



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

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: _____



1161786

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 <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 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
<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

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STAPLETON A 1
Doc ID	1161786

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
BOREHOLE COMPENSATED SONIC ARRAY
MICROLOG
DUAL SPACED NEUTRON SPECTRAL DENSITY

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STAPLETON A 1
Doc ID	1161786

Tops

Name	Top	Datum
HEEBNER	4123	
TORONTO	4145	
LANSING	4222	
KANSAS CITY	4692	
MARMATON	4826	
CHEROKEE	4995	
ATOKA	5214	
MORROW	5296	
CHESTER	5384	
ST. GENEVIEVE	5471	
ST. LOUIS	5545	

Summary of Changes

Lease Name and Number: STAPLETON A 1

API/Permit #: 15-081-21997-01-00

Doc ID: 1161786

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-081-21997-00-00	15-081-21997-01-00
Approved Date	02/11/2013	10/08/2013



CONFIDENTIAL

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
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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: _____

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 <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 Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STAPLETON A 1
Doc ID	1113146

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
BOREHOLE COMPENSATED SONIC ARRAY
MICROLOG
DUAL SPACED NEUTRON SPECTRAL DENSITY

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STAPLETON A 1
Doc ID	1113146

Tops

Name	Top	Datum
HEEBNER	4123	
TORONTO	4145	
LANSING	4222	
KANSAS CITY	4692	
MARMATON	4826	
CHEROKEE	4995	
ATOKA	5214	
MORROW	5296	
CHESTER	5384	
ST. GENEVIEVE	5471	
ST. LOUIS	5545	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STAPLETON A 1
Doc ID	1113146

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5383-5393 CHESTER	FRAC 9138 GAL GEL, 10279 GAL SLURRY, 505680 SCF N2, 25200# 20/40 OTTAWA SAND	5383-5393



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 03774 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10/8/12	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: Stapleton A 1	WELL NO.:						
ADDRESS:	COUNTY: Haskell	STATE: KS						
CITY:	STATE:	SERVICE CREW: Royce, Calib, Hector R.						
AUTHORIZED BY: Tyce	JOB TYPE: 242 surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
194886	9							9:00
3722337926	9					ARRIVED AT JOB		11:30
30463 37542	9					START OPERATION		7:20
34750 37775	9					FINISH OPERATION		10:05
						RELEASED		10:30
						MILES FROM STATION TO WELL		25

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	335	13 02	4361 70
CL110	Premium Plus	SK	215	11 41	2795 45
CC109	Calcium Chloride	Lb	1407	74	1041 18
CC102	Celloflake	Lb	146	2 59	378 14
CC130	C-51	Lb	63	17 50	1102 50
CF253	Guide Shoe	EA	1		266 00
CF1453	Flapper Float Valve	EA	1		196 00
CF4405	Centralizers	EA	15	101 50	1522 50
CF105	TOP Plug	EA	1		157 50
CF4109	Stop Collar	EA	1		70 00
CF4556	Basket Cement	EA	1		735 00
F101	Heavy Equip Mileage	Mi	75	4 90	367 50
FE240	Blending & Mixing Charge	SK	580	98	568 40
F113	Bulk Delivery	Tm	683	1 12	764 96
CE202	Depth Charge 1001 to 2000'	4hr	1		1050 00
CE504	Plug Container	Job	1		175 00
F100	Pickup Mileage	Mi	25	2 98	74 50
S003	Service Supervisor	EA	1		122 50
T105	Cement Data Acq Monitor	EA	1		385 00

AP LOCATION/DEPT. 215-Cap D02 NON D02

LEASE/WELL/FAC Stapleton A1

MAXI SERVICE & EQUIPMENT %TAX ON \$

TAX MATERIALS 01-02 %TAX ON \$

PROJ NO 116217 3023 TOTAL

SPO / BPA Circle Doc Type UNSUPP.

