



KANSAS CORPORATION COMMISSION 1048793
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

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: TEXON

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____

<u>09/03/2010</u>	<u>09/12/2010</u>	<u>10/06/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-081-21917-00-00
Spot Description: _____
SE NW NE NE Sec. 33 Twp. 29 S. R. 33 East West
585 Feet from North / South Line of Section
950 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Haskell
Lease Name: W. E. PREEDY Well #: 6
Field Name: VICTORY

Producing Formation: MARMATON & KANSAS CITY
Elevation: Ground: 2950 Kelly Bushing: 2961
Total Depth: 5697 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1856 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: 2700 ppm Fluid volume: 1500 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 SW 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: 12/30/2010
 Confidential Release Date: 12/29/2012
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 01/05/2011

Operator Name: OXY USA Inc. Lease Name: W. E. PREEDY Well #: 6
 Sec. 33 Twp. 29 S. R. 33 East West County: Haskell

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Attached	Top Attached	Datum Attached
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 (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run: 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	1856	A CON/ PREM +	630	SEE ATTACHED
PRODUCTION	7.875	5.5	17	5694	50 50 POZ	205	SEE ATTACHED

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 (Amount and Kind of Material Used)	Depth
Attached	Attached	Attached	Attached

TUBING RECORD:	Size: <u>2.875</u>	Set At: <u>4957</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>10/29/2010</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>116</u>	Gas Mcf <u>110</u>	Water Bbls. <u>20</u>	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input checked="" type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4790-4843 MARMATON</u> <u>4662-4667 KANSAS CITY</u>
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	W. E. PREEDY 6
Doc ID	1048793

All Electric Logs Run

AHV
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
BOREHOLE SONIC ARRAY LOG

Form	ACO1 - Well Completion
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Well Name	W. E. PREEDY 6
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Tops

Tops		
HEEBNER	4077	-1116
LANSING	4132	-1171
MARMATON	4758	-1797
CHEROKEE	4959	-1968
ATOKA	5105	-2144
MORROW	5222	-2261
CHESTER	5370	-2409
ST. GENEVIEVE	5537	-2576
ST. LOUIS	5572	-2611

Form	ACO1 - Well Completion
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Well Name	W. E. PREEDY 6
Doc ID	1048793

Perforations

4	5573-5580, 5584-5594 ST. LOUIS	20 bbl 4% KCl	5573-5594
		Acid: 2000 gal. 15% DS Fe HCl w/ 10% Xylene	5573-5594
		w/ Additives Flush: 1386 gal. 4% KCl	
	CIBP	2 sx CMT	
4	4790-4794, 4834-4843 MARMATON	25 bbl 4% KCl	4790-4843
		Acid: 1500 gal. 15% DS Fe HCl w/ 10% Xylene	4790-4843
		w/ Additives Flush: 1272 gal. 4% KCl	
4	4662-4667 KANSAS CITY	80 bbl 4% KCl	4662-4667
		Acid: 1000 gal. 15% DS Fe HCl w/ 10% Xylene	4662-4667
		w/ Additives Flush: 1176 gal. 4% KCl	



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

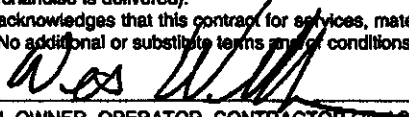
FIELD SERVICE TICKET
1717 01037 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-5-10 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: W.E. Preddy WELL NO. 6							
ADDRESS:		COUNTY: Haskell STATE: Ks							
CITY: STATE:		SERVICE CREW: Cochran/Gibson/Chavez/R. Ch...							
AUTHORIZED BY: Bennett IRB		JOB TYPE: 242 8 1/2 surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED		DATE	TIME
21755	5.5	14354	5.5					9-5	PM 08:00
27808	5.5	19578	5.5			ARRIVED AT JOB		9-5	PM 10:30
19553	5.5	19828	5.5			START OPERATION		9-5	AM 13:00
		19883	5.5			FINISH OPERATION		9-5	AM 15:00
						RELEASED		9-5	AM 16:00
						MILES FROM STATION TO WELL		37	

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 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	430		7998 00
CL100	Premium Plus Cement	sk	200		3260 00
CC109	Calcium Chloride	lb	1591		1670 55
CC102	GelloFlake	lb	265		980 50
CC130	G-51	lb	81		2025 00
CF1453	Insert	ea	1		280 00
CF253	Guide shoe	ea	1		380 00
CF1773	Centralizer	ea	5		725 00
CF1905	Basket	ea	1		315 00
CF105	Top Plug	ea	1		225 00
E101	Heavy Equip. Mileage	Mi	150		1050 00
CE240	Blending + Mixing Service Chrg	sk	630		882 00
E113	Bulk Delivery	Tm	148.5		2372 80
CE202	Depth Charge 100'-2000'	4hr	1		1500 00
CE504	Plug Container	job	1		250 00
E100	Pick-up Mileage	Mi	50		212 50
5003	Service Supervisor	ea	1		175 00

SUB TOTAL **14869 56**

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.

