



**APPLICATION FOR COMMINGLING OF PRODUCTION (K.A.R. 82-3-123) OR FLUIDS (K.A.R. 82-3-123a)** *Commingling ID # \_\_\_\_\_*

OPERATOR: License # \_\_\_\_\_ API No. 15 - \_\_\_\_\_  
Name: \_\_\_\_\_ Spot Description: \_\_\_\_\_  
Address 1: \_\_\_\_\_ - - - - - Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
Address 2: \_\_\_\_\_ Feet from  North /  South Line of Section  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_ Feet from  East /  West Line of Section  
Contact Person: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

1. Name and upper and lower limit of each production interval to be commingled:  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_

2. Estimated amount of fluid production to be commingled from each interval:  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_

3. Plat map showing the location of the subject well, all other wells on the subject lease, and all wells on offsetting leases within a 1/2 mile radius of the subject well, and for each well the names and addresses of the lessee of record or operator.

4. Signed certificate showing service of the application and affidavit of publication as required in K.A.R. 82-3-135a.

**For Commingling of PRODUCTION ONLY, include the following:**

- 5. Wireline log of subject well. Previously Filed with ACO-1:  Yes  No
- 6. Complete Form ACO-1 (*Well Completion form*) for the subject well.

**For Commingling of FLUIDS ONLY, include the following:**

- 7. Well construction diagram of subject well.
- 8. Any available water chemistry data demonstrating the compatibility of the fluids to be commingled.

**AFFIDAVIT:** I am the affiant and hereby certify that to the best of my current information, knowledge and personal belief, this request for commingling is true and proper and I have no information or knowledge, which is inconsistent with the information supplied in this application.

**Submitted Electronically**

**KCC Office Use Only**  
 Denied  Approved  
15-Day Periods Ends: \_\_\_\_\_  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

*Protests may be filed by any party having a valid interest in the application. Protests must be in writing and comply with K.A.R. 82-3-135b and must be filed within 15 days of publication of the notice of application.*



**CONFIDENTIAL**

**WELL COMPLETION FORM**

**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

**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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- 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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1050085

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ZM FARMS A 4
Doc ID	1050085

All Electric Logs Run

CEMENT BOND LOG
MICROLOG
BOREHOLE SONIC ARRAY LOG
ARRAY COMPENSATED RESISTIVITY LOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ZM FARMS A 4
Doc ID	1050085

Tops

Name	Top	Datum
HEEBNER	4147	-1253
LANSING	4213	-1319
MARMATON	4850	-1956
CHEROKEE	4999	-2105
ATOKA	5154	-2260
MORROW	5266	-2372
CHESTER	5308	-2414
ST. GENEVIEVE	5431	-2537
ST. LOUIS	5532	-2638



**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 01103 A

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

DATE OF JOB <b>10-3-10</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>ZM Farms #4</b>				WELL NO.		
ADDRESS		COUNTY <b>Maskell</b>	STATE <b>KS</b>					
CITY		STATE		SERVICE CREW <b>R. Cox J. Martinez</b>				
AUTHORIZED BY <b>J. Bennett IRB</b>		JOB TYPE: <b>242- 8 7/8 Surface</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <b>10-3-10</b>	TIME <b>12:00</b>
<b>34726</b>	<b>3</b>					ARRIVED AT JOB	<b>11:00</b>	
<b>2746</b>	<b>2</b>					START OPERATION	<b>7:00</b>	
<b>19355</b>						FINISH OPERATION	<b>8:00</b>	
<b>14284</b>	<b>1</b>					RELEASED	<b>9:00</b>	
<b>19827</b>	<b>1</b>					MILES FROM STATION TO WELL	<b>35 mi</b>	
<b>19866</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: *Wes Will*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con	SK	430		7998.00
CL110	Premium Plus	SK	200		3260.00
CC109	Calcium Chloride	lb	1591		1670.55
CC102	Cellulose	lb	265		980.50
CC130	C-51	lb	81		2025.00
CE1453	8 7/8 Flapper Type Insert	ea	1		280.00
CE253	Regular Guide Shoe		1		380.00
CE173	Centralizers		5		725.00
CE1903	Basket		1		315.00
CE105	Top Rubber Plug		1		225.00
FI01	Heavy Equipment Mileage	mi	105		735.00
CE240	Blending & Mixing Service	SK	630		882.00
E113	Proppant & Bulk Delivery	ton/mi	1038		1660.80
CE202	Ramp Depth (001-2000')	hr	4		1500.00
CE504	Plus Container	ea	1		250.00
E100	Unit Mileage	mi	35		148.75
S003	Service Supervisor	ea	1		175.00
SUB TOTAL					<b>14,215.11</b>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Steel Owen*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Wes Will*

FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <b>Oxy USA</b>	Lease No.	Date <b>10-3-10</b>
Lease <b>ZM Farms</b>	Well # <b>4</b>	
Field Order # <b>001103</b>	Station <b>Liberal, KS-1717</b>	County <b>Maskell</b>
Type Job <b>242-888 Surface</b>	Formation	State <b>KS</b>
	Depth <b>1820'</b>	Legal Description <b>11-30-32</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>8 7/8"</b>	Tubing Size	Shots/Ft		Acid <b>430sk A-Con</b>	RATE	PRESS	ISIP	
Depth <b>1820'</b>	Depth	From	To	Pre Pad <b>200sk Premium Plus</b>	Max		5 Min.	
Volume <b>113 bb</b>	Volume	From	To	Pad	Min		10 Min.	
Max Press <b>2500#</b>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush <b>fresh</b>	Gas Volume		Total Load	

Customer Representative <b>N. Williamson</b>	Station Manager <b>J. Bennett</b>	Treater <b>A. Oliveira</b>
Service Units <b>34726 37462 14355 14284 19827 19506</b>		
Driver Names <b>A. Oliveira R. Cox J. Martinez</b>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00					on loc-site assessment
1:05					spot trucks rig up
2:30					start csg + float equip.
5:45					csg on ftm, break circ 30 min
6:15	200		226.7	5	pressure test 2500#
6:20					start w/ 430sk A-Con w/ 3%CC, 1/2# Cellflake, 2% NCA-1
					2.96 fl 3/sk, 18.10 gal/sk @ 11.4 ppq.
7:00	150		47.7	4	switch to 300sk Premium Plus, 2%CC, 1/4# Cellflake
					1.34 fl 3/sk, 6.33 gal/sk @ 14.8 ppq.
7:42	0		0	5	drop plug, disp csg
7:32	600		103	2	slow rate last 10 bbls of disp
7:45	1100		113	0	land plug, float held circ cut to surface
					job complete



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Phone 620-624-2277

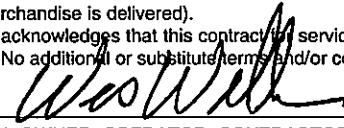
FIELD SERVICE TICKET  
1717 01134 A

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

DATE OF JOB <b>10-11-10</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>Oky USA</b>		LEASE <b>ZIM FARMS</b>		WELL NO. <b>4</b>					
ADDRESS		COUNTY <b>Haskell</b>		STATE <b>Ks</b>					
CITY		STATE		SERVICE CREW <b>Cochran/Gibson/Campbell</b>					
AUTHORIZED BY		JOB TYPE: <b>Z 42 5 1/2 L.S.</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>21755</b>	<b>10.7</b>						<b>10-10</b>	<b>18:00</b>	
<b>27808</b>	<b>10.7</b>					ARRIVED AT JOB	<b>10-10</b>	<b>21:00</b>	
<b>19553</b>	<b>10.7</b>					START OPERATION	<b>10-11</b>	<b>05:30</b>	
<b>19827</b>	<b>10.7</b>					FINISH OPERATION	<b>10-11</b>	<b>06:40</b>	
<b>19566</b>	<b>10.7</b>					RELEASED	<b>10-11</b>	<b>07:40</b>	
						MILES FROM STATION TO WELL	<b>37</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
CL101	'A-con' Blend	SK	195		3627 00
CL104	50/50 Poz	SK	125		1375 00
CC113	Gypsum	lb	525		393 75
CC111	Salt	lb	693		346 50
CC124	FLA-115	lb	63		945 00
CC107	C-42P	lb	27		216 00
CC201	Gilsonite	lb	625		418 75
CC180	C-51	lb	37		925 00
CC102	Celloflake	lb	49		181 30
CC109	Calcium Chloride	lb	552		579 60
CF1451	Insert	ea	1		215 00
CF1651	Turbolizer	ea	20		2200 00
CF103	Top Plug	ea	1		105 00
CF251	Guide shoe	ea	1		250 00
CF501	Stop Ring	ea	1		40 00
		gal	500		765 00
CC155	Super Flush II				

SUB TOTAL **12064 62**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <b>Mickey Cochran</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)





