

KANSAS CORPORATION COMMISSION 1048872
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: N/A

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 #: _____

09/10/2010 09/17/2010 09/18/2010

Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-187-21186-00-00

Spot Description: _____

NE SW SE SW Sec. 25 Twp. 30 S. R. 40 East West

500 Feet from North / South Line of Section

1800 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Stanton

Lease Name: HERRICK A Well #: 1

Field Name: UNNAMED

Producing Formation: N/A

Elevation: Ground: 3250 Kelly Bushing: 3263

Total Depth: 5850 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1723 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: 1100 ppm Fluid volume: 1500 bbls

Dewatering method used: Evaporated

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: 01/04/2011
- Confidential Release Date: 01/03/2013
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 01/06/2011

Operator Name: OXY USA Inc. Lease Name: HERRICK A Well #: 1
 Sec. 25 Twp. 30 S. R. 40 East West County: Stanton

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 checked="" type="checkbox"/> Yes <input 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 Name Top Datum Attached Attached Attached
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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	1723	A-CON/PREM +	680	3% CC, 1/2% CELLFLAKE, 0.2% WCA-1

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HERRICK A 1
Doc ID	1048872

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HERRICK A 1
Doc ID	1048872

Tops

Tops		
HEEBNER	3794	-533
LANSING	3876	-615
SWOPE	4305	-1044
MARMATON	4468	-1207
CHEROKEE	4666	-1405
ATOKA	4964	-1703
MORROW	5149	-1888
CHESTER	5540	-2279
ST. GENEVIEVE	5587	-2326
ST. LOUIS	5634	-2373



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 01040 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-11-10 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 Herrick "A" WELL NO. 1							
ADDRESS		COUNTY Stanton STATE Ks							
CITY STATE		SERVICE CREW Cochran, Gibson, S. Chavez, Vasquez							
AUTHORIZED BY		JOB TYPE: 242 8 5/8 surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21755	8	33021	8				9-11	AM	12:00
27808	8	33016	8				9-11	AM	14:30
19553	8						9-11	AM	19:30
14354	8						9-11	AM	21:30
19578	8						9-11	AM	22:00
						MILES FROM STATION TO WELL	70		

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: *[Signature]*
(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	480		8928.00
CL110	Premium Plus	SK	200		3260.00
CC109	Calcium Chloride	lb	1732		1818.60
CC102	Celloflake	lb	291		1076.70
CC130	C-51	lb	51		2275.00
CF1453	Insert	ea	1		280.00
CF253	Guideshoe	ea	1		380.00
CF1773	Centralizer	ea	5		725.00
CF1903	Basket	ea	1		315.00
CF105	Top Plug	ea	1		225.00
E101	Heavy Equip. Mileage	mi	195		1365.00
CE240	Blending - Mixing Service Chrg.	SK	680		952.00
E113	Bulk Delivery	Tm	2090		3328.00
CE202	Depth Chrg 1001'-2000'	4hr	1		1500.00
CE504	Plug Container	job	1		250.00
E100	Pick-up Mileage	mi	65		276.25
5003	Service Supervisor	ea	1		175.00
				SUB TOTAL	16566.48

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. _____

Customer <i>Oxy USA</i>	Lease No.	Date <i>9-11-10</i>	
Lease <i>Herrick "A"</i>	Well # <i>1</i>		
Field Order # <i>191701040</i>	Station <i>Liberal</i>	Casing <i>8 5/8</i>	Depth <i>1727</i>
Type Job <i>242 8 5/8 surface</i>	Formation	County <i>Stanton</i>	State <i>KS</i>
		Legal Description <i>25-30-40</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	<i>480sk</i>	Acid	<i>3% CC - 12 Cell/Plate</i>	ISIP	<i>270 WCA</i>
Depth	Depth	From	<i>2.41 1/2"</i>	Pre Pad	<i>14.0 gal/sk @ 12.1 #/gal</i>	Max	<i>5 Min.</i>
Volume	Volume	From	<i>200sk</i>	Pad	<i>27 CC - 14 # Cell/Plate</i>	Mic	<i>10 Mic</i>
Max Press	Max Press	From	<i>1.34 1/2"</i>	Flac	<i>6.33 gal/sk @ 14.8 #/gal</i>	Avg	<i>15 Min.</i>
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative				Station Manager				Treater			
Service Units	<i>21755</i>	<i>27708</i>	<i>19553</i>	<i>14854</i>	<i>19578</i>	<i>33021</i>	<i>33016</i>				
Driver Names	<i>Cochran</i>	<i>T. Gibson</i>	<i>S. Chavez</i>	<i>V. Vasquez</i>							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>14:30</i>					<i>on loc. / Held Safety Meeting</i>
<i>17:10</i>					<i>START Csg.</i>
<i>19:30</i>					<i>Csg. on Bottom Cir. w/ Rig</i>
<i>19:50</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>19:58</i>	<i>400</i>		<i>206</i>	<i>5.7</i>	<i>Start Lead Cmt 480sk @ 12.1 #</i>
<i>20:36</i>	<i>400</i>		<i>48</i>	<i>5</i>	<i>Start Tail Cmt 200sk @ 14.8 #</i>
<i>20:47</i>					<i>Shut down + Drop Plug</i>
<i>20:50</i>	<i>150</i>		<i>0</i>	<i>5</i>	<i>Start Disp. w/ Fresh H₂O</i>
<i>21:11</i>	<i>800</i>		<i>90</i>	<i>3</i>	<i>Slow Rate</i>
<i>21:16</i>	<i>1200</i>		<i>107</i>	<i>2</i>	<i>Bump Plug</i>
<i>21:17</i>	<i>0</i>		<i>107</i>	<i>0</i>	<i>Release / Float Held</i>
<i>21:30</i>					<i>End Job</i>
	<i>800</i>				<i>Pressure before Plug landed</i>
					<i>Cir. Cmt to the Pit</i>

(107)



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

January 04, 2011

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

Re: ACO1
API 15-187-21186-00-00
HERRICK A 1
SW/4 Sec.25-30S-40W
Stanton 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



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 01043 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-17-10	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 Atkins "J"						WELL NO. 4
ADDRESS		COUNTY Finney			STATE Ks		
CITY STATE		SERVICE CREW Cochran/Gibson/R. Chavez					
AUTHORIZED BY Bennett JRB		JOB TYPE: Z42 8/8 surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM TIME
21755	5.5	14354	5.5				9-17 @ 11:00
27808	5.5	19578	5.5			ARRIVED AT JOB	9-17 @ 17:30
19553	5.5					START OPERATION	9-17 @ 19:10
19828	0.45					FINISH OPERATION	9-17 @ 23:00
19883	4.5					RELEASED	9-17 @ 24:00
						MILES FROM STATION TO WELL	56

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	430		7998.00
CL100	Premium Plus	sk	200		3260.00
CC109	Calcium Chloride	lb	1591		1670.55
CC102	Celloflake	lb	265		980.50
CC130	C-51	lb	81		2025.00
CF1453	Insert	ea	1		280.00
CF253	Guide Shoe	ea	1		380.00
CF1793	Centralizer	ea	5		725.00
CF1903	Basket	ea	1		315.00
CF105	Top Plug	ea	1		225.00
E101	Heavy Equip Mileage	mi	150		1050.00
CE240	Danding + Mixing Serv. Chrg.	sk	630		882.00
E113	Bulk Delivery	TM	1483		2372.80
CE202	Depth Chrg. 1001'-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:

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Dry USA	Lease No.	Date 9-17-10
Lease Atkins "J"	Well # 4	
Field Order # 177901043	Station Liberal	Casing 8 5/8
		Depth 1912
Type Job Z42 8 5/8 surface	Formation	County Finney
		State Ks
		Legal Description 33 26 33

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	Acid	Rate	Press	Visc	
		From 2.96	Blend 3% CC	Max 11.4			5 Min.
Depth	Depth	To 18.12	Pre Pad	Min 2%			
Volume	Volume	From 2.00	Pad	Max 14.8			15 Min.
Max Press	Max Press	To 1.34	Frac	Min 6.33			
Well Connection	Annulus Vol.	From			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	To			Gas Volume		Total Load

Customer Representative A. Hanson	Station Manager J. Bennett	Treater M. Cochran
Service Units	Driver Names	
21755 27708 19533 17929 19883 14854 19579	Cochran T. Gibson V. Vasquez R. Chavez	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
18:30					on loc / Held Safety Meeting
18:30					Start Csg
20:45					Csg on Bottom Cir. w/ Rig
21:11	2600				Test Pump + Lines
21:12	200		227	3-5	Start Lead Cmt 430sk @ 11.4
22:14	300		48	5-5.5	Start Tail Cmt 200sk @ 14.8
22:24					Shutdown + Drop Plug
22:26	100		0	5	Start Disp. w/ Fresh H ₂ O
22:47	600		100	2	Slow Rate
22:54	1100		119	2	Bump Plug
22:56	0		119	0	Release / float Held
23:00					End Job
	650				Pressure Before Plug landed
					Circulated Cmt to the Pit

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energy services, L.P.

TREATMENT REPORT

Customer OXY USA	Lease No.	Date 9-18-10
Lease Herrick "A"	Well # 1	
Field Order # 171701065	Station Liberal	Casing NA
		Depth 1750
Type Job Z44 PTA	Formation	County Stanton
		State KS
		Legal Description 25-30-40

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	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	Gas Volume		Total Load

Customer Representative Cal Wylie	Station Manager Jerry Bennett	Treater Jasan Arrington
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Service Units	30464	19919	19828	19883	19820				
Driver Names	M. Stegman	R. Chavez	J. Arrington						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
14:50					On Loc.
14:55					Safety Meeting
16:45					Rig up
17:20					Safety Meeting
17:34		100	10	3	Pump H ₂ O Ahead
17:38		100	20	4	Pump 75 sk 60/40 Poz @ 13.5 #
17:43		100	3.5	4	Pump H ₂ O Behind
17:45		100	16		Disp w/ Mud w/ Rig
19:20		100	30	4	Pump H ₂ O Ahead
19:30		100	10	4	Pump 40 sk 60/40 Poz @ 13.5 #
19:33		0	6	4	Disp.
21:01		0	5	2	Pump 20 sk 60/40 Poz @ 13.5 #
21:12		0	13	2	Plug RH, MH
21:25					Rig down
21:45					Leave Loc.