



1108250

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ATKINS J 5
Doc ID	1108250

Tops

Name	Top	Datum
HEEBNER	4021	
LANSING	4108	
KANSAS CITY	4347	
MARMATON	4650	
CHEROKEE	4791	
ATOKA	5000	
MORROW	5056	
CHESTER	5144	
ST. GENEVIEVE	5170	
ST LOUIS	5392	



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 03328 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-17-12	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: Atkins J #5	WELL NO.:							
ADDRESS:	COUNTY: Finney	STATE: KS							
CITY:	STATE:	SERVICE CREW: C. Miller, J. Grimaldo, J. Garcia, E. Bernman							
AUTHORIZED BY: J. Bennett	Job: Tip	JOB TYPE: 242-Service							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
19902	8	33021	2				11-17-12		7:00
37223	2	37547	6						10:00
37226	6								7:00
30464	2								9:00
37724	6								10:00
						RELEASED			
						MILES FROM STATION TO WELL	55 mi		

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: Jared Lemstra
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CU101	A-Con	sk	350	13 02	4557 00
CU110	Premium Plus	sk	245	11 41	2795 45
CC109	Calcium Chloride	lb	1449	74	1072 26
CC102	Cellulose	lb	149	2 59	385 91
CC130	C-51	lb	66	17 50	1155 00
CF253	8 1/2" regular Guide Shoe	ea	1		266 00
CF1453	Flapper Type Insert		1		196 00
CF4405	Centralizer		15	101 50	1522 50
CF105	Top Rubber Plug		1		157 50
CF4109	Stop Collar		1		70 00
CF4556	Basket		1		735 00
CF3000	Thread Code		12	23 80	285 60
E101	Heavy Equipment Mileage	mi	165	4 90	808 50
CE340	Blending & Mixals Service	sk	595	98	583 10
E113	Proppant Bulk Delivery	cu/yd	1540	1 12	1724 80
CE202	Pump Depth	hr	1		1050 00
CE504	Plus Container	ea	1		175 00
E100	Unit Mileage	mi	55	2 98	163 90
S003	Service Supervisor	ea	1		122 50

CHEMICAL / ACID DATA:			

Less 4 1/2 hrs wait on Truck
SUB TOTAL 17826 02

SERVICE & EQUIPMENT MATERIALS TAX ON NON D02

LEASE/WELL/FAC: Atkins J-5 TOTAL: 12426 02

MAXIMO / WSM # _____

TASK: 0102 ELEMENT: 3023

PROJECT #: 1150934 CAPEX / OPEX - Circle one

AP LOCATION/DEPT: Liberal %TAX ON NON D02

ORDERED BY CUSTOMER AND RECEIVED BY: JARED LEMSTRA

PRINTED NAME: Jared Lemstra

SIGNATURE: Jared Lemstra
I certify that these Services/Materials have been received

SERVICE REPRESENTATIVE: Paul Owen

FIELD SERVICE ORDER NO. _____

THE ABOVE MATERIALS AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: JARED LEMSTRA

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)



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 03668 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-24-12	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 Atkins "J" 5		WELL NO.					
ADDRESS		COUNTY Finney		STATE KS					
CITY		STATE		SERVICE CREW J. Chavez, Eddie, Hector L					
AUTHORIZED BY Tony Bennett		JOB TYPE: 242 PTA							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 11-24-12	AM 100	TIME
19820	10	70897	10	30464	10	ARRIVED AT JOB	11-24-12	AM 400	
		19570	1	37724	1	START OPERATION	11-24-12	AM 630	
						FINISH OPERATION	11-25-12	AM 100	
						RELEASED	11-25-12	AM 200	
						MILES FROM STATION TO WELL 60			

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
CK103	60.40 POZ	SK	165	8.40	1386.00
CC200	Conc Gel	lb	286	.18	51.48
CC109	Calcium Chloride	lb	195	.74	144.30
E101	Heavy Equipment Mileage	mi	120	4.90	588.00
CE240	Blending + Mixing Charge	SK	165	.98	161.70
E113	Bulk Delivery Charge	tm	465	1.12	520.80
CC202	Depth Charge	4hrs	1		1050.00
E110	Pickup Mileage	mi	60	2.98	178.80
3003	Service Supervisor	EA	1		122.50
T105	Data Acquisition Monitor	EA	1		385.00
CE403	Additional Hours	hr	3	350.00	1050.00

AP LOCATION/DEPT. Lib-PAP D02 NON D02

LEASE/WELL/FAC Atkins J-5

MAXIMO / WSM # _____

TASK 01-02 ELEMENT 3023

PROJECT # 1150934 CAPEX / OPEX - Circle one

SPO / BPA UNSUPPORTED

PRINTED NAME Carl Wylie

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

SUB TOTAL **5638.58**

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>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>11-24-12</i>	
Lease <i>Atkins 'S'</i>		Well # <i>5</i>		Service Receipt	
Casing <i>4 1/2 PP</i>	Depth <i>1819</i>	County <i>Finnery</i>		State <i>KS</i>	
Job Type <i>242 PTA</i>		Formation		Legal Description <i>33-20-33</i>	
Pipe Data			Perforating Data		Cement Data
Casing size	Tubing Size <i>4 1/2 R.P.</i>	Shots/Ft		Lead <i>755K Class C</i>	
Depth	Depth <i>1819</i>	From	To	<i>1.54F 3-5K 102</i>	
Volume	Volume <i>23615</i>	From	To	<i>7.596L-5K 13.5#</i>	
Max Press	Max Press <i>1000</i>	From	To	Tail in <i>905K 60-40</i>	
Well Connection	Annulus Vol. <i>10045</i>	From	To	<i>1.5F 3-5K 102</i>	
Plug Depth	Packer Depth <i>-</i>	From	To	<i>7.56L-5K 13.5#</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1530</i>					<i>Arrive On Location</i>
<i>1600</i>					<i>Safety Meetg - Rig Up</i>
<i>1810</i>	<i>1500</i>		<i>11</i>	<i>1.1</i>	<i>Pressure Test</i>
<i>1825</i>	<i>300</i>		<i>10</i>	<i>4.0</i>	<i>Pump Water Spacer</i>
<i>1830</i>	<i>200</i>		<i>21</i>	<i>4.0</i>	<i>Pump Cmt @ 13.5#</i>
<i>2885</i>	<i>100</i>		<i>2</i>	<i>4.0</i>	<i>Pump Water Spacer 1819'</i>
<i>2230</i>	<i>200</i>		<i>22.5</i>	<i>4.0</i>	<i>Pump mud Displacement</i>
<i>2300</i>	<i>200</i>		<i>13</i>	<i>4.0</i>	<i>Pump Cmt @ 13.5# @ 943'</i>
<i>2415</i>	<i>150</i>		<i>9</i>	<i>4.0</i>	<i>Pump mud displacement</i>
<i>1230</i>	<i>100</i>		<i>5.3</i>	<i>4.0</i>	<i>Pump cmt @ 13.5# @ 60'</i>
<i>100</i>	<i>50</i>		<i>5.3</i>	<i>2.0</i>	<i>Plug Mouse Hole</i>
<i>135</i>					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>
<i>2200</i>					<i>Pressure Test Held 1000 PSI</i>
Service Units	<i>19820</i>	<i>70897-19570</i>	<i>30464-37724</i>		
Driver Names	<i>E. Chao</i>	<i>Eddie</i>	<i>Hector L</i>		

Kal

Customer Representative

Serg Berth

Station Manager

[Signature]

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 16, 2013

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

Re: ACO1
API 15-055-22185-00-00
ATKINS J 5
SW/4 Sec.33-26S-33W
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