



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1104518
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: _____



1104518

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

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LOOMIS B 2
Doc ID	1104518

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LOOMIS B 2
Doc ID	1104518

Tops

Name	Top	Datum
HEEBNER	3747	
TORONTO	3775	
LANSING	3841	
KANSAS CITY	4130	
MARMATON	4275	
PAWNEE	4361	
CHEROKEE	4404	
ATOKA	4518	
MORROW	4599	
ST. GENEVIEVE	4654	
ST. LOUIS	4795	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LOOMIS B 2
Doc ID	1104518

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4702-4710 ST. GENEVIEVE	800 GAL 15% HCL FLUSH 800 GAL 2% KCL	4702-4710
		2500 GAL EAS 15 FLUSH 2500 GAL 2% KCL	4702-4710
6	4403-4407, 4507- 4511 CHEROKEE	800 GAL 15% HCL FLUSH 30 BBL 2% KCL	4507-4511
		800 GAL 15% HCL FLUSH 30 BBL 2% KCL	4403-4407
6	4361-4368 PAWNEE	1400 GAL 15% HCL FLUSH 40 BBL 2% KCL	4361-4368
6	4291-4301 MARMATON	48 BBL 15% FE HCL FLUSH 35 BBL	4291-4301
6	4136-4142, 4190- 4194 KANSAS CITY	28 BBL 15% FLUSH 30 BBL 2% KCL	4136-4194



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 03869 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8/15/12	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: Loomis B 2		WELL NO.:							
ADDRESS:		COUNTY: Finney		STATE: Ks							
CITY:		SERVICE CREW: Royce, Julian, Juan L.									
AUTHORIZED BY: Tyce JRB LIBCAP		JOB TYPE: Surface 242									
EQUIPMENT#	HRS	AP LC	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
194888			Loomis B2		002	NON BASE					10:00
3722337926							ARRIVED AT JOB				3:00
3875039925							START OPERATION				7:15
3780639724							FINISH OPERATION				9:09
							RELEASED				10:00
							MILES FROM STATION TO WELL				70

CONTRACT CONDITIONS: (These conditions 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: Gene Bilby
(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	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	Lb	1437	79	1135 23
CC102	Coll of lake	Lb	148	2 78	411 44
CC130	C-51	Lb	65	18 75	1218 75
CF253	Guide Shoe	EA	1		285 00
CF1453	Float Valve	EA	1		210 00
CF4405	Centralizer	EA	15	108 75	1631 25
CF4556	Cement 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
CF240	Blending & Mixing Charge	SK	590	1 05	619 50
E113	Bulk Delivery	TM	1946	1 20	2335 20
CE202	Depth Charge 1001' to 2000'	\$/hr	1		1125 00
CE504	Plug Container	Job	1		187 50
E100	Pickup Mileage	Mi	70	3 19	223 30
S003	Service Supervisor	EA	1		131 25
T105	Cement Data Acq. Monitor	EA	1		412 50

SUB TOTAL **20,093.77**

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>Gene Bilby</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>8/15/12</i>
Lease <i>Loomis B</i>	Well # <i>2</i>	Service Receipt
Casing <i>8 5/8</i>	Depth <i>1740'</i>	County <i>Finnay</i> State <i>KS</i>
Job Type <i>Surface</i>	Formation	Legal Description <i>35-22-34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>345 sx A-Cem @12.1#</i>
Depth <i>1747.28</i>	Depth	From	To	
Volume <i>111.19</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 sx P.F. @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>15:00</i>					<i>On Loc, Spot trucks R.O. Safety mtg</i>
<i>19:15</i>	<i>2500</i>				<i>test lines</i>
<i>19:18</i>	<i>230</i>		<i>0</i>	<i>5</i>	<i>Start mixing @12.1#</i>
<i>19:41</i>	<i>250</i>		<i>147</i>	<i>5</i>	<i>on tail @14.8#</i>
<i>19:50</i>	<i>0</i>		<i>58</i>	<i>0</i>	<i>Finished mixing, Drop Plug</i>
<i>19:52</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>start Disp, Washup on Plug</i>
<i>20:20</i>	<i>590</i>		<i>900</i>	<i>2</i>	<i>slow Rate</i>
<i>20:33</i>	<i>1400</i>		<i>111</i>	<i>-</i>	<i>Plug Down</i>
<i>20:35</i>	<i>0</i>				<i>Release Psi, float held</i>
<i>20:39</i>	<i>1500</i>				<i>Test Csg.</i>
<i>21:09</i>	<i>0</i>				<i>Release Psi</i>
<i>21:30</i>	<i>0</i>				<i>Job Complete</i>