Customer <i>Oxy USA</i>	Lease No.	Date <i>10-10-10</i>
Lease <i>ZM Farms</i>	Well # <i>4</i>	
Field Order # <i>171701134</i>	Station <i>Liberal</i>	Casing <i>5 1/2</i>
Type Job <i>Z42 5 1/2 L.S.</i>	Formation	Depth <i>5717</i>
		County <i>Maskell</i>
		State <i>Ks</i>
		Legal Description <i>11-30-32</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	Acid	Blend	CC-14	PRESS	ISIP
		<i>195 sk</i>	<i>'A-con'</i>	<i>Blend - 3%</i>	<i>CC-14</i>	<i>Polylake - 2%</i>	<i>WCA-1</i>
Depth	Depth	From	Pre Pad		Max		5 Min.
		<i>2.95</i>	<i>18.10 gal/sk @</i>		<i>11.4 #/gal</i>		
Volume	Volume	From	Pad		Min		10 Min.
		<i>125 sk</i>	<i>50/50 Poz - 5%</i>		<i>10-10% salt - 6%</i>		<i>15</i>
Max Press	Max Press	From	Frac		Avg		15 Min.
		<i>14 #</i>	<i>Defoamer - 5%</i>		<i>Gilsonite</i>		
Well Connection	Annulus Vol.	From			HHP Used		Annulus Pressure
		<i>1.5</i>	<i>6.65 gal/sk @</i>		<i>13.8 #/gal</i>		
Plug Depth	Packer Depth	From	Flush		Gas Volume		Total Load

Customer Representative <i>Nes</i>	Station Manager <i>J. Bennett</i>	Treater <i>M. Cochran</i>
Service Units <i>21755 27808 19553 19827 19876</i>		
Driver Names <i>Cochran T. Gibson O. Camaday</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>20:45</i>					<i>on loc. / Held Safety Meeting</i>
<i>22:50</i>					<i>Start Csg.</i>
<i>02:45</i>					<i>Csg. on Bottom Cir. w/ Rig Pump</i>
<i>05:32</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>05:34</i>	<i>600</i>		<i>5</i>	<i>5</i>	<i>Start fresh H<sub>2</sub>O</i>
<i>05:35</i>	<i>600</i>		<i>12</i>	<i>5</i>	<i>Start Super Flush II</i>
<i>05:37</i>	<i>600</i>		<i>5</i>	<i>5</i>	<i>Start fresh H<sub>2</sub>O</i>
<i>05:38</i>					<i>Shutdown + Knock Loose</i>
<i>05:41</i>	<i>100</i>		<i>8</i>	<i>3</i>	<i>Plug Rat Hole w/ 25 sk @ 12.5 #</i>
<i>05:44</i>	<i>100</i>		<i>8</i>	<i>3</i>	<i>Plug Mouse Hole w/ 25 sk @ 12.5 #</i>
<i>05:47</i>					<i>Shutdown + Knock Loose</i>
<i>05:48</i>	<i>700</i>		<i>76</i>	<i>6</i>	<i>Start Lead cmt + 145 sk @ 11.4 #</i>
<i>06:02</i>			<i>34</i>	<i>6</i>	<i>Start Tail cmt + 125 sk @ 13.8 #</i>
<i>06:09</i>					<i>Shutdown + Wash up</i>
<i>06:13</i>	<i>500</i>		<i>0</i>	<i>7</i>	<i>Start Disp. w/ fresh H<sub>2</sub>O</i>
<i>06:32</i>	<i>1000</i>		<i>122</i>	<i>2</i>	<i>Slow Rate</i>
<i>06:34</i>	<i>1600</i>		<i>132</i>	<i>2</i>	<i>Bump Plug</i>
<i>06:35</i>	<i>6</i>		<i>132</i>		<i>Release / Float Held</i>
<i>06:40</i>					<i>End Job</i>
	<i>1100</i>				<i>Pressure Before Plug landed</i>

**Attachment to ZM Farms A-4 (API # 15-081-21920)**

**Cement & Additives**

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 430	3% CC, 1/4# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	A-Con	Lead: 145	3% CC, 1/4# Polyflake, 0.2% WCA1
	50-50 Poz	Tail: 125	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite

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/>

Thomas E. Wright, Chairman  
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

January 28, 2011

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

Re: ACO1  
API 15-081-21920-00-00  
ZM FARMS A 4  
NW/4 Sec.11-30S-32W  
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



**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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or 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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1061942