1104000



BASIC
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 01042 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-14-10 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 W. E. Preedy WELL NO. 6							
ADDRESS		COUNTY Haskell STATE Ks							
CITY STATE		SERVICE CREW Cochran/Gibson/S. Chavez							
AUTHORIZED BY		JOB TYPE: Z42 5 1/2 L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21955	13						9-13	AM	12:30
27808	13					ARRIVED AT JOB	9-13	AM	15:30
19553	13					START OPERATION	9-14	AM	01:30
33021	13					FINISH OPERATION	9-14	AM	08:00
33016	13					RELEASED	9-14	AM	09:30
						MILES FROM STATION TO WELL	35		

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: *W. E. Preedy*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL100	Premium	SK	50		800 00
CL104	50/50 Poz	SK	205		2255 00
CC113	Gypsum	lb	865		648 75
CC111	Salt	lb	1120		560 00
CC124	FLA-115	lb	104		1560 00
CC107	C-42P	lb	44		352 00
CC201	Gilsonite	lb	1024		686 08
CF1651	Fract	lb	40		40 00
CF1651	Turbolizer	ea	35		3850 00
CF103	Top Plug	ea	1		105 00
CF267	Guide shoe	ea	1		250 00
CF801	Stop Ring	ea	1		40 00
CC155	Super Flush	gal	500		765 00
E101	Heavy Equip. Mileage	Mi	100		700 00
CE240	Blending & Mixing Serv: Chrg.	SK	265		357 00
E113	Bulk Delivery	Ton	550		880 00
CE206	Depth Chrg. 6001-6000'	4hr	1		2880 00
CE504	Plug Container	job	1		250 00
E100	Pick-up Mileage	Mi	50		212 50
SUB TOTAL					12093 80

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u><i>Pickel</i></u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u><i>W. E. Preedy</i></u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>Oxy USA</i>	Lease No.	Date <i>9-13-10</i>
Lease <i>W. E. Preedy</i>	Well # <i>6</i>	
Field Order # <i>191701042</i>	Station <i>Liberal</i>	Casing <i>5 1/2</i>
Type Job <i>242 5 1/2 L.S.</i>	Formation	Depth <i>5895</i>
		County <i>Haskell</i>
		State <i>Ks</i>
		Legal Description <i>J5 29 33</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft		Rate	Pressure	ISIP	
		<i>205 sk 5895</i>		<i>5895</i>	<i>10-10 salt</i>		
Depth	Depth	From	To	Max		5 Min.	
		<i>0.6</i>	<i>1.5</i>	<i>5 Wilsonite</i>			
Volume	Volume	From	To	Min		10 Min.	
		<i>1.5</i>	<i>6.65</i>	<i>13.8</i>			
Max Press	Max Press	From	To	Avg		5 Min.	
		<i>50 sk</i>	<i>50 sk</i>	<i>15.6</i>			
Well Connection	Annulus Vol.	From	To	HHZ Used		Annulus Pressure	
		<i>1.18</i>	<i>5.22</i>	<i>15.6</i>			
Plug Depth	Packer Depth	From	To	Flush	Gas Volume	Total Load	

Customer Representative <i>A. Hanson</i>	Station Manager <i>J. Bennett</i>	Treater <i>M. Cochran</i>
Service Units <i>21765 27804 19503 57020 33016</i>		
Driver Names <i>Cochran Gibson 5. Chavez</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>15:30</i>					<i>on loc. / Held Safety Meeting</i>
<i>17:00</i>					<i>Start Csg.</i>
<i>23:00</i>					<i>Csg on Bottom Cir. w/ Rig</i>
<i>01:40</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>01:42</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>Start Fresh H₂O</i>
<i>01:43</i>	<i>300</i>		<i>12</i>	<i>5</i>	<i>Start Super Flush II</i>
<i>01:46</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>Start Fresh H₂O</i>
<i>01:47</i>					<i>Shutdown + Switch to Rthole + Mouse H₂</i>
<i>01:51</i>	<i>100</i>		<i>7R 3m</i>	<i>2</i>	<i>Plug R.H. w/ 25 sk / Plug Mouse w/ 25 sk</i>
<i>02:00</i>					<i>Switch Back to Pipe</i>
<i>02:02</i>	<i>450</i>		<i>55</i>	<i>5-2</i>	<i>Start Cmt 205 sk @ 13.8</i>
<i>02:25</i>					<i>Shutdown + Wash up</i>
<i>02:27</i>					<i>Drop Plug</i>
<i>02:32</i>	<i>150</i>		<i>0</i>	<i>6-5</i>	<i>Start Disp. w/ Fresh H₂O</i>
<i>02:53</i>	<i>750</i>		<i>121</i>	<i>2</i>	<i>Slow Rate</i>
<i>02:57</i>	<i>1400</i>		<i>131</i>	<i>2</i>	<i>Bump Plug</i>
<i>02:58</i>	<i>0</i>		<i>131</i>	<i>0</i>	<i>Release / Float Held</i>
<i>03:00</i>					<i>End Job</i>
	<i>900</i>				<i>Pressure Before Plug Landed</i>
					<i>Lost Returns for 3-4 min. when</i>
					<i>Spacers Turned Corner</i>



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

December 30, 2010

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

Re: ACO1
API 15-081-21917-00-00
W. E. PREEDY 6
NE/4 Sec.33-29S-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

Attachment to WE Preedy #6 (API # 15-081-21917)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 430	3% CC, 1/3# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	50-50 Poz	Tail: 210	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite