

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5447
Name: OXY USA Inc.
Address 1: 5 E GREENWAY PLZ
Address 2: PO BOX 27570
City: HOUSTON State: TX Zip: 77227 + 7570
Contact Person: LAURA BETH HICKERT
Phone: (620) 629-4253
CONTRACTOR: License # 33784
Name: Trinidad Drilling Limited Partnership
Wellsite Geologist: N/A
Purchaser: ANADARKO

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 #:

07/19/2010 07/30/2010 08/30/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-129-21919-00-00
Spot Description:
NE NE SE Sec. 29 Twp. 32 S. R. 39 East West
2310 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Morton
Lease Name: BAKER C Well #: 1
Field Name: KINSLER
Producing Formation: MORROW
Elevation: Ground: 3172 Kelly Bushing: 3185
Total Depth: 6085 Plug Back Total Depth: 5994
Amount of Surface Pipe Set and Cemented at: 1687 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: 1600 ppm Fluid volume: 1550 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: NICHOLS FLUID SERVICE INC.
Lease Name: JOHNSON License #: 31983
Quarter NW Sec. 16 Twp. 34 S. R. 32 East West
County: SEWARD Permit #: D27805

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: 11/10/2010
 Confidential Release Date: 11/09/2012
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 11/10/2010



1046823

Operator Name: OXY USA Inc. Lease Name: BAKER C Well #: 1

Sec. 29 Twp. 32 S. R. 39 East West County: Morton

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Attached	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Name Attached</td> <td style="width:33%; border: none;">Top Attached</td> <td style="width:33%; border: none;">Datum Attached</td> </tr> </table>	Name Attached	Top Attached	Datum Attached
Name Attached	Top Attached	Datum Attached		

CASING RECORD <input checked="" 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
SURFACE	12.25	8.625	24	1687	A-CON/PREM PLUS	690	SEE ATTACHED
PRODUCTION	7.875	5.5	17	6080	A-CON/50-50 PO2	210	SEE ATTACHED

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-1622	PREM PLUS	75	2% CaCl
	-			

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
6	5865-5898 MORROW	20 bbls 7% KCl	5865-5898
		ACID: 89741 gal. 70% Q N2 FOAM, 120783 # SAND	5865-5898

TUBING RECORD:	Size: <u>N/A</u>	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>08/31/2010</u>	Producing Method: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf <u>1800</u>	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>MORROW</u>
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BAKER C 1
Doc ID	1046823

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BAKER C 1
Doc ID	1046823

Tops

HEEBNER	3879	-681
LANSING	3906	-708
SWOPE	4260	-1062
MARMATON	4540	-1342
CHEROKEE	4796	-1598
ATOKA	5370	-2172
MORROW	5485	-2287
LOWER MORROW	5758	-2560
CHESTER	5995	-2797
ST. GENEVIEVE	6060	-2862
ST. LOUIS	6062	-2864



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1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 00894 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-20-10	DISTRICT 1717	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:
CUSTOMER Oxy USA	LEASE Baker 'C'		WELL NO. 1				
ADDRESS		COUNTY Morton	STATE Ks				
CITY	STATE	SERVICE CREW Cookran/Johnson/Szymanski/Lopez					
AUTHORIZED BY		JOB TYPE: Z42 8th surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME
21755	6.5	19827	6				7-20-10 12:00
27802	6	19566	6				7-20-10 14:30
19553	6	19354	6				7-20-10 17:45
		19578	6				7-20-10 20:00
							7-20-10 21:00
						MILES FROM STATION TO WELL	6.3

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: L.M.Y.
(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	450		9114 00
CL110	Premium Plus	sk	200		3260 00
CC102	Celloflake	lb	295		1091 50
CC109	Calcium Chloride	lb	1759		1846 95
CC130	C-57	lb	93		2325 00
CF1453	Insert	ea	1		280 00
CF253	Guide shoe	ea	1		380 00
CF1723	Centralizer	ea	5		725 00
CF1903	Basket	ea	1		315 00
CF105	Top Plug	ea	1		225 00
E101	Heavy Equip. Mileage	mi	75		525 00
CE240	Blending + Mixing Ser. Chrg.	sk	690		966 00
CE202	Depth Chrg. 1001'-2000'	4hrs	1		1500 00
E113	Bulk Delivery	TM	811		1297 60
CE504	Plus Container	job	1		250 00
E100	Pick-up Mileage	mi	25		106 25
5003	Service Supervisor	ea	1		175 00
SUB TOTAL					14918 13