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
---	---

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

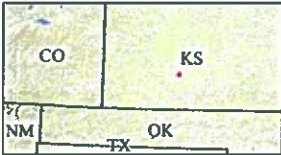
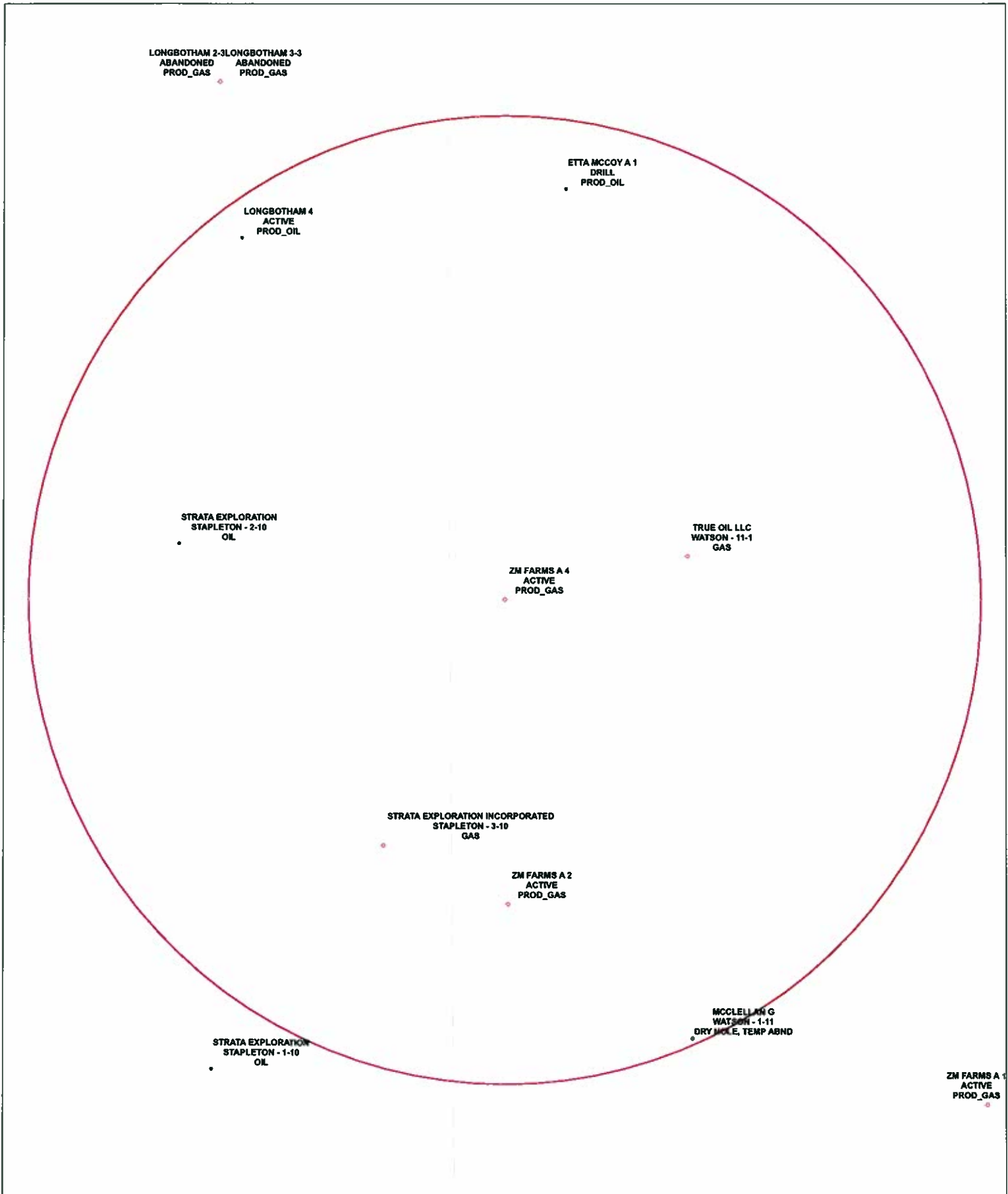
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--



**Legend**  
 5 MILE BUFFER

LABEL:  
 OPERATOR NAME  
 WELL NAME & NUMBER  
 TYPE



**Mid-Continent**  
 SURFACE MAP  
 ZM Farms A-4  
 16507 F.W.L. & 3307 F.W.L.  
 NW 11-30S-32W  
 Haskell Co., KS

Prepared By	Drawn By	Checked By	Well/Wellbore
Date/Date	Date/Date	Date/Date	
Drawn/Drawn	Scale/Scale	Scale/Scale	
File Name	Project	Revision	

**AFFIDAVIT OF NOTICE SERVED**

RE: Application for : OXY USA Inc.