PRINTED NAME Cal Wylis

SIGNATURE: *[Signature]*

16,345.82

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: *Chad Hinz*

THE ABOVE MATERIAL AND SERVICE *These Services/Materials have been received*
ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>10/8/12</i>
Lease <i>Stapton A</i>	Well # <i>1</i>	Service Receipt
Casing <i>5 5/8</i>	Depth <i>1805'</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>Surface</i>	Formation	Legal Description <i>24-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 5/8</i>	Tubing Size	Shots/Ft		Lead <i>335 SK</i>
Depth <i>1808.917</i>	Depth	From	To	<i>A Cond @ 12.1</i>
Volume <i>112.22</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 SK</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	<i>PP @ 14.8#</i>
Plug Depth	Packer Depth	From	To	<i>1.34 6.33</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>13:30</i>					<i>on loc, spot trucks R.O., safety mtg.</i>
<i>19:20</i>	<i>2800</i>				<i>Test Lines</i>
<i>19:22</i>	<i>190</i>		<i>0</i>	<i>5</i>	<i>Start mixing @ 12.1#</i>
<i>19:49</i>	<i>180</i>		<i>144</i>	<i>5</i>	<i>on tail @ 14.8#</i>
<i>19:54</i>	<i>Ø</i>		<i>30</i>	<i>Ø</i>	<i>Tub Packed off shut down Clean</i>
<i>20:00</i>	<i>5200</i>		<i>30</i>	<i>5</i>	<i>up Tub.</i>
<i>20:52</i>	<i>560</i>		<i>30</i>	<i>5</i>	<i>Finish mixing tail</i>
<i>20:58</i>	<i>0</i>		<i>58</i>	<i>Ø</i>	<i>Finished mixing, Drop Plug</i>
<i>20:59</i>	<i>410</i>		<i>Ø</i>	<i>5</i>	<i>Start Disp Washup on Plug.</i>
<i>21:23</i>	<i>600</i>		<i>102</i>	<i>2</i>	<i>slow Rate</i>
<i>21:28</i>	<i>1560</i>		<i>112</i>	<i>Ø</i>	<i>Plug Down</i>
<i>21:33</i>	<i>Ø</i>				<i>Rel Psi Check float (OK)</i>
<i>21:35</i>	<i>1500</i>				<i>Test Csg.</i>
<i>22:05</i>	<i>Ø</i>				<i>Rel Psi</i>
					<i>Job Complete</i>

Service Units	<i>19588</i>	<i>3722337726</i>	<i>3845037725</i>	<i>3046537547</i>
Driver Names	<i>Chinz</i>	<i>R. Olds</i>	<i>Colins</i>	<i>Hector R</i>

Col Wylie
Customer Representative
Jerry Bennett
Station Manager
Chinz
Cementer
Taylor Printing, Inc.



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 03044 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-19-12 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 Stapleton A' #1 WELL NO.							
ADDRESS		COUNTY Hasbell		STATE KS					
CITY		STATE		SERVICE CREW J. Chava, Eddie, Ed B					
AUTHORIZED BY Say Bant		JOB TYPE: 242 Log String							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19820	10	70897	10	30463	10	ARRIVED AT JOB	10-18-12	PM	-730
		19570	1	37547	1	START OPERATION	10-19-12	AM	-100
						FINISH OPERATION	10-19-12	AM	-300
						RELEASED	11-19-12	AM	-430
						MILES FROM STATION TO WELL	25		

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	115		
CL106	A-Serv Lite	SK	95		
CC109	Calcium Chloride	1b	327		
CC102	CelloFluic	1b	53		
CC105	C-41P	1b	21		
CC206	Alexcrete STE	1b	564		
CF251	Guide Shoe	EA	1		
CF1451	Insert Float Valve	EA	1		
CF4452	Centralizer	EA	25		
CF103	Rubber Plug	EA	1		
CF4105	Stop Collet	EA	1		
CC165	Stoploss Polymer	1b	840		
CC166	Stoploss LCM	gal	360		
E101	Heavy Equipment Mileage	mi	50		
CC240	Blending & Mix Change	SK	210		
E113	Bulk Delivery Charge	AM	240		
CE206	Depth Charge	4hrs	1		
CE504	Plus Containing Charge	job	1		
E100	Pickup Mileage	mi	25		
SUB TOTAL					12930 83

AP LOCATION/DEPT: **Libecap**
 LEASEWELL/FAC: **D02 UNION 0025 A Stapleton A-**
 MAXIMO / WSM #: **0102**
 TASK: **ELEMENT 3033**
 PROJECT #: **1168177 CAPEX / OPEX - Circle one**
 SPO / BPA: **UNSUPPORTED**
 PRINTED NAME: **J. Chava**
 SIGNATURE:
 I certify that these Services/Materials have been delivered.