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Widely Cook THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: L.M.Y.
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer Oxy USA		Lease No.	Date 7-20-10		
Lease Baker 'C'		Well # 1			
Field Order # 171700098	Station Liberal	Casing 8 5/8	Depth 1670	County Morton	State Ks
Type Job 242 8 5/8 surface		Formation		Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	490sk	Acid Blend	3% CC	ISIP	2.2 WCA
Depth	Depth	From	2.34	Life Pad	1.3	5.3	5 Min.
Volume	Volume	From	200sk	Pad	1.4	1.4	10 Min
Max Press	Max Press	From	14 7/8 well flare	Fac	1.34	6.3	15 Min
Well Connection	Annulus Vol.	From			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From			Flush	Gas Volume	Total Load

Customer Representative Cal Wylie	Station Manager J. Bennett	Treater M. Cochran					
Service Units	21755	27801	19553	14554	17578	19827	19566
Driver Names	Cochran	T. Gibson	M. Stogman	C. Loeck			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
14:30					on loc / Install Insert + v.o.o.
15:15					Truck on loc / Held Safety Meeting
					Start Csg.
17:00					Csg. on Bottom Cx/w Rq
17:53	2500				Test Pump + Line
17:55	200		204	5	Start Lead Cmt 490sk @ 12.2
18:35	250		48	4.5	Start Tail Cmt 200sk @ 14
19:06					Shutdown + Drop
19:12	100		0	5	Start Disp. w/ Flush Hld
19:29	600		85	1.2	Slow Rate
19:43			105	1.2	Plug Plug Did Not Bump
19:54	0		107	0	Release / float Held
20:00					End Job
	700				Cmt Cmt to the Pst Pressure Before Pumped Shutdown

(100)



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Phone 620-624-2277

FIELD SERVICE TICKET
1717 00903 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-31-10 8-1-10	DISTRICT 1717	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER Oxy USA	LEASE Baker C #1	WELL NO.							
ADDRESS	COUNTY Morton	STATE KS							
CITY	STATE	SERVICE CREW L. Cox, M. Stegman							
AUTHORIZED BY J. Bennett	JOB TYPE: 242-5 1/2 Production								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 7-31-10	AM 6:00	TIME
19816	4					ARRIVED AT JOB	7-31-10	AM	9:30
21462	4					START OPERATION	8-1-10	AM	6:30
19828	2					FINISH OPERATION		PM	9:30
19883	2					RELEASED		PM	10:00
						MILES FROM STATION TO WELL	50 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: *M. W. J.*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-CON	✓ sk	130		2418 00
CL104	50/50 Poz	✓ sk	130		1430 00
CC124	FLA-115	✓ lb	66		990 00
CC109	Calcium Chloride	✓	246		258 30
CC113	Gal-set	✓	550		412 50
CC111	Salt	✓	728		364 00
CC201	Gilsonite	✓	655		438 85
CC107	Defoamer	✓	28		196 00
CC102	Cellulose	✓	31		114 70
CC130	C-51	✓	25		625 00
CF145	5/8 Flapper Type Insert	✓ ea	1		215 00
CF25	Regular Guide Shoe	✓	1		250 00
CF165	Turbolizer	✓	20		2200 00
CF50	Stop Ring	✓	1		40 00
CF103	Top Rubber Plug	✓	1		105 00
CC155	Superflush	✓ gal	500		765 00

SUB TOTAL \$10,649.49

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Neil Owen* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *M. W. J.*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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FIELD SERVICE TICKET CONT.

TICKET NO. 00903

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E101	Heavy Equipment Mileage	mi	150		1050 00
CE240	Blending & Mixing Service	SK	260		364 00
E113	Proppane & Bulk Delivery	ton/mi	583		932 80
CE207	Pump Depth - 6001-10000	ea	1		3240 00
CE504	Aug Container		1		250 00
E100	Unit Mileage	↓	50		212 50
S003	Service Supervisor	↓	1		175 00

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energy services, L.P.

TREATMENT REPORT

Customer Oxy USA	Lease No.	Date 7-31-10 8-1-10
Lease Raker C	Well # 1	
Field Order # 009103	Station Liberal, KS-1717	Casing " # Depth 5 1/2" 17' 6084'
Type Job 242- 5/2 Production	Formation	County Morton
		State KS
		Legal Description 29-32-39

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2"	Tubing Size	Shots/Ft		Acid 130 sks A-Con	RATE	PRESS	ISIP	
Depth 6084'	Depth	From	To	Pre Pad 130 sks 50/50 Poz			5 Min.	
Volume 190 bbls	Volume	From	To	Pad	Min		10 Min.	
Max Press 2000	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 fresh	Gas Volume		Total Load	