Well Name: ZM Farms A-4 Legal Location NW SW NW Sec. 11-T30S-R32W

The undersigned hereby certifies that he/she is a duly authorized agent for the applicant, and that on the 26th day of September, 2011, a true and correct copy of the application referenced above was delivered or mailed to the following parties:

NOTE: A copy of this affidavit must be served as a part of the application.

Name

Address (attach additional sheets if necessary.)

ZM Farms Charles Odgers (Surface Owner)  
McClelland Oil  
Chesapeake Operating, Inc.  
Strata Exploration, Inc.

HCR 1 Box 84, Sublette, KS 67877  
2600 N. Chase, El Dorado, KS 67042  
P.O. Box 18496, Oklahoma City, OK 73118  
P.O. Box 401, Fairfield, IL 62837

Signed this 26th day of September, 2011.



*[Handwritten signature]*

*[Handwritten signature]*

Laura Beth Hickert  
Applicant or Duly Authorized Agent

Subscribed and sworn to before me this 26<sup>th</sup> day of September, 2011

*[Handwritten signature]*

Anita Peterson  
Notary Public

My Commission Expires: Oct 1, 2013

*Protests may be filed by any party having a valid interest in the application. Petitions for protests shall be in writing and shall clearly identify the name and address of the Protestant and the title of the application. The petition shall include a clear and concise statement of the direct and substantial interest of the Protestant in the proceedings, including the manner in which the Protestant may be affected, and the nature, extent, character and grounds of the protest. Protestants shall serve the protests upon the applicant by mail or personal service at the same time or before the Protestant files the protest with the Conservation Division.*



# Proof of Publication

STATE OF KANSAS  
COUNTY OF HASKELL

SS.

Rolf Jungclas

being first duly sworn, deposes and says that he/she is editor of **THE HASKELL COUNTY MONITOR-CHIEF**, a weekly newspaper printed in the State of Kansas and published in and of general circulation in Haskell County, Kansas, with a general paid circulation on a weekly basis in Haskell County, Kansas and that said newspaper is not a trade, religious or fraternal publication.

Said newspaper is a weekly, published at least weekly 50 times a year; has been so published continuously and uninterruptedly in said county and state for a period of more than five years prior to the first publication of said notice; and has been admitted at the post office of Sublette in said county as second class matter.

That the attached notice is a true copy thereof, and was published in the regular and entire issue of said newspaper for 1 consecutive week(s). The first publication thereof being made as aforesaid on the

7 day of Sept, 20 11, with subsequent publications being made on the following dates:

\_\_\_\_\_, 20 \_\_\_\_  
\_\_\_\_\_, 20 \_\_\_\_  
\_\_\_\_\_, 20 \_\_\_\_  
\_\_\_\_\_, 20 \_\_\_\_  
\_\_\_\_\_, 20 \_\_\_\_

(Sign) Rolf Jungclas  
Witness my hand this 7 day of Sept, 20 11

Kelly C Anderson  
(Notary Public)

My commission expires 2-7-2014  
Publication fee \$ 4950  
Affidavit, \_\_\_\_\_  
Notary's Fee \$ \_\_\_\_\_  
Additional Copies \$ \_\_\_\_\_  
Total Fee \$ 4950

(Seal) **KELLY C. ANDERSON**  
Notary Public - State of Kansas  
My Comm. Expires February 7, 2014

Division of the State Corporation Commission of the State of Kansas within fifteen (15) days from the date of this publication. These protests shall be filed pursuant to Commission regulations and must state specific reasons why the grant of the application may cause waste, violate correlative rights or pollute the natural resources of the State of Kansas. If no protests are received, this application may be granted through a summary proceeding. If valid protests are received, this matter will be set for hearing.

All persons interested or concerned shall take notice of the foregoing and shall govern themselves accordingly.  
OXY USA Inc.  
P.O. Box 2528  
Liberal, KS 67905  
(620)-629-4200

## Legal Notice

(Published in the Haskell County Monitor-Chief on September 7, 2011.)

### BEFORE THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS NOTICE OF FILING APPLICATION

RE: OXY USA Inc. Application for order to commingle Chester and St. Louis sources of supply in ZM Farms A-4 well, located in Sec. 11 Twp 30S R 32W, Haskell County, Kansas.