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____



Cement Report

Customer <i>Orly USA</i>	Lease No.	Date <i>10-19-12</i>
Lease <i>Stapleton 'A'</i>	Well # <i>1</i>	Service Receipt <i>3044</i>
Casing <i>5 1/2</i>	Depth <i>5823</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>242 L.S.</i>	Formation	Legal Description <i>24-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>1155k A-6m</i>
Depth <i>5829</i>	Depth <i>55.43'</i>	From	To	<i>2.95ft-5k</i>
Volume <i>13405</i>	Volume	From	To	<i>16.16d-5k 11.4#</i>
Max Press <i>2500</i>	Max Press	From	To	Tail in <i>955k</i>
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	<i>1.93ft-5k</i>
Plug Depth <i>5782</i>	Packer Depth	From	To	<i>10.36d-5k 12.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1900</i>					<i>Arrive On location</i>
<i>1950</i>					<i>Safety Meetg - Rig Up</i>
<i>2200</i>					<i>Plus Pumping Casing</i>
<i>1220</i>					<i>Circulate w/ Poly</i>
<i>105</i>					<i>Hook up To BES</i>
<i>110</i>			<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>115</i>	<i>400</i>		<i>20</i>	<i>4.0</i>	<i>Pump Stop Loss Polymer</i>
<i>125</i>	<i>300</i>		<i>60</i>	<i>4.0</i>	<i>Pump Lead amt @ 11.4 #</i>
<i>140</i>	<i>200</i>		<i>33</i>	<i>4.0</i>	<i>Pump Tail amt @ 12.8 #</i>
<i>150</i>					<i>Prep Plug - Wash Up</i>
<i>155</i>	<i>600</i>		<i>125</i>	<i>4.5</i>	<i>Displace</i>
<i>225</i>	<i>900</i>		<i>10 #25</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>230</i>	<i>1400</i>		<i>.10</i>	<i>.1</i>	<i>hard Plug - Float Held</i>
<i>300</i>	<i>2500</i>		<i>.1</i>	<i>.1</i>	<i>Test Casing - OIC</i>
<i>400</i>					<i>Job Complete</i>

Thanks For Using Basic Energy Services

Service Units	<i>19820</i>	<i>70897-19570</i>	<i>30463-37547</i>		
Driver Names	<i>J. Chavez</i>	<i>EDDIE</i>	<i>ED B</i>		

Scott Customer Representative
 Ben Beith Station Manager
 Ismael Chavez Cementer



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 03039 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-11-12 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 Stapleton "A" #1 WELL NO.							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW J. Chavez, Eddie, Juan h.							
AUTHORIZED BY Terry Beath JRB		JOB TYPE: 242 Plus Whipstock							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19820	4	70897	4	30464	4		10-11-12		300
		19570	1	37724	1	ARRIVED AT JOB	10-11-12	AM	400
						START OPERATION	10-11-12	AM	900
						FINISH OPERATION	10-11-12	AM	1100
						RELEASED	10-12-12	AM	1200
						MILES FROM STATION TO WELL			25

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
CL100	Premium Cement	SK	205	11.20	2296.00
CL112	CFR	lb	97	4.20	407.40
CL109	Calcium Chloride	lb	386	.74	285.64
SY152	ProGel 250	gal	567	.18	102.06
E101	Heavy Equipment Mileage	mi	50	4.90	245.00
CE240	Blending & Mixing Charge	SK	205	.98	200.90
E115	Bulk Delivery Charge	ton	241	1.12	269.92
CE203	Depth Charge	4hrs	1		1260.00
E100	Pickup Mileage	mi	25	2.98	74.50
5003	Service Supervisor	EA	1		122.50

