



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1108896  
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<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |
|-----------------------------------|-----------------|---|

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: \_\_\_\_\_



1108896

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<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
|                                   |           |         |             |               |         |

|  |   |   |
|--|---|---|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other <i>(Specify)</i> _____ | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|---|---|

|           |                              |
|-----------|------------------------------|
| Form      | ACO1 - Well Completion       |
| Operator  | OXY USA Inc.                 |
| Well Name | BRANSTETTER CHESTER UNIT 409 |
| Doc ID    | 1108896                      |

Tops

| Name         | Top  | Datum |
|--------------|------|-------|
| HEEBNER      | 4094 |       |
| LANSING      | 4177 |       |
| KANSAS CITY  | 4600 |       |
| MARMATON     | 4734 |       |
| CHEROKEE     | 4886 |       |
| ATOKA        | 5123 |       |
| MORROW       | 5170 |       |
| CHESTER      | 5290 |       |
| ST GENEVIEVE | 5400 |       |



**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 02637 A

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

|  |     |  |          |  |
|--|-----|--|----------|--|
| DATE OF JOB <u>11-2-12</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>BCU</u> WELL NO. <u>409</u>   |          |  |
| ADDRESS  |     | COUNTY <u>Haskell</u> STATE <u>KS</u>  |          |  |
| CITY STATE   |     | SERVICE CREW <u>Kirby, Ed M, Santiago, Carlos</u>  |          |  |
| AUTHORIZED BY <u>Tyce Davis</u>                                |     | JOB TYPE: <u>8 3/4 Surface 2-4L</u>  |          |  |
| EQUIPMENT#   | HRS | EQUIPMENT#   | HRS      | TRUCK CALLED <u>11-2-12</u> DATE AM PM <u>1406</u> |
|  |     | <u>21755</u>   | <u>8</u> | ARRIVED AT JOB AM PM <u>1700</u>                   |
|  |     | <u>38111-19919</u>   | <u>8</u> | START OPERATION AM PM <u>1630</u>                  |
|  |     | <u>30463-37721</u>   | <u>8</u> | FINISH OPERATION AM PM <u>2000</u>                 |
|  |     | <u>30464-37547</u>   | <u>8</u> | RELEASED AM PM <u>2045</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 |
|---------------------|---------------------------------------|------|----------|------------|-----------|
| CL101               | A Con Blend                           | SK   | 350      | 13 02      | 4557 00   |
| CL100               | Premium Plus Cement                   | SK   | 245      | 11 41      | 2795 45   |
| CC109               | Calcium Chloride                      | LB   | 1449     | 74         | 1072 26   |
| CC102               | Celloflake                            | LB   | 149      | 2 59       | 385 91    |
| CC130               | WCA-1                                 | LB   | 66       | 17 50      | 1155 00   |
| CF253               | Guide Shoe - Reg                      | EA   | 1        |            | 266 00    |
| CF1453              | Flapper Type Insert Float             | EA   | 1        |            | 196 00    |
| CF4405              | Centralizers                          | EA   | 15       | 101 50     | 1522 60   |
| CF4556              | Cement Basket                         | EA   | 1        |            | 735 00    |
| CF105               | Top Rubber Cement Plug                | EA   | 1        |            | 157 50    |
| CF4109              | Stop Collar                           | EA   | 1        |            | 70 00     |
| CC165               | Stopless Polymer                      | Gal  | 420      | 4 20       | 1764 00   |
| CC166               | Stopless LPM                          | LB   | 150      | 3 68       | 552 00    |

AP LOCATION/DEPT. Lib cap  NON DDD

LEASE/WELL/FAC BCU 409

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

TASK 0102 ELEMENT 302 SUB TOTAL

PROJECT # 1162153 CAPEX / OPEX - Circle one

SPO / SERVICE & EQUIPMENT %TAX ON \$  UNSUPPORTED

PRINT MATERIALS Phill Dumett %TAX ON \$

SIGNATURE: \_\_\_\_\_ TOTAL

I certify that these Services/Materials have been received

19,821.22

| CHEMICAL / ACID DATA: |  |  |  |
|-----------------------|--|--|--|
|                       |  |  |  |
|                       |  |  |  |
|                       |  |  |  |

SERVICE REPRESENTATIVE Kirby King

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

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





# Cement Report

|                               |                   |                                       |
|-------------------------------|-------------------|---------------------------------------|
| Customer <i>Oxy USA</i>       | Lease No.         | Date <i>11-2-12</i>                   |
| Lease <i>BCN</i>              | Well # <i>409</i> | Service Receipt                       |
| Casing                        | Depth             | County <i>Haskell</i> State <i>KS</i> |
| Job Type <i>8 5/8 Surface</i> | Formation         | Legal Description <i>31-27-33</i>     |

| Pipe Data                    |              | Perforating Data |    | Cement Data   |
|------------------------------|--------------|------------------|----|---|
| Casing size <i>8 5/8 24#</i> | Tubing Size  | Shots/Ft         |    | Lead <i>350 sk ACon</i><br><i>3% CC, 1/4# Poly</i><br><i>.2% WCA</i>  |
| Depth <i>1810</i>            | Depth        | From             | To |   |
| Volume <i>112.5 BBL</i>      | Volume       | From             | To | Tail in <i>245 sk</i><br><i>Prem Plus - 2% CC</i><br><i>1/4# Poly</i> |
| Max Press                    | Max Press    | From             | To |   |
| Well Connection              | Annulus Vol. | From             | To |   |
| Plug Depth <i>1769</i>       | Packer Depth | From             | To |   |

| Time        | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate     | Service Log                            |
|-------------|-----------------|-----------------|--------------|----------|--|
| <i>1700</i> |                 |                 |              |          | <i>On Location - Spot &amp; Rig up</i> |
| <i>1815</i> |                 |                 |              |          | <i>Safety Meeting</i>                  |
| <i>1845</i> | <i>2000</i>     |                 |              |          | <i>Pressure test</i>                   |
| <i>1847</i> | <i>200</i>      |                 | <i>150</i>   | <i>6</i> | <i>Mix 350 sk ACon @ 12.1 PPG</i>      |
| <i>1908</i> | <i>200</i>      |                 | <i>58</i>    | <i>5</i> | <i>Mix 245 sk Prem Plus @ 14.8 PPG</i> |
| <i>1931</i> |                 |                 |              |          | <i>Shut Down - Drop top plug</i>       |
| <i>1933</i> | <i>50</i>       |                 | <i>0</i>     | <i>5</i> | <i>Start Displacing</i>                |
| <i>1954</i> | <i>600</i>      |                 | <i>102</i>   | <i>2</i> | <i>Slow Rate</i>                       |
| <i>1959</i> | <i>600</i>      |                 | <i>112.5</i> |          | <i>Bump Plug - Plug Didnt Land</i>     |
| <i>2004</i> | <i>600-0</i>    |                 |              |          | <i>Release Pressure - Float Held</i>   |
|             |                 |                 |              |          | <del><i>Release Pressure</i></del>     |
|             |                 |                 |              |          | <del><i>Release Pressure</i></del>     |
|             |                 |                 |              |          | <i>Circulate cement to the pit</i>     |

|               |              |                   |                    |                    |
|---------------|--------------|-------------------|--------------------|--------------------|
| Service Units | <i>21755</i> | <i>3811/19919</i> | <i>30424/37724</i> | <i>30463/37547</i> |
| Driver Names  | <i>Kirby</i> | <i>Edm</i>        | <i>Carlos</i>      | <i>Santiago</i>    |

Customer Representative \_\_\_\_\_ Station Manager *Jerry Bennett* Cementer *Kirby* Taylor Printing, Inc.



**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 03138 A

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

|                               |                         |  |                                   |                                      |                              |                              |                     |    |    |              |
|-------------------------------|-------------------------|--|-----------------------------------|--------------------------------------|------------------------------|------------------------------|---------------------|----|----|--------------|
| DATE OF JOB<br><b>11/7/12</b> | DISTRICT<br><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<br><b>Oxy USA</b>    |                         | LEASE<br><b>BCU 409</b>                      |                                   | WELL NO.                             |                              |                              |                     |    |    |              |
| ADDRESS                       |                         | COUNTY<br><b>Haskell</b>                     |                                   | STATE<br><b>Ks</b>                   |                              |                              |                     |    |    |              |
| CITY                          |                         | STATE  |                                   | SERVICE CREW<br><b>Royce, Juan L</b> |                              |                              |                     |    |    |              |
| AUTHORIZED BY<br><b>Tyce</b>  |                         | JOB TYPE:<br><b>242 Long string</b>          |                                   |                                      |                              |                              |                     |    |    |              |
| EQUIPMENT#                    | HRS                     | EQUIPMENT#                                   | HRS                               | EQUIPMENT#                           | HRS                          | TRUCK CALLED                 | DATE                | AM | PM | TIME         |
| <b>19886</b>                  | <b>4.5</b>              |  |                                   |                                      |                              |                              |                     |    |    | <b>10:00</b> |
| <b>3922337726</b>             | <b>4.5</b>              |  |                                   |                                      |                              | ARRIVED AT JOB               |                     |    |    | <b>5:20</b>  |
| <b>3046437724</b>             | <b>4.5</b>              |  |                                   |                                      |                              | START OPERATION              |                     |    |    | <b>7:20</b>  |
|                               |                         |  |                                   |                                      |                              | FINISH OPERATION             |                     |    |    | <b>9:00</b>  |
|                               |                         |  |                                   |                                      |                              | RELEASED                     |                     |    |    | <b>10:00</b> |
|                               |                         |  |                                   |                                      |                              | MILES FROM STATION TO WELL   |                     |    |    | <b>50</b>    |

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SIGNED: X  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUNT |
|---------------------|---------------------------------------|------|----------|------------|-----------|
| CC104               | 50/50 POE                             | SK   | 325      | 7 70       | 2502 50   |
| CC113               | Cal set                               | Lb   | 1365     | 52         | 709 80    |
| CC111               | salt                                  | Lb   | 1994     | 35         | 697 90    |
| CC103               | C-15                                  | Lb   | 164      | 8 75       | 1435 00   |
| CC105               | C-41P                                 | Lb   | 69       | 2 80       | 193 20    |
| CC201               | Gilsonite                             | Lb   | 1625     | 47         | 763 75    |
| 10334               | Super flush II                        | gal  | 500      | 1 07       | 535 00    |
| 10357               | Heavy Equip Mileage                   | Mi   | 100      | 4 90       | 490 00    |
| 10258               | Blending & Mixing Charge              | SK   | 325      | 98         | 318 50    |
| 10360               | Bulk Delivery                         | TM   | 643      | 1 12       | 764 96    |
| 10245               | Depth Charge 5001 to 6000'            | 4hr  | 1        |            | 2016 00   |
| 10270               | Plug Container                        | EA   | 1        |            | 175 00    |
| 10356               | Pickup mileage                        | Mi   | 50       | 2 97       | 148 50    |
| 10354               | Service Supervisor                    | EA   | 1        |            | 122 50    |
| 10797               | Cement Data                           | EA   | 1        |            | 385 00    |
| 10400               | Guide Shoe 5 1/2 Req.                 | EA   | 1        |            | 175 00    |
| 10522               | Flout Valve                           | EA   | 1        |            | 150 50    |
| 10367               | TOP Plug                              | EA   | 1        |            | 73 50     |
| 10438               | Stop Collar                           | EA   | 1        |            | 58 80     |

SUB TOTAL **13,027.91**

| CHEMICAL / ACID DATA: |  |  |  |
|-----------------------|--|--|--|
|                       |  |  |  |
|                       |  |  |  |
|                       |  |  |  |

AP LOCATION/DEPT. Liberal %TAX ON \$ D02  NON D02

LEASE/WELL/FAC BCU 409 %TAX ON \$ \_\_\_\_\_

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

TASK 0102 ELEMENT 3023

PROJECT # 1162153 CAPEX / OPEX - Circle one

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

CIRCLE BOX TYPE \_\_\_\_\_

PRINTED NAME Erachan Elasa

SIGNATURE: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

SERVICE REPRESENTATIVE Chad Hinz

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

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







# Cement Report

|                         |                    |   |
|-------------------------|--------------------|---|
| Customer: <b>Ox USA</b> | Lease No.          | Date: <b>11/7/12</b>                    |
| Lease: <b>300</b>       | Well #: <b>409</b> | Service Receipt                         |
| Casing: <b>5 1/2</b>    | Depth: <b>5740</b> | County: <b>Haskell</b> State: <b>KS</b> |
| Job Type: <b>L.S</b>    | Formation          | Legal Description: <b>31-27-33</b>      |

| Pipe Data                    |              | Perforating Data |    | Cement Data         |
|------------------------------|--------------|------------------|----|---------------------|
| Casing size                  | Tubing Size  | Shots/Ft         |    | Lead                |
| <b>5 1/2</b>                 |              |                  |    | <b>325 x 50/50</b>  |
| Depth: <b>5746.78</b>        | Depth        | From             | To | <b>182 @ 13.5 #</b> |
| Volume: <b>132.37</b>        | Volume       | From             | To |                     |
| Max Press: <b>2500</b>       | Max Press    | From             | To | Tail in             |
| Well Connection: <b>P.C.</b> | Annulus Vol. | From             | To |                     |
| Plug Depth                   | Packer Depth | From             | To |                     |

| Time  | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log                        |
|-------|-----------------|-----------------|--------------|------|------------------------------------|
| 19:20 |                 |                 |              |      | on loc, spot trucks, R.O., Safety  |
| 19:20 | 3500            |                 |              |      | Test Lines                         |
| 19:24 | 300             |                 | 5            | 5    | H2O                                |
| 19:26 | 320             |                 | 12           | 5    | super flush                        |
| 19:30 | 310             |                 | 5            | 5    | H2O                                |
| 19:32 | 330             |                 | 0            | 5    | start mixing @ 13.5 #              |
| 19:50 | 0               |                 | 92           | 0    | finished mixing, drop plug, washup |
| 19:55 | 160             |                 | 0            | 6    | start disp                         |
| 20:17 | 900             |                 | 122          | 2.6  | slow rate                          |
| 20:22 | 1700            |                 | 132          | -    | plug down (5min check float OK)    |
| 20:24 | 2500            |                 |              |      | Test Csg.                          |

|               |               |                 |                |              |              |
|---------------|---------------|-----------------|----------------|--------------|--------------|
| Service Units | <b>19454</b>  | <b>30464</b>    | <b>37774</b>   | <b>37773</b> | <b>37726</b> |
| Driver Names  | <b>Chavez</b> | <b>J. Lopez</b> | <b>R. Olds</b> |              |              |

Gene / Graham Customer Representative     
 Jerry Bennett Station Manager     
 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 21, 2013

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

Re: ACO1  
API 15-081-22000-00-00  
BRANSTETTER CHESTER UNIT 409  
NE/4 Sec.31-27S-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