Service Units	<i>194688</i>	<i>3722337726</i>	<i>3975037725</i>	<i>380637726</i>
Driver Names	<i>CHinz</i>	<i>R.Olds</i>	<i>J.Grijalva</i>	<i>J.Lopez</i>

Daniel Roadley Customer Representative
 Jerry Bennett Station Manager
 Chad Hinz Cementer



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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 03623 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>8-19-12</u>	DISTRICT: <u>Liberal #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>Loomis D</u>		WELL NO. <u>2</u>							
ADDRESS:	COUNTY: <u>Finney</u>	STATE: <u>KS</u>								
CITY:	STATE:	SERVICE CREW: <u>Kirby, Ed, Santiago</u>								
AUTHORIZED BY: <u>Tyce Davis JRB</u>	JOB TYPE: <u>5 1/2 Production 2-42</u>									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
				<u>21755</u>			<u>8-18-12</u>			<u>2200</u>
				<u>19919</u>		ARRIVED AT JOB	<u>8-19-12</u>			<u>0430</u>
				<u>38111</u>		START OPERATION				<u>0645</u>
				<u>37724</u>		FINISH OPERATION				<u>0730</u>
						RELEASED				<u>0800</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: _____
(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	190	8 25	1567 50
CC113	Gypsum	lb	800	56	448 00
CC111	Salt	lb	1169	38	444 22
CC103	C-15	lb	96	9 38	900 48
CC105	C-41P	lb	40	3 00	120 00
CC201	Gilsonite	lb	950	50	475 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Flapper Type Insert Float	EA	1		161 25
CF103	Top Rubber Current Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizers	EA	25	56 25	1406 25
CC155	Superflush	Gal	500	1 15	575 00

AP LOCATION/DEPT. Lib CAD D02 NON D02
LEASE/WELL/FAC Loomis B-2

MAXIMO / WSM # _____ ELEMENT 3023

CHEMICAL / ACID TASK <u>O102</u>	SUB TOTAL	
PROJECT # <u>1155.301</u> CAPEX <input type="checkbox"/> OPEX <input checked="" type="checkbox"/>	<u>11,156.30</u>	
SPO / BPA <u>Circle Doc Type</u>	%TAX ON \$	
PRINTED NAME <u>Daniel Ready</u>	%TAX ON \$	
SIGNATURE: <u>[Signature]</u>	TOTAL	

I certify that these Services/Materials have been received

SERVICE REPRESENTATIVE <u>Kirby Kirby</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
---	---

(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 CONT.

TICKET NO. 1717-03623

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E101	Heavy Equipment Milage	MI	180	5 25	945 00
CE240	Blending + Mixing Service Charge	SK	190	1 05	199 50
E113	Bulk Delivery Charge	TM	720	1 20	864 00
CE205	Depth Charge 4001-5000	4hrs	1		1890 00
CE504	Plug Container Utilization Charge	Job	1		187 50
E100	Unit Milage Charge - Pickups	MI	90	3 19	287 10
S003	Service Supervisor	EA	1		131 25
E1724	2" Pop-off Valve Rental	EA	1		225 00



Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>8-19-12</i>	
Lease <i>Loomis D</i>		Well # <i>2</i>		Service Receipt	
Casing <i>5 1/2</i>	Depth	County <i>Finnery</i>		State <i>Ks</i>	
Job Type <i>5 1/2 Production</i>		Formation	Legal Description <i>35-22-34</i>		
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2" 17#</i>	Tubing Size		Shots/Ft		Lead <i>190 sk 50/50 Poz 5% W-60, 10% Salt, .4% C-15 1/4# Deccar, 5# Gilsonite</i>
Depth <i>4811 ft</i>	Depth		From	To	
Volume <i>112.5 BBL</i>	Volume		From	To	Tail in
Max Press <i>2500 Psi</i>	Max Press		From	To	
Well Connection	Annulus Vol.		From	To	
Plug Depth <i>4850 ft</i>	Packer Depth		From	To	
Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>0430</i>					<i>On location - Spot & Rig up</i>
<i>0430</i>					<i>On bottom circulating</i>
<i>0545</i>					<i>Safety Meeting</i>
<i>0559</i>	<i>200</i>		<i>12</i>	<i>5</i>	<i>Pump 500 Gal Super flush</i>
<i>0603</i>	<i>200</i>		<i>5</i>	<i>5</i>	<i>Pump 5 BBL H₂O</i>
<i>0605</i>	<i>200</i>		<i>54</i>	<i>5</i>	<i>Mix 190 sk 50/50 Poz @ 13.5 PPG</i>
<i>0616</i>					<i>Shut down - Drop plug - Clean Lines</i>
<i>0621</i>	<i>100</i>		<i>0</i>	<i>5</i>	<i>Start Displacing</i>
<i>0641</i>	<i>200</i>		<i>85</i>	<i>5</i>	<i>Displacement Reaches Cement</i>
<i>0646</i>	<i>700</i>		<i>102</i>	<i>2</i>	<i>Slow Rate</i>
<i>0651</i>	<i>700-1200</i>		<i>112.5</i>		<i>Bump Plug</i>
<i>0656</i>	<i>1200-0</i>				<i>Release Pressure - Float Held</i>
<i>0657</i>	<i>2500</i>				<i>Pressure Test Casing</i>
<i>0730</i>	<i>2500-0</i>				<i>Release Pressure</i>
Service Units	<i>21755</i>	<i>19919</i>	<i>3811 / 37724</i>		
Driver Names	<i>Kirby</i>	<i>Ed</i>	<i>Santiago</i>		

Jerry Bennett
Station Manager

Kirby Kirby
Cementer



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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 03771 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10/1/12 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: Loomis B 2		WELL NO.:	
ADDRESS:		COUNTY: Finney	STATE: KS		
CITY:		STATE:	SERVICE CREW: Royce, Jeanl.		
AUTHORIZED BY: Tyce JRB		JOB TYPE: 242 sq.			

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
194555	4							AM 5:00 PM
37223 37926	4					ARRIVED AT JOB		AM 8:00 PM
3463 39547	4					START OPERATION		AM 12:00 PM
						FINISH OPERATION		AM 12:00 PM
						RELEASED		AM 12:30 PM
						MILES FROM STATION TO WELL		0

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	Premium Cement	SK	150	11.20	1680.00
CC109	Calcium Chloride	Lb	262	.74	208.68
E101	Heavy Equip Mileage	Mi	150	4.90	882.00
CE240	Blending & Mixing Charge	SK	300	.98	294.00
E113	Bulk Delivery	Ton	1,269	1.12	1421.28
CE205	Depth Charge 4001' to 5000'	4hr	1		1764.00
E100	Pickup Mileage	Mi	90	2.98	268.20
5003	Service Supervisor	FA	1		122.50
T105	Cement Data Acquisition	FA	1		385.00

CHEMICAL / ACID DATA:			

	SUB TOTAL	7025.66
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <u>[Signature]</u> FIELD SERVICE ORDER NO.	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 03771 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10/11/12	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: Dxy OSM		LEASE: Loomis B 2				WELL NO.:				
ADDRESS:		COUNTY: Finney		STATE: KS						
CITY:		STATE:		SERVICE CREW: Royce, Joel						
AUTHORIZED BY: Tyce		JOB TYPE: 242 Sq.								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
195806	4									5:00
39223 39926	4									8:00
30463 39547	4									10:00
										17:00
										17:30
						MILES FROM STATION TO WELL: 70				

