



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1187655  
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: \_\_\_\_\_

1187655

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 <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 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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HANDS B 1
Doc ID	1187655

Tops

Name	Top	Datum
HEEBNER	3912	
LANSING	4001	
KANSAS CITY	4411	
MARMATON	4506	
CHEROKEE	4643	
ATOKA	4770	
MORROW	4880	
CHESTER	4896	
STE GENEVIEVE	5015	
ST LOUIS	5070	



# ALLIED OIL & GAS SERVICES, LLC KB 052934

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Liberal KS

DATE <u>10-21-13</u>	SEC. <u>H</u>	TWP. <u>26S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>1</u>	JOB START <u>8:00</u>	JOB FINISH <u>9:00 a.m.</u>
LEASE <u>Hands</u>	WELL # <u>B-1</u>	LOCATION <u>Uic-Sublete N.</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR <u>Artec 507</u>	OWNER <u>Oxy Usa Inc</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>?</u>
CASING SIZE <u>8 3/8 24#</u>	DEPTH <u>1680.15-ft</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1100 PST</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>40.57-ft</u>
CEMENT LEFT IN CSG. <u>40.37-ft</u>	
PERFS.	
DISPLACEMENT <u>105 BBLs</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Ruben Chavez</u>	
# <u>531-541</u>	HELPER <u>Cesar Pavia-Jaime Torres</u>
BULK TRUCK	
# <u>457-757 FB</u>	DRIVER <u>Deedrick Grier</u>
BULK TRUCK	
#	DRIVER

CEMENT		
AMOUNT ORDERED	<u>350sk "C" 2% byp Sealy 2%</u>	
	<u>NAMS, 3% CC, 1/4 lb/sk F. Sealy, 2% SA-SI</u>	
	<u>245sk "C" 2% CC, 1/4 lb/sk Flosole</u>	
COMMON "C" 245 sk	@ 24.40	5978.00
POZMIX	@	
GEL	@	
CHLORIDE 18 sk	@ 64.00	1,152.00
ASC	@	
Flosole 149 lb	@ 2.97	442.53
SA-SI 66 lb	@ 17.55	1,158.30
AMDC "C" 350sk	@ 31.00	10,850.00
	@	
	@	
	@	
	@	
HANDLING 648 wft	@ 2.45	1,607.04
MILEAGE 1472.72 Ten M.	@ 2.60	3,829.03
TOTAL		25,016.90

REMARKS:

AP LOCATION/DEPT. L-DECAF  D02  NON D02

LEASE/WELL/FAC. Hands B-1

MAXIMO / WSM #

TASK 0102 ELEMENT 3023

PR # 1175350 CAPEX / OPEX - Circle one

SPO  UNSUPPORTED

PR # / NAME Mark A. Bonner

SIGNATURE Mark A. Bonner

Verify that these Services/Materials have been received

SERVICE

DEPTH OF JOB		<u>1680.15-ft</u>
PUMP TRUCK CHARGE		<u>2,213.75</u>
EXTRA FOOTAGE	@	
MILEAGE heavy 50 M.	@ 7.70	385.00
MANIFOLD + head 1	@ 2.75	275.00
Light Vehicle 50 M.	@ 4.40	220.00
	@	

TOTAL 3,093.75

CHARGE TO: Oxy Usa Inc

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

Top rubber plug 1	@ 131.04	131.04
Guide Shoe 1	@ 460.98	460.98
AFU-Insert Float 1	@ 446.94	446.94
Centralizer 14	@ 74.88	1,048.32
stop collar 1	@ 56.16	56.16

TOTAL 2,143.44

To: Allied Oil & Gas Services, LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Mark A. Bonner

SIGNATURE Mark A. Bonner

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 30,254.09

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

NET = 18,454.99



# ALLIED OIL & GAS SERVICES, LLC 052936

KB

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Liberal

DATE <u>10-24-13</u>	SEC. <u>4</u>	TWP. <u>26</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>1</u>	JOB START <u>4:00</u>	JOB FINISH <u>5:00 P.M.</u>
LEASE <u>Hands</u>	WELL # <u>B-1</u>	LOCATION <u>Sublete N to playneel Rd, W</u>			COUNTY <u>Finney</u>	STATE <u>Ks.</u>	
OLD OR (NEW) (Circle one)		<u>3 M. N. 2 M, W into</u>					

