



1108088

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> _____
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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	HITCH A 6
Doc ID	1108088

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HITCH A 6
Doc ID	1108088

Tops

Name	Top	Datum
HEEBNER	4184	
TORONTO	4208	
LANSING	4309	
KANSAS CITY	4793	
MARMATON	4941	
CHEROKEE	5195	
ATOKA	5412	
MORROW	5596	
CHESTER	5871	
ST. GENEVIEVE	6104	
ST. LOUIS	6276	



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 03765 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>9/14/12</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 OSA</u>	LEASE: <u>Hitch A</u>		WELL NO.:							
ADDRESS:	COUNTY: <u>Seward</u>	STATE: <u>KS</u>								
CITY:	SERVICE CREW: <u>Royce, Santiago, Juan</u>		JOB TYPE: <u>Z4Z</u>							
AUTHORIZED BY: <u>Tyce</u>										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>194885</u>	<u>6</u>									<u>3:00</u>
<u>34723 34726</u>	<u>6</u>					ARRIVED AT JOB				<u>5:00</u>
<u>35750 34725</u>	<u>6</u>					START OPERATION				<u>9:27</u>
<u>38464 34724</u>	<u>6</u>					FINISH OPERATION				<u>12:33</u>
						RELEASED				<u>12:00</u>
						MILES FROM STATION TO WELL				<u>20</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: Juan Santiago
(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 02	4491 90
CL110	Premium Plus	SK	245	11 41	2795 45
CC109	Calcium Chloride	Lb	1437	74	1063 38
CC102	Celloflake	Lb	148	2 59	383 32
CC130	C-51	Lb	65	17 59	1137 50
CF253	Guide shoe Reg.	EA	1		266 00
CF1453	Flapper, Float Valve	EA	1		196 00
CF4405	Centralizer	EA	15	101 50	1522 50
CF4456	Basket	EA	1		735 00
CF105	Top Rubber Plug	EA	1		157 50
CF4109	Stop Collar	EA	1		70 00
E101	Heavy Equip Mileage	Mi	60	4 90	294 00
CF240	Blending + Mixing Charge	SK	590	98	578 20
E113	Blending + Mixing Charge Bulk Delivery	Tm	556	1 12	622 72
CF202	Depth Charge 1001 to 2000'	4hr	1		1050 00
CF501	Plug Container	Job	1		175 00
E100	Pickup Mileage	Mi	20	2 98	59 60
5003	Service Super U507	EA	1		122 50
T105	Cement Data Acq. Monitor	EA	1		385 00

SUB TOTAL 18,815.59

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT Allocation/Dept %TAX ON \$ Allocation/Dept NON D02
MATERIALS Hitch A6 %TAX ON \$

MAXIMO / WSM # _____ TOTAL _____
TASK 0102 ELEMENT 3023

PROJECT # 1161978 (CAPEX) OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Cerehan Elyas

SIGNATURE: Juan Santiago
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

SERVICE REPRESENTATIVE

FIELD SERVICE ORDER NO.



Cement Report

Customer	Oxy USA	Lease No.		Date	9/18/12
Lease	Hitch, A	Well #	6	Service Receipt	
Casing	4 5/8"	Depth	1406'	County	Seward
Job Type	Surface	Formation		State	KS

Pipe Data		Perforating Data		Cement Data
Casing size	4 5/8	Tubing Size		Lead 345 SX A-Com @ 12.1#
Depth	1811.63	Depth	From To	
Volume	112.6	Volume	From To	2.4 14.00
Max Press	1500#	Max Press	From To	Tail in 245 SX P.P. @ 14.8#
Well Connection	P.C.	Annulus Vol.	From To	
Plug Depth		Packer Depth	From To	1.34 6.33

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
05:00					on loc, spot trucks, R.U. Saffers mtg
09:27	2500				Test Lines
09:28	100		10	4	Pump stop loss
09:36	270		0	5	Start Mixing @ 12.1#
10:00	250		147	5	on tail @ 14.8#
10:12	∅		58	∅	Finished Mixing, Drop Plug
10:16	∅		∅	4	start Disp, Wash up on Plug
10:50	650		102	2	slow Rate
10:56	720-1320		112	∅	Plug down
11:01	∅				Release Psi, Float held
11:02	1500				Test Csg.
11:32	∅				Release Psi
					Job Complete

Service Units	19458	3722337726	38150 37725	3046437724
Driver Names	Chavez	R. O'Ks	S. Chavez	S. Lopez

