



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1106818
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: _____



1106818

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 <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 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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HITCH G 5
Doc ID	1106818

All Electric Logs Run

DUAL SPACED NEUTRON SPECTRAL DENSITY
BOREHOLE SONIC ARRAY DELTA T
ANNULAR HOLE VOLUME
ARRAY COMPENSATED RESISTIVITY
CEMENT BOND

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HITCH G 5
Doc ID	1106818

Tops

Name	Top	Datum
HEEBNER	4170	
LANSING	4317	
KANSAS CITY	4617	
MARMATON	4996	
CHEROKEE	5164	
MORROW	5586	
CHESTER	5825	
ST. GENEVIEVE	6233	
ST. LOUIS	6262	



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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 03759 A

DATE _____ TICKET NO. _____

DATE OF JOB: <i>9/9/12</i>	DISTRICT: <i>1717</i>	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: <i>Oxy USA</i>	LEASE: <i>Hitch G 5</i>		WELL NO.:					
ADDRESS:		COUNTY: <i>Seward</i>	STATE: <i>KS</i>					
CITY:		SERVICE CREW: <i>Royce, Juan, Santiago</i>						
AUTHORIZED BY: <i>Tyce</i>		JOB TYPE: <i>242</i>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<i>19558</i>	<i>3.5</i>							<i>AM 8:00</i>
<i>39223 39726</i>	<i>3.5</i>					ARRIVED AT JOB		<i>AM 10:30</i>
<i>38950 39725</i>	<i>3.5</i>					START OPERATION		<i>AM 11:40</i>
<i>30414 39724</i>	<i>3.5</i>					FINISH OPERATION		<i>AM 1:30</i>
						RELEASED		<i>AM 2:00</i>
						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
CL101	A-Con Blend	SK	345	13 95	4812 75
CL110	Prem. Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	Lb	1437	79	1135 23
CC102	Celloflame	Lb	50	23	1150 00
CC130	C-51	Lb	97	12	1164 00
CF 253	Guide shoe	EA	1	1153674	1153674 00
CF 1493	Flapper, Float Valve	EA	1	0102	102 00
CF 4405	Controlizer	EA	1	3023	3023 00
CF 4556	Basket	EA	1	1	1 00
CF 501	Top Plug	EA	1	59445	59445 00
CF 409	Top Collar	EA	1	1	1 00
E101	Heavy Equip Mileage	Mi	150	5 25	787 50
CE 240	Blending & Mixing Charge	SK	590	1 05	619 50
E113	Bulk Delivery	Ton	1390	1 20	1668 00
CE 202	Depth Charge 1000' to 2000'	4hr	1		1125 00
CE 504	Plus Container	Sb	1		187 50
E100	Pickup Mileage	Mi	50	3 19	159 50
5003	Service Supervisor	EA	1		131 25
T105	Data Acquisition	EA	1		412 50
SUB TOTAL					<i>15822.77</i>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Charles</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



Cement Report

Customer <i>Day USA</i>	Lease No.	Date <i>9/9/12</i>
Lease <i>Hitch 6</i>	Well # <i>5</i>	Service Receipt
Casing <i>4 5/8</i>	Depth <i>1805</i>	County <i>Seward</i> State <i>KS</i>
Job Type <i>Surface</i>	Formation	Legal Description <i>30-32-34</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>4 5/8</i>	Tubing Size	Shots/Ft		Lead <i>345 sk A-Con @ 12.4#</i>
Depth <i>1410.35</i>	Depth	From	To	
Volume <i>112.67</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 sk P.F. @ 14.8#</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	<i>1.34 4.33</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:30</i>					<i>on loc, spot trucks, R.U. Saffly, M.</i>
<i>11:42</i>	<i>2600</i>				<i>Test Lines</i>
<i>11:44</i>	<i>190</i>		<i>0</i>	<i>5</i>	<i>Start Mixing @ 12.4#</i>
<i>12:06</i>	<i>150</i>		<i>147</i>	<i>4.7</i>	<i>on tail @ 14.8#</i>
<i>12:22</i>	<i>Ø</i>		<i>56</i>	<i>Ø</i>	<i>Finished Mixing, Drop Plug</i>
<i>12:24</i>	<i>230</i>		<i>0</i>	<i>5</i>	<i>Start Disp, Wash upon Plug</i>
<i>12:49</i>	<i>610</i>		<i>102</i>	<i>2</i>	<i>Slow Rate</i>
<i>12:53</i>	<i>1140</i>		<i>112.6</i>	<i>Ø</i>	<i>Plug Down</i>
<i>12:54</i>	<i>Ø</i>				<i>Release Psi Float Valve</i>
<i>13:00</i>	<i>1530</i>				<i>Test Csg</i>
<i>13:30</i>	<i>Ø</i>				<i>Release Psi, #</i>
					<i>Job Complete</i>