CONTRACTOR Aztec # 507 OWNER Oxy USA Inc

TYPE OF JOB Long string  
 HOLE SIZE 7 7/8 T.D. 5295 ft  
 CASING SIZE 5 1/2 17 # DEPTH 5284.75 ft  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 1600 PSI MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 41.95 ft  
 CEMENT LEFT IN CSG. 41.95 ft  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 121.6 BOIS

CEMENT  
 AMOUNT ORDERED 270 sk 50/50 "H" Poz  
2% Gel, 5% Gyp Seal, 10% Salt, 3 lb/sk  
Gilsonite, 1/4 FS, .5% FL-160, .2% CD-31

EQUIPMENT  
 PUMP TRUCK CEMENTER Ruben Chavez  
 # 531-541 HELPER Cesar Pavia  
 BULK TRUCK  
 # 774-744 DRIVER Taime Maldonado  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON	@	_____
POZMIX	@	_____
GEL	@	_____
CHLORIDE	@	_____
ASCAPB# 50/50 H 270 sk	@ 16.85	4,549.50
NaCl-Salt 13.65 sk	@ 26.35	359.68
Gyp Seal 22.7 sk	@ 37.60	853.52
Gilsonite 1350 lb	@ .98	1,323.00
Flasele 67.5 lb	@ 2.97	200.48
FL-160 113.4 lb	@ 18.90	2,143.26
CD-31 45.40 lb	@ 10.30	467.62
SP-Flash 12 BOIS	@ 58.70	704.40
_____	@	_____
HANDLING 357 Cwt	@ 2.48	885.36
MILEAGE 680.25 Ton M	@ 2.60	1,768.73
TOTAL		13,255.55

REMARKS:

AP LOCATION/DEPT. Liberal  D02  NON D02   
 LEASE/WELL/FAC Hands B-1  
 MAXIMO / WSM # \_\_\_\_\_  
 TASK 6102 ELEMENT 3023  
 PROJECT # 1175350 CAPEX / OPEX - Circle one  
 SPO / DPA \_\_\_\_\_ UNSUPPORTED   
 PRINTED NAME Mark A. Bourner  
 SIGNATURE: Mark A. Bourner  
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB	<u>5000 - 6000 ft</u>	
PUMP TRUCK CHARGE	@	3,099.25
EXTRA FOOTAGE	@	_____
MILEAGE heavy 50 M.	@ 7.70	385.00
MANIFOLD - head 1	@ 2.75	275.00
Light Vehicle 50 M.	@ 4.40	220.00
_____	@	_____
TOTAL		3,979.25

PLUG & FLOAT EQUIPMENT

Top rubber plug 1	@ 85.41	85.41
stop collar 1	@ 49.14	49.14
Guide Shoe 1	@ 280.80	280.80
AFU - Insert Float 1	@ 334.62	334.62
Centralizer 20	@ 57.33	1,146.60
TOTAL		1,896.57

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 19,131.37  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

CHARGE TO: Oxy USA Inc  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

To: Allied Oil & Gas Services, LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Mark A. Bourner  
 SIGNATURE Mark A. Bourner

NET = 11,861.45



PAGE	CUST NO	INVOICE DATE
1 of 1	1003066	12/13/2013
<b>INVOICE NUMBER</b>		
<b>1717 - 91358944</b>		

**Liberal** (620) 624-2277  
 B OXY USA  
 I PO Box: 1747  
 L ADDISON  
 L TX US 75001  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Hands B-1  
 O LOCATION  
 B COUNTY Finney  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