Gene Bilby
Customer Representative

Jerry Bennett
Station Manager

Chad Chavez
Cementer



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PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 03033 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>9-28-12</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>Hitch 'A'</u> # <u>6</u>		WELL NO.					
ADDRESS		COUNTY <u>Seward</u>		STATE <u>KS</u>					
CITY STATE		SERVICE CREW <u>J. Chavez, Eddie, Hector R</u>							
AUTHORIZED BY <u>Tony Bentt</u>		JOB TYPE: <u>242 PTA</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>19820</u>	<u>13</u>	<u>70897</u>	<u>13</u>	<u>14355</u>	<u>13</u>	ARRIVED AT JOB	<u>9-28-12</u>	AM	<u>1100</u>
		<u>19570</u>	<u>1</u>	<u>14284</u>	<u>1</u>	START OPERATION	<u>9-28-12</u>	AM	<u>250</u>
						FINISH OPERATION	<u>9-28-12</u>	AM	<u>830</u>
						RELEASED	<u>9-25-12</u>	AM	<u>930</u>
						MILES FROM STATION TO WELL	<u>20</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	170	8 40	1428 00
CC200	Cement Gel	lb	294	18	52 92
CC109	Calcium Chloride	lb	258	74	190 92
E101	Heavy Equipment Mileage	mi	40	4 90	196 00
CE240	Blending & Mix Change	SK	170	98	166 60
E113	Bulk Delivery Charge	tn	147	1 12	164 64
CE202	Depth Charge	4hrs	1		1050 00
E100	Pickup Mileage	mi	20	2 98	59 60
S003	Service Supervisor	hr	1		122 50
CE403	Adaptor Hours	hr	5	350 00	1750 00

AP LOCATION/DEPT. Libcap D02 NON D02

LEASE/WELL/FAC Hitch A-6

MAXIMO / WSM # _____

TASK 01-02 ELEMENT 3023

PROJECT # 1161978 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

Circle Doc Type

PRINTED NAME Jeremy Knoese

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

SUB TOTAL 5181 18

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>[Signature]</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 <i>Oxy USA</i>		Lease No.		Date <i>9-28-12</i>	
Lease <i>Hitch "A"</i>		Well # <i>6</i>		Service Receipt <i>3033</i>	
Casing <i>8 5/8</i>	Depth <i>1906</i>	County <i>Seward</i>		State <i>KS</i>	
Job Type <i>242PTA</i>		Formation		Legal Description <i>30-32-34</i>	
Pipe Data			Perforating Data		Cement Data
Casing size	Tubing Size <i>4 1/2 P.P.</i>	Shots/Ft		Lead	
Depth	Depth <i>1906</i>	From	To		
Volume	Volume <i>20615</i>	From	To		
Max Press	Max Press <i>1000</i>	From	To	Tail in <i>1705K60-40</i> <i>1.54 FT3SK 102</i>	
Well Connection	Annulus Vol. <i>-</i>	From	To		
Plug Depth	Packer Depth <i>-</i>	From	To	<i>7.56dsk 13.5#</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1100</i>					<i>Arrive On Location</i>
<i>1200</i>					<i>Safety Meeting - 11:15 Up</i>
<i>1400</i>		<i>1500</i>	<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>1430</i>		<i>200</i>	<i>27</i>	<i>4.0</i>	<i>Pump out @ 13.5# @ 1905'</i>
<i>1450</i>		<i>200</i>	<i>20</i>	<i>4.0</i>	<i>Displace - WAIT 4 hrs</i>
<i>1850</i>		<i>100</i>	<i>13.3</i>	<i>4.0</i>	<i>Pump out @ 13.5# @ 520'</i>
<i>1900</i>		<i>100</i>	<i>5</i>	<i>4.0</i>	<i>Displace</i>
<i>1945</i>		<i>50</i>	<i>5.3</i>	<i>2.0</i>	<i>Pump out @ 13.5# @ 60'</i>
<i>2010</i>		<i>50</i>	<i>2.0</i>	<i>2.0</i>	<i>Displace</i>
<i>2030</i>					<i>Connect To Surface</i>
<i>1830</i>		<i>1000</i>	<i>1.0</i>	<i>1.0</i>	<i>Test Casing 1000 PSI - OK</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>
Service Units	<i>19820</i>	<i>70897-19570</i>	<i>14355-14284</i>		
Driver Names	<i>J. Chavez</i>	<i>Eddie</i>	<i>Hector</i>		

[Signature]
Customer Representative

[Signature]
Station Manager

[Signature]
Cementer
Taylor Printing, Inc.

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 15, 2013

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

Re: ACO1
API 15-175-22201-00-00
HITCH A 6
SW/4 Sec.30-32S-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