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

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SIGNED: Wes Willimon
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
OL100	Premium Cement	SK	150		
CC109	Calcium Chloride	LB	352		
E101	Heavy Equip. Mileage	Mi	150		
CE240	Blending & Mixing Charge	SK	300		
E113	Bulk Delivery	Ton	1,269		
CE205	Depth Charge 4001 to 5000	4hr	1		
E100	Pick up Mileage	Mi	90		
4003	Service Supervisor	FR	1		
T105	Cement Data Acquisition	FR	1		

AP LOCATION/DEPT. Libeca P D02 NON D02
 LEASE/WELL/FAC LOOMIS B 2
 MAXIMO / WSM # OLB01BVH
 TASK 0103 ELEMENT 3023
 PROJECT # 1155301 (APEX) OPEX - Circle One
 SPO / BPA _____ UNSUPPORTED _____
 PRINTED NAME WES WILLIMON
 SIGNATURE: Wes Willimon

I certify that these Services/Materials have been received

CHEMICAL / ADD. INFO.	QTY	UNIT	PRICE	TOTAL

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

SUB TOTAL
7021.94

TOTAL

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

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>10/1/12</i>
Lease <i>Loomis B</i>	Well # <i>2</i>	Service Receipt
Casing <i>5 1/2</i>	Depth <i>4136'</i>	County <i>Finney</i> State <i>KS</i>
Job Type <i>SQUEEZE</i>	Formation	Legal Description <i>35/22/34</i>

Pipe Data		Perforating Data		Cement Data	
Casing size	Tubing Size <i>2 7/8</i>	Shots/Ft		Lead <i>150 Sx H @ 16.4#</i>	
Depth <i>4136'</i>	Depth <i>4074'</i>	From	To		
Volume <i>1.43</i>	Volume <i>23.58'</i>	From	To	<i>1.08 4.35</i>	
Max Press	Max Press <i>2000</i>	From	To	Tail in	
Well Connection <i>Swage</i>	Annulus Vol.	From	To		
Plug Depth	Packer Depth <i>RET 4074'</i>	From	To		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>08:00</i>					<i>on loc, spot trucks, R.V., Safety meeting.</i>
<i>10:07</i>	<i>2000</i>				<i>Test Lines</i>
<i>10:09</i>	<i>520</i>		<i>40</i>	<i>-</i>	<i>Lead B.S.</i>
<i>10:26</i>	<i>60</i>		<i>30</i>	<i>3</i>	<i>inj Rate</i>
<i>10:45</i>	<i>70</i>		<i>0</i>	<i>3</i>	<i>Start mixing 2% @ 16.4#</i>
<i>10:57</i>	<i>90</i>		<i>26</i>	<i>-</i>	<i>Finished mixing, Washup</i>
<i>11:05</i>	<i>30</i>		<i>0</i>	<i>.3</i>	<i>Start Disp</i>
<i>11:31</i>	<i>1500</i>		<i>21</i>	<i>0</i>	<i>Hit max Psi</i>
<i>11:33</i>	<i>1170-1500</i>				<i>Bump Psi</i>
<i>11:35</i>	<i>390</i>		<i>0</i>	<i>2</i>	<i>Sting out, Rev out</i>
<i>11:46</i>					<i>SD, Tool.</i>
					<i>Job Complete.</i>

Service Units	<i>194585</i>	<i>3722337726</i>	<i>3016337547</i>
Driver Names	<i>Gtinz</i>		

Wes Williamson
Customer Representative
Jeff Bennett
Station Manager
Chad H.
Cementer

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

December 12, 2012

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

Re: ACO1
API 15-055-22173-00-00
LOOMIS B 2
SW/4 Sec.35-22S-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