Service Units	<i>19458</i>	<i>392233792</i>	<i>3046334924</i>	<i>3875037985</i>
Driver Names	<i>Caline</i>	<i>R. Olds</i>	<i>S. Chavez</i>	<i>J. Lopez</i>

Gene Customer Representative
 Jerry Bennett Station Manager
 Chad H Cementer



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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									

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
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# 06B 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 DATA			

SUB TOTAL	7,278	10
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.	



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P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 03946 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-15-12 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 KU "B" WELL NO. 3		
ADDRESS		COUNTY Stanton STATE KS		
CITY STATE		SERVICE CREW Kirby, Ed, Victor, Juan G		
AUTHORIZED BY Tyce Davis		JOB TYPE: 5 1/2 Production 2-42		
EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 9-14-12 DATE AM PM 1800
		21755	10	ARRIVED AT JOB AM PM 2200
		38111	10	START OPERATION AM PM 1150
		19919	10	FINISH OPERATION 9-15-12 AM PM 0800
		30463	10	RELEASED AM PM 0900
		37547	10	MILES FROM STATION TO WELL
		30464	18	

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

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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	435		
CL103	60/40 Poz	SK	20		
CC113	Gypsum	lb	1830		
CC111	Salt	lb	2674		
CC103	C-15	lb	220		
CC105	C-41P	lb	92		
CC201	Gilsonite	lb	2175		
CF251	Guide Shoe - Reg	EA	1		
CF1451	Flapper Type Insert Float	EA	1		
CF103	Top Rubber Cement Plug	EA	1		
CF4501	Stop Collar	EA	1		
CF4452	Centralizers	EA	25		
CC155	Superflush	Gal	500	115	575.00
SUB TOTAL					18,458. ³²

AP LOCATION/DEPT. **LIBECAP - 00201NO.**
 LEASEMELLIFAC **KU B-3**
 MAXIMO WSM# **0102**
 TARR **0102**
 PROJECT # **1160646** ELE NT **3023**
 CAPEX / OPEX - F
 SPO / BPA
 SIGNED BY: **[Signature]**
 PRINTED NAME
 SIGNATURE:

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Kirby Huggs	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



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

FIELD SERVICE TICKET
1717 03763 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9/15/12	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: Hitch G 5		WELL NO.:						
ADDRESS:	COUNTY: Seward	STATE: KS							
CITY:	STATE:	SERVICE CREW: Royce, Santiago, Sean L.							
AUTHORIZED BY: Tyce	AP LOCATION/DEPT: J-2 Libcap	JOB TYPE: 312 C.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
194866	12.5	39223	3071726	356750	39925	9/14	9/14	AM	11:00
14355	12.5	MAXIMO / WSM #: Hitch G 5		ELEMENT: 3023		ARRIVED AT JOB	9/15	AM	2:00
		TASK: 0102		PROJECT #: 1153674		START OPERATION		AM	11:55
		SPO / BPA		CAPEX / OPEX - Circle one		FINISH OPERATION		AM	2:20
		Circle Doc. Type		UNSUPPORTED <input type="checkbox"/>		RELEASED		AM	3:00
		PRINTED NAME: Gene Bilby		SIGNATURE: Gene Bilby		MILES FROM STATION TO WELL		AM	20