AP LOCATION/DEPT. LIBECAP D02 NON D02

LEASE/WELL/FAC. Stapleton A-1


MAXIMO / WSM # _____

TASK D102 ELEMENT 3023

PROJECT # 1162177 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

PRINTED NAME EARLY ZION

SIGNATURE:  Certify that these Services/Materials have been received

SUB TOTAL **5263.92**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE 	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
--	---

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>10-11-12</i>
Lease <i>Stapleton 'A'</i>	Well # <i>1</i>	Service Receipt <i>3039</i>
Casing <i>4 1/2 DP</i>	Depth <i>2480</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>242 Plug</i>	Formation	Legal Description <i>24-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>4 1/2 D.P.</i>	Tubing Size	Shots/Ft		Lead
Depth <i>2480</i>	Depth	From	To	
Volume <i>28615</i>	Volume	From	To	
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>2055K Class H</i>
Well Connection <i>1502</i>	Annulus Vol.	From	To	<i>1.0773-5K</i>
Plug Depth <i>2480</i>	Packer Depth	From	To	<i>3.77 Gd-5K 17.0#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>4:55 PM</i>					<i>Arrive On Location</i>
<i>5:00</i>					<i>Safety Meeting - Rig Up</i>
<i>9:00</i>					<i>Rig Runny in Drill Pipe</i>
<i>10:15</i>	<i>2000</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>10:20</i>	<i>400</i>		<i>10</i>	<i>3.5</i>	<i>Pump Gel Spacer</i>
<i>10:25</i>	<i>300</i>		<i>36.5</i>	<i>3.5</i>	<i>Pump cmt @ 17.0#</i>
<i>10:40</i>	<i>600</i>		<i>3</i>	<i>3.5</i>	<i>Pump Gel Spacer</i>
<i>10:50</i>	<i>1400</i>		<i>24</i>	<i>3.5</i>	<i>Pump Mud Displacement</i>
<i>11:00</i>					<i>Shut Down</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>

Service Units <i>19820</i>	<i>70897-19570</i>	<i>30464-37724</i>		
Driver Names <i>L. Chao</i>	<i>Eddie</i>	<i>Joan L</i>		

Earl H
Sam Bett
James Chao
 Customer Representative Station Manager Cementer



Scientific Drilling

Oxy USA Inc.

**Haskell County Kansas
Section 24 - 30S - 33W
Stapleton "A" #1
Sidetrack Wellpath**

Design: Sidetrack Wellpath

EOW Completion Report

16 October, 2012



Company:	Oxy USA Inc.	Local Co-ordinate Reference:	Well Stapleton "A" #1
Project:	Haskell County Kansas	TVD Reference:	Stapleton "A" #1H 2916.66' GL + 14' KB= @ 2930
Site:	Section 24 - 30S - 33W	MD Reference:	Stapleton "A" #1H 2916.66' GL + 14' KB= @ 2930
Well:	Stapleton "A" #1	North Reference:	Grid
Wellbore:	Sidetrack Wellpath	Survey Calculation Method:	Minimum Curvature
Design:	Sidetrack Wellpath	Database:	EDMOKC

Project	Haskell County Kansas, Haskell County Kansas, South Kansas		
Map System:	US State Plane 1927 (Exact solution)	System Datum:	Mean Sea Level
Geo Datum:	NAD 1927 (NADCON CONUS)		
Map Zone:	Kansas South 1502		

Site	Section 24 - 30S - 33W, SHL of Stapleton "A" #1H				
Site Position:		Northing:	283,490.21 usft	Latitude:	37° 25' 15.938 N
From:	Lat/Long	Easting:	1,310,034.06 usft	Longitude:	100° 52' 33.824 W
Position Uncertainty:	0.0 usft	Slot Radius:	13-3/16"	Grid Convergence:	-1.46 °