TO: All Oil and Gas Producers, Unleased Minerals Interest Owners, Landowners, and all persons whosoever concerned.

You, and each of you, are hereby notified that OXY USA Inc. has filed an application to commingle the production from the Chester and St. Louis sources of supply in the ZM Farms A-4 well, located in the NW/4 of Sec. 11 Twp 30S R 32W in Haskell County, Kansas

Any persons who object to or protest this application shall be required to file their objections or protests with the Conservation

# AFFIDAVIT

STATE OF KANSAS

\  
- SS.  
/

County of Sedgwick

Mark Fletchall, of lawful age, being first duly sworn, depose and saith: That he is Record Clerk of The Wichita Eagle, a daily newspaper published in the City of Wichita, County of Sedgwick, State of Kansas, and having a general paid circulation on a daily basis in said County, which said newspaper has been continuously and uninterruptedly published in said County for more than one year prior to the first publication of the notice hereinafter mentioned, and which said newspaper has been entered as second class mail matter at the United States Post Office in Wichita, Kansas, and which said newspaper is not a trade, religious or fraternal publication and that a notice of a true copy is hereto attached was published in the regular and entire Morning issue of said The Wichita Eagle for 1 issues, that the first publication of said notice was

made as aforesaid on the 3rd of

September A.D. 2011, with

subsequent publications being made on the following dates:

---

And affiant further says that he has personal knowledge of the statements above set forth and that they are true.

*Mark Fletchall*

Subscribed and sworn to before me this

6th day of September, 2011



*Penny L. Case*  
Notary Public Sedgwick County, Kansas

Printer's Fee : \$110.80

## LEGAL PUBLICATION

PUBLISHED IN THE WICHITA EAGLE  
SEPTEMBER 3, 2011 (3138972)

BEFORE THE STATE  
CORPORATION COMMISSION  
OF THE STATE OF KANSAS  
NOTICE OF FILING APPLICATION

RE: OXY USA Inc. Application for order to commingle Chester and St. Louis sources of supply in ZM Farms A-4 well, located in Sec. 11 Twp 30S R 32W, Haskell County, Kansas.

TO: All Oil and Gas Producers, Unleased Minerals Interest Owners, Landowners, and all persons whosever concerned.

You, and each of you, are hereby notified that OXY USA Inc. has filed an application to commingle the production from the Chester and St. Louis sources of supply in the ZM Farms A-4 well, located in the NW/4 of Sec. 11 Twp 30S R 32W in Haskell County, Kansas. Any persons who object to or protest this application shall be required to file their objections or protests with the Conservation Division of the State Corporation Commission of the State of Kansas within fifteen (15) days from the date of this publication. These protests shall be filed pursuant to Commission regulations and must state specific reasons why the grant of the application may cause waste, violate correlative rights or pollute the natural resources of the State of Kansas. If no protests are received, this application may be granted through a summary proceeding. If valid protests are received, this matter will be set for hearing.

All persons interested or concerned shall take notice of the foregoing and shall govern themselves accordingly.

OXY USA Inc  
P.O. Box 2528  
Liberal, KS 67905  
(620)-629-4200

October 11, 2011

Laura Beth Hickert  
OXY USA, Inc.  
5 E Greenway Plz  
Houston, TX 77227-7570

RE: Approved Commingling CO091108  
ZM Farms A #4, Sec.11-T30S-R32W, Haskell County  
API No. 15-081-21920-00-01

Dear Ms. Hickert:

Your Application for Commingling (ACO-4) for the above described well has been reviewed and approved by the Kansas Corporation Commission (KCC) per K.A.R. 82-3-123. Notice was examined and found to be proper per K.A.R. 82-3-135a. No protest had been filed within the 15-day protest period. This application, which was received by the KCC on September 26, 2011 concerns approval to simultaneously produce from the following sources of supply through the same tubing string in the same wellbore:

Source of Supply	Estimated Current Production			Perf Depth
	BOPD	MCFPD	BWPD	
Chester	4	5	0.6	5308-5332
St. Louis	14	20	2.4	5550-5564
Total Estimated Current Production	18.0	25	3.0	

Based upon the depth of the St. Louis formation perforations, total oil production shall not exceed 200 BOPD and total gas production shall not exceed 50% of the absolute open flow (AOF).

Commingling ID number CO091108 has been assigned to this approved application. Use this number for well completion reports (ACO-1) and other correspondence that may concern this approved commingling.

Sincerely,

Rick Hestermann  
Production Department