Customer Representative C. Wylie	Station Manager J. Bennett	Treater A. Olvera
Service Units 19816 27462 19828 19823		
Driver Names A. Olvera R. Cox M. Skerman		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30	7-31-10				on loc-site assesment (highly deep)
9:35	"				spot trucks - rig up
1:00	8-1-10				start csj + float equip
5:00					msg on btm, break circ 1/2 hr.
6:00					safety meeting
6:30					switch over to cutt lines
7:20					pressure test lines 2500#
7:21	250		5	3	pump 5 bbl H ₂ O spacer
7:23	250		12	3	pump 12 bbl (500 gal) super flush
7:29	250		5	3	pump 5 bbl H ₂ O spacer
7:31	50		12	3	mix + pump 150 sks for rat + mouse hole
7:35	250		44.7	5	mix + pump 80 sks A-Con w/ 2%CC, X# Cellflake, .2% WCA-1 3.14 ft ³ /sk, 19.53 gal/sk @ 11.2 pp
7:45	150		35.2	5	switch to tail cutt 50/50 Poz 5 1/2" - 60 10% Salt, .6% C-15 X# Deframer, 5# Gilsomik 1.52 ft ³ /sk, 6.67 gal/sk @ 13.8 pp
8:20					drop dis, wash lines
8:25	0		0	6	disp csj
9:00	1300		139.2	0	land plug, float held



*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner*

November 09, 2010

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

Re: ACO1
API 15-129-21919-00-00
BAKER C 1
SE/4 Sec.29-32S-39W
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



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1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 00872 A

DATE _____ TICKET NO. _____

DATE OF JOB 7/22/10	DISTRICT 1717	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER Oxy USA	LEASE Baker "C"		1 WELL NO.					
ADDRESS		COUNTY Morton	STATE Ks					
CITY		SERVICE CREW Rojce, Victor						
AUTHORIZED BY Sarry Bennett JRB		JOB TYPE: 5 1/2 SQUEEZE 247						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19888	4							2:00
30463	4					ARRIVED AT JOB		5:52
19843	4					START OPERATION		7:55
33021	4					FINISH OPERATION		9:17
33016	4					RELEASED		10:00
						MILES FROM STATION TO WELL	63	

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CL110	Premium Plus	✓ SK	75		1222.50	
CC109	Calcium Chloride	✓ lb	282		296.10	
E101	Heavy Equip Mileage	mi	126		882.00	
CE240	Blindlines Missing Charge	SL	150		210.00	
F113	Bulk Delivery	Tim	444		710.40	
CE202	Depth Charge 1001' to 2000'	hr	4		1500.00	
E100	Pickup Mileage	mi	63		267.75	
5603	Service SUPERVIZOR	EA	1		175.00	
					SUB TOTAL	3158.35

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *[Signature]* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

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energy services, L.P.

TREATMENT REPORT

Customer: **USA** Lease No. _____ Date: **7/22/10**
 Lease: **Baker 'C'** Well # **1**
 Field Order # _____ Station: **Liberal** Casing: **7 7/8** Depth: _____ County: **Morton** State: **Ks**
 Type Job: **5 1/4 squeeze** Formation: _____ Legal Description: **23-32-39**

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size: 8 1/4	Tubing Size: 7 1/8	Shots/Ft:		APP: 55% Premium Plus	RATE/PRESS: 0.14/8	ISIP: 2.5 / 1000' / 100'	
Depth: 1043	Depth: 0996	From:	To:	Pts Per Ft: 0.25 gal/ft	Min: 0% CaCl	5 Min.	
Volume: 4.34	Volume: 21.27	From:	To:	Pad:	Min:	10 Min.	
Max Press:	Max Press:	From:	To:	Frac:	Avg:	15 Min.	
Well Connection: D. Pin	Annulus Vol.:	From:	To:		H/P Used:	Annulus Pressure:	
Plug Depth: 1040	Fracture Depth:	From:	To:	Flush: Fresh	Gas Volume:	Total Load:	

Customer Representative: **Carl Wulie** Station Manager: **Samy Barnett** Treat: **Chad White**

Service Units	19846	19845	30463	30321				
Driver Names	Chad	R. Olds	V. Vasquez					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
05:52					on loc, spot trucks, soft mix, soft mix w/ Riq + Co man
07:40					soft mix w/ Riq + Co man
07:54	1100#		0.5	1.5	Fresh water spacer
08:00	1100#		0	1.8	start mix from Plus @ 14.8#
08:16	1580		1.8	1.8	Finish mixing
08:19	1500-0				Shut down, washup to pit
08:26	0		0	1.8	start drop
08:55	2000#		22.5	0	Shut Down
09:05	190-200		22.5		bump Psi
09:15	190-200		22.5		bump Psi
09:17	1500-0				Check flowback, No Flow Job Complete
					Thank You
					Chad & Crew

Attachment to Baker C-1 (API # 16-129-21919)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 490	3% CC, 1/2# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	A-Con	Lead: 80	2% CC, 1/4# Cellflake, 0.2% WCA1
	50-50 Poz	Tail: 130	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite