 65
S003	Service Supervisor	EA	1		131 25

AP LOCATION/DEPT Lib Cap D02 NON D02  
 LEASE/WELL/FAC Phoenix E-1  
 MAXIMO / WSM# OWB ØIBTP  
 TASK 0103 ELEMENT 3023  
 PROJECT # 1147929 CAPEX / OPEX - Circle One  
 SPO / BPA UNSUPPORTED  
 PRINTED NAME MITCH McNEIL  
 SIGNATURE: Mitch McNeil  
 I certify that these Services/Materials have been received

CHEMICAL / ACID	AMOUNT	DATE

SUB TOTAL	7,278	20
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <u>Bobby Hays</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Mitch McNeil</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
--	--

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



# Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>9-14-12</i>	
Lease <i>Phoenix A</i>		Well # <i>1</i>		Service Receipt	
Casing <i>5 1/2</i>		Depth		County <i>Haskell</i>	
Job Type <i>Squeeze</i>		Formation		State <i>KS</i>	
Legal Description					
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2" 17#</i>	Tubing Size <i>2 3/8</i>	Shots/Ft		Lead <i>200sk Premium</i>	
Depth <i>5430</i>	Depth <i>5095</i>	From <i>5360</i>	To <i>61</i>		
Volume	Volume	From <i>5403</i>	To <i>5430</i>	Tail in	
Max Press	Max Press	From	To		
Well Connection	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1030</i>					<i>On Location - Spot &amp; Rig up</i>
<i>1245</i>	<i>500</i>		<i>6</i>	<i>2</i>	<i>Load Annulus</i>
<i>1247</i>		<i>2000</i>	<i>-</i>	<i>-</i>	<i>Pressure Test</i>
<i>1248</i>		<i>800</i>	<i>42</i>	<i>2</i>	<i>Mix 200sk Premium @ 15.6 PPG</i>
<i>1311</i>					<i>Shut Down - Clean Lines</i>
<i>1316</i>		<i>0</i>	<i>0</i>	<i>.7</i>	<i>Displace</i>
<i>1333</i>		<i>100</i>	<i>14</i>	<i>.7</i>	<i>Well Pressured up</i>
<i>1342</i>		<i>800</i>	<i>21.5</i>	<i>-</i>	<i>Start Staging</i>
<i>1500</i>		<i>2000</i>	<i>23</i>		<i>Well Pressured up - Pressure held</i>
<i>1515</i>	<i>700</i>	<i>2000-0</i>	<i>0</i>		<i>Release Pressure - No flow Back</i>
<i>1518</i>	<i>700</i>		<i>0</i>	<i>2</i>	<i>Reverse Out</i>
<i>1543</i>			<i>60</i>		<i>Shut Down - POOH w/tubing</i>
	<i>500</i>	<i>500</i>			<i>Pressure up well</i>
Service Units	<i>21755</i>	<i>27909/19919</i>	<i>19827/19544</i>		
Driver Names	<i>Kirby</i>	<i>Ed</i>	<i>Victor</i>		

Customer Representative

*Jerry Bennett*  
Station Manager

*Kirby Harper*  
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 03949 A

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

DATE OF JOB <u>9-21-12</u> DISTRICT <u>Liberal</u> # <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>Phoenix "A"</u> WELL NO. <u>1</u>			
ADDRESS				COUNTY <u>Haskell</u> STATE <u>KS</u>			
CITY STATE				SERVICE CREW <u>Kirby, Ed, Norma</u>			
AUTHORIZED BY <u>Tyce Davis</u> <u>JRB</u>				JOB TYPE: <u>Spuccer</u>			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>9-21-12</u> DATE	AM PM TIME
				<u>21735</u>	<u>8</u>	ARRIVED AT JOB	AM PM <u>0630</u>
				<u>27308</u>	<u>8</u>	START OPERATION	AM PM <u>0830</u>
				<u>19919</u>	<u>8</u>	FINISH OPERATION	AM PM <u>0953</u>
				<u>30463</u>	<u>8</u>	RELEASED	AM PM <u>1330</u>
				<u>37547</u>	<u>8</u>	MILES FROM STATION TO WELL	AM PM <u>1400</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: Mitch McNeil  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CL100</u>	<u>Premium Cement</u>	<u>Sk</u>	<u>150</u>	<u>11 20</u>	<u>1680 00</u>
<u>CC09</u>	<u>Calcium Chloride</u>	<u>lb</u>	<u>282</u>	<u>74</u>	<u>208 68</u>
<u>E101</u>	<u>Heavy Equipment Mileage</u>	<u>MI</u>	<u>70</u>	<u>4 90</u>	<u>343 00</u>
<u>CE240</u>	<u>Blending &amp; Mixing Service Charge</u>	<u>Sk</u>	<u>150</u>	<u>98</u>	<u>147 00</u>
<u>E113</u>	<u>Bulk Delivery Charges</u>	<u>Tm</u>	<u>246.75</u>	<u>1 12</u>	<u>276 36</u>
<u>CE206</u>	<u>Depth Charge 500'-1000'</u>	<u>4hrs</u>	<u>1</u>		<u>2016 00</u>
<u>E100</u>	<u>Unit Mileage Charge - Pickups</u>	<u>MI</u>	<u>35</u>	<u>2 98</u>	<u>104 30</u>
<u>S003</u>	<u>Service Supervisor</u>	<u>EA</u>	<u>1</u>		<u>122 50</u>

AP LOCATION/DEPT Lib Cap D02 NON D02  
 LEASE/WELL/FAC Phoenix A1  
 MAXIMO / WSM # OXB OIBTP  
 TASK 0103 ELEMENT 3023  
 PROJECT # 1147929 CAPEX / OPEX - Circle One  
 SFO / BPA UNSUPPORTED  
 PRINTED NAME MITCH McNEIL  
 SIGNATURE: Mitch McNeil

I certify that these Services/Materials have been received

SUB TOTAL		<u>4897 84</u>
CE & EQUIPMENT	%TAX ON \$	
RIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <u>Kirby Harper</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Mitch McNeil</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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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 29, 2012

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

Re: ACO1  
API 15-081-21989-00-00  
PHOENIX A 1  
NE/4 Sec.23-30S-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