



1125617

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: 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> _____	PRODUCTION INTERVAL: _____ _____
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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 03334 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-29-12	DISTRICT 1717	NEW WELL <input type="checkbox"/>	OLD WELL <input checked="" type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER Ory USA	LEASE Harmen A # 2	WELL NO.						
ADDRESS	COUNTY Morton	STATE KS						
CITY	STATE	SERVICE CREW C. Tharra V. Vasquez						
AUTHORIZED BY J. Bennett	CO.	JOB TYPE: 241 - Squeeze						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 11-29-12	TIME 8:00
19902	8					ARRIVED AT JOB		12:00
27462	8					START OPERATION		1:00
27808	4					FINISH OPERATION		4:00
14284	4					RELEASED		5:00
						MILES FROM STATION TO WELL	75 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: Charles W. [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
C1100	Premium/Common	sk	75	11 20	840 00	
E101	Heavy Equipment Mileage	mi	150	4 90	735 00	
CE 240	Blend + Mixing Service	sk	75	98	73 50	
E113	Proppant + Bulk Delivery	ton	264	1 12	295 68	
CE 205	Lease Depth: 400-5000	ea	1		1764 00	
E100	Unit Mileage	mi	75	2 98	223 50	
S003	Service Supervisor	ea	1		122 50	
					SUB TOTAL	4054.18

CHEMICAL / ACID DATA:			
/			

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

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



Cement Report

Customer <u>Ory</u>		Lease No. <u>A</u>		Date <u>11-29-12</u>	
Lease <u>Madman</u>		Well # <u>2</u>		Service Receipt <u>0334</u>	
Casing		Depth		County <u>Morton</u>	
Job Type <u>241-Squeeze</u>		Formation		Legal Description <u>13-33-43</u>	
Casing size <u>5 1/2" 14.0#</u>		Tubing Size <u>2 7/8"</u>		Shots/Ft	
Depth		Depth <u>4504'</u>		From <u>4575</u> To <u>-</u>	
Volume		Volume <u>26 bbl</u>		From To	
Max Press		Max Press <u>1800#</u>		From To	
Well Connection		Annulus Vol.		From To	
Plug Depth		Packer Depth <u>4504'</u>		From To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00					on loc - site assessment
1:05					spot trucks - rig up
1:45					safety meeting / SSA
2:00					pressure test 2000#
2:15	800		1.5	.5	load annulus 800#
2:25		600	30	1	establish inj. rate ~1 bpm @ 600#
2:30		700	14	1.5	mix & pump 75 SK Premium/Common neat @ 16.4 ppg - 1.06 ft 3/sk - 4.35 gal/sk
2:45					wash lines
2:50		100	0	1	disp tubing
3:00		1500	15	0	squeezed off
3:15	600		45	2	rev out tubing clean
3:30					shut in w/ 500#
4:00					job complete
Service Units	<u>19902</u>	<u>27462</u>	<u>27808-14284</u>		
Driver Names	<u>A Oweira</u>	<u>C Danna</u>	<u>V Vasquez</u>		

C. Bitner
Customer Representative

O. Bennett
Station Manager

A Oweira
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

March 20, 2013

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

Re: ACO1
API 15-129-20464-00-02
WINTER MORROW UNIT 205W
SW/4 Sec.13-33S-43W
Morton 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