## EDI INVOICE

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40670839	19842		Net - 30 days	01/12/2014	
<b>For Service Dates: 12/02/2013 to 12/02/2013</b>					
0040670839 Squeeze					
AFE/PROJECT NUMBER = 1175350; DEPARTMENT = LIBE CAP; REQUISITIONER = GRAYSON, BRADLEY; CONTRACT = 21000003389; 171704689A Cement-New Well Casing/Pi 12/02/2013 Squeeze					
		<b>QTY</b>	<b>U of M</b>	<b>UNIT PRICE</b>	
				<b>INVOICE AMOUNT</b>	
Premium/Common		100.00	EA	12.00	1,200.00
15% HCl Acid		500.00	GAL	1.50	750.00
CIA-1 EP		1.00	EA	56.25	56.25
Heavy Equipment Mileage		100.00	MI	5.25	525.00
Blending & Mixing Service Charge		300.00	BAG	1.05	315.00
"Proppant & Bulk Del. Chgs., per ton mil		705.00	EA	1.20	846.00
Depth Charge; 4001'-5000'		1.00	EA	1,890.00	1,890.00
"Unit Mileage Chg (PU, cars one way)"		50.00	MI	3.19	159.50
"Service Supervisor, first 8 hrs on loc.		1.00	EA	131.25	131.25

PLEASE REMIT TO:

SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES, LP  
 PO BOX 841903  
 DALLAS, TX 75284-1903

BASIC ENERGY SERVICES, LP  
 801 CHERRY ST, STE 2100  
 FORT WORTH, TX 76102

<b>SUB TOTAL</b>	5,873.00
<b>TAX</b>	0.00
<b>INVOICE TOTAL</b>	5,873.00



**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
Liberal, Kansas 67905  
Phone 620-624-2277

**FIELD SERVICE TICKET**  
**1717 04689 A**

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

DATE OF JOB <b>12-2-13</b>	DISTRICT <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 <b>OXY USA</b>		LEASE <b>Hands 'B'</b>					WELL NO. <b>1</b>			
ADDRESS		COUNTY <b>Finney</b>			STATE <b>KS</b>					
CITY STATE		SERVICE CREW <b>Ruben - Carlos - Gabriel - Santiago</b>								
AUTHORIZED BY <b>Tyre Davis</b>		JOB TYPE: <b>2-42 Squeeze</b>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
				<b>78940</b>	<b>7</b>		<b>12-2-13</b>			<b>5:30</b>
				<b>3875019842</b>	<b>7</b>	ARRIVED AT JOB				<b>0730</b>
				<b>14355-37725</b>	<b>7</b>	START OPERATION				<b>0950</b>
				<b>13025-14280</b>	<b>7</b>	FINISH OPERATION				<b>1200</b>
						RELEASED				<b>1230</b>
						MILES FROM STATION TO WELL				<b>50</b>

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	
CL 100	Premium/Commen	✓ SK	100	12 00	1200 00	
<del>CE 109</del>	<del>Calcium Chloride</del>	Lb				
AK 325	15% HCl Acid	✓ Gal	500	1 50	750 00	
C 204	CIA-1 EP, high Temp, Acid Inhibitor	✓ Gal	1		56 25	
E 101	Heavy Equipment Mileage	M:	100	5 25	525 00	
CE 240	Blending & Mixing Service Charge	SK	300	1 05	315 00	
E 113	Proppant and Bulk Delivery Charge	TM	705	1 20	846 00	
CE 205	Depth Charge 400' - 5000'	4hrs	1		1890 00	
E 100	Pick up Charge	M:	50	3 19	159 50	
5003	Service Supervisor Charge	Eq	1		131 25	
					SUB TOTAL	<b>5873 00</b>
						<b>6735 50</b>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <b>Ruben Martinez</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
---	--