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

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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	SK	250	13 95	3487 50
CL106	A-Serv Lite	SK	75	9 75	731 25
CC109	Calcium Chloride	Lb	705	79	556 95
CC102	Celloflake	Lb	81	2 78	225 18
CC105	C-4IP	Lb	17	3 00	51 00
CC206	Plexcrete STE	Lb	446	38	169 48
CF251	Guide Shoe	EA	1		187 50
CF1451	Flapper Float Valve	EA	1		161 25
CF4452	Controlizer	EA	25	56 25	1406 25
CF103	Top Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		63 00
CC165	Stop Loss polymer	EA	840	4 50	3780 00
CC166	Stop Loss LCM	EA	360	3 94	1418 40
E101	Heavy Equip Mileage	Mi	60	5 25	315 00
CF240	Blending & Mixing Charge	SK	325	1 05	341 25
E113	Bulk Delivery	Ton	301	1 20	361 20
CF207	Depth Charge '6001 to '7000'	Yhr	1		2430 00
CE504	Plus Container	Job	1		187 50
E100	Pickup Mileage	Mi	20	3 19	63 80
SUB TOTAL					18059.01

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Chad Hinz</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Gene Bilby</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



Cement Report

Customer <u>Oxy USA</u>	Lease No.	Date <u>9/15/12</u>
Lease <u>Hitch G</u>	Well # <u>5</u>	Service Receipt
Casing <u>5 1/2</u>	Depth	County <u>Seward</u> State <u>KS</u>
Job Type <u>L.S.</u>	Formation	Legal Description <u>33-32-34</u>

Pipe Data		Perforating Data		Cement Data
Casing size <u>5 1/2</u>	Tubing Size	Shots/Ft		Lead <u>250 SX A-con @ 11.4#</u>
Depth <u>6575.59</u>	Depth	From	To	
Volume <u>151.58</u>	Volume	From	To	<u>2.95</u> <u>18.10</u>
Max Press <u>2500#</u>	Max Press	From	To	Tail in <u>175 SX A-con @ 12.8#</u>
Well Connection <u>P.C.</u>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	<u>1.93</u> <u>10.31</u>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>02:00</u>					<u>on loc, spottrucks, R.O. Softenings</u>
<u>11:55</u>	<u>3300</u>				<u>Test Lines</u>
<u>12:08</u>	<u>90</u>		<u>20</u>	<u>5</u>	<u>Pump stop loss</u>
<u>12:15</u>	<u>90</u>		<u>0</u>	<u>5</u>	<u>Start mixing A-con @ 11.4#</u>
<u>12:40</u>	<u>130</u>		<u>132</u>	<u>5</u>	<u>on tail @ 12.8#</u>
<u>12:55</u>	<u>0</u>		<u>26</u>	<u>0</u>	<u>Finished mixing, washup</u>
<u>13:03</u>	<u>50</u>		<u>0</u>	<u>5</u>	<u>start disp</u>
<u>13:29</u>	<u>830</u>		<u>141</u>	<u>3</u>	<u>slow rate</u>
<u>13:32</u>	<u>1580</u>		<u>157.5</u>		<u>Plug Down</u>
<u>13:37</u>	<u>0</u>				<u>Check float (OK)</u>
<u>13:40</u>	<u>2500</u>				<u>Test cores Csg.</u>
<u>14:10</u>	<u>0</u>				<u>Release Psi</u>
					<u>Job Complete</u>

Service Units	<u>19586</u>	<u>3922337726</u>	<u>38950 37925</u>	<u>14355 14284</u>
Driver Names	<u>Chavez</u>	<u>R. Adams</u>	<u>S. Chavez</u>	<u>J. Lopez</u>

Gene
Customer Representative

Jerry Bennett
Station Manager

Chad Chavez
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

January 04, 2013

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

Re: ACO1
API 15-175-22200-00-00
HITCH G 5
SE/4 Sec.33-32S-34W
Seward 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