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





**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 04689 A

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

DATE OF JOB <u>12-2-13</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>Hands B'</u> WELL NO. <u>1</u>		
ADDRESS		COUNTY <u>Finney</u> STATE <u>KS</u>		
CITY STATE		SERVICE CREW <u>Ruben - Carlos - Gabriel - Santiago</u>		
AUTHORIZED BY <u>TYPE DAVIS</u>		JOB TYPE: <u>2-42</u> <u>Squeeze</u>		
EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>12-2-13</u> DATE AM PM TIME
		<u>78940</u>	<u>7</u>	ARRIVED AT JOB AM PM <u>0730</u>
		<u>3875014842</u>	<u>7</u>	START OPERATION AM PM <u>0950</u>
		<u>14355-37725</u>	<u>7</u>	FINISH OPERATION AM PM <u>1200</u>
		<u>13025-14280</u>	<u>7</u>	RELEASED AM PM <u>1230</u>
				MILES FROM STATION TO WELL <u>50</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 separate 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
CL 100	Premium/Common	SK	100	12.00	1200.00
<del>CE 109</del>	<del>Calcium Chloride</del>	Lb			
AK 325	15% HCl Acid	Gal	500	1.50	750.00
C 204	CIA-1EP, high Temp, Acid Inhibitor	Gal	1		56.25
E 101	Heavy Equipment M. lge	Mi	100	5.25	525.00
CE 240	Blending & Mixing Service Charge	SK	300	1.05	315.00
E 113	Pumpout and Bulk Delivery Charge	TM	70.5	1.20	846.00
CE 205	Depth Charge 400' - 500'	4hs	1		1890.00
E 100	Pick up Charge	Mi	50	3.18	159.00
5003	Service Supervisor Charge	Ea	1		131.25

AP LOCATION/DEPT. LIBCAP D02 NON D02  
 LEASE/WELL/FAC HANDS B-1  
 MAXIMO / WSM # 0430/DFG  
 TASK 0103 ELEMENT 3023  
 PROJECT # 1175350 CAPEX / OPEX - Circle One  
 SPO / BPA UNSUPPORTED  
 PRINTED NAME Brad Simpson  
 SIGNATURE: [Signature]

I certify that these Services/Materials have been received

	SUB TOTAL	<u>5873.00</u>
	TOTAL	<u>6155.50</u>

SERVICE REPRESENTATIVE <u>Ruben Martinez</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 <b>OXY USA</b>		Lease No.		Date <b>12-2-13</b>		
Lease <b>Hands B'</b>		Well # <b>1</b>		Service Receipt		
Casing		Depth		County <b>Finney</b> State <b>KS</b>		
Job Type		Formation		Legal Description		
<b>Pipe Data</b>			<b>Perforating Data</b>			<b>Cement Data</b>
Casing size <b>5 1/2 17#</b>		Tubing Size <b>2 3/8</b>		<b>Shots/Ft</b>		Lead <b>1005X</b>  <i>Premium/Common</i> <b>Tail in</b>
Depth <b>123'</b>		Depth <b>3914'</b>		From <b>4037'</b> To <b>4042'</b>		
Volume <b>2.8 bbl</b>		Volume <b>15 bbl</b>		From To		
Max Press		Max Press		From To		
Well Connection		Annulus Vol. <b>85 bbl</b>		From To		
Plug Depth		Packer Depth <b>3914'</b>		From To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
0730					On location Rig up	
945					Safety Meeting	
950		3000			Pressure Test	
955		700	12	1	Pump 500 gallons Acid 15% HCl	
1002		1650	18	2	Displace with Flush-bit Injection Rate	
1026					Shut Down	
1028	500		.5	1	Load Backside	
1038		1800	18	1.6	Pump 1005X @ 16.4 PPG	
1048					Wash up	
1052		1500	5	.8	Start Displacement ( <del>Stage</del> <b>Cement</b> )	
1117					Shut Down	
1118		1450	25	1	<del>Reverse</del> Reverse out	
1140					Pull five stands Out	
1200		1500	.5	.5	Pressure Tubing	
1201		0			Release Pressure	
1201					Shut Down - Rig Down	
Service Units		38750/9842		4355 37725 13025		
Driver Names		Ruben		Carlos Santiago (Gabriel)		

Wes  
Customer Representative

Jerry Bennet  
Station Manager

Ruben Martinez  
Cementer  
Taylor Printing, Inc.