Well	Stapleton "A" #1					
Well Position	+N-S	0.0 usft	Northing:	283,490.21 usft	Latitude:	37° 25' 15.938 N
	+E-W	0.0 usft	Easting:	1,310,034.06 usft	Longitude:	100° 52' 33.824 W
Position Uncertainty		2.0 usft	Wellhead Elevation:	2,930.7 usft	Ground Level:	2,916.7 usft

Wellbore	Sidetrack Wellpath				
Magnetics	Model Name	Sample Date	Declination (°)	Dip Angle (°)	Field Strength (nT)
	BGGM2012	10/11/2012	6.43	65.17	51,743

Design	Sidetrack Wellpath				
Audit Notes:					
Version:	1.0	Phase:	ACTUAL	Tie On Depth:	0.0
Vertical Section:	Depth From (TVD) (usft)	+N-S (usft)	+E-W (usft)	Direction (°)	
	0.0	0.0	0.0	180.00	

Survey Program	Date	10/16/2012			
From (usft)	To (usft)	Survey (Wellbore)	Tool Name	Description	
1,030.0	2,786.0	Survey #1 (Sidetrack Wellpath)	SDI MWD	Scientific Drilling Intl. MWD - Standard ver 1.0.1	

Survey								
MD (usft)	Inc (°)	Azi (azimuth) (°)	TVD (usft)	N/S (usft)	E/W (usft)	V. Sec (usft)	DLeg (°/100usft)	
0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.00	
1,030.0	0.75	0.00	1,030.0	6.7	0.0	-6.7	0.07	
1,774.0	0.25	0.00	1,773.9	13.2	0.0	-13.2	0.07	
1,943.0	0.90	82.00	1,942.9	13.8	1.3	-13.8	0.53	
2,112.0	1.22	116.98	2,111.9	13.2	4.2	-13.2	0.42	
2,144.0	1.85	155.72	2,143.9	12.5	4.7	-12.5	3.68	
2,175.0	3.14	171.70	2,174.9	11.2	5.1	-11.2	4.69	
2,207.0	4.66	177.63	2,206.8	9.1	5.3	-9.1	4.91	
2,238.0	5.83	182.36	2,237.7	6.2	5.2	-6.2	4.02	
2,269.0	6.02	182.61	2,268.5	3.0	5.1	-3.0	0.62	
2,301.0	5.82	181.60	2,300.3	-0.3	5.0	0.3	0.70	
2,332.0	6.10	181.43	2,331.2	-3.5	4.9	3.5	0.91	

Company:	Oxy USA Inc.	Local Co-ordinate Reference:	Well Stapleton "A" #1
Project:	Haskell County Kansas	TVD Reference:	Stapleton "A" #1H 2916.66' GL + 14' KB= @ 2930
Site:	Section 24 - 30S - 33W	MD Reference:	Stapleton "A" #1H 2916.66' GL + 14' KB= @ 2930
Well:	Stapleton "A" #1	North Reference:	Grid
Wellbore:	Sidetrack Wellpath	Survey Calculation Method:	Minimum Curvature
Design:	Sidetrack Wellpath	Database:	EDMOKC

Survey									
MD (usft)	Inc (°)	Azi (azimuth) (°)	TVD (usft)	N/S (usft)	E/W (usft)	V. Sec (usft)	DLeg (°/100usft)		
2,364.0	5.89	183.49	2,363.0	-6.8	4.8	6.8	0.94		
2,395.0	6.15	182.63	2,393.8	-10.1	4.6	10.1	0.89		
2,427.0	5.91	179.31	2,425.6	-13.4	4.5	13.4	1.32		
2,458.0	6.16	178.30	2,456.5	-16.7	4.6	16.7	0.88		
2,490.0	5.94	174.65	2,488.3	-20.0	4.8	20.0	1.38		
2,521.0	5.04	168.05	2,519.1	-23.0	5.2	23.0	3.54		
2,553.0	4.78	169.20	2,551.0	-25.7	5.8	25.7	0.87		
2,584.0	3.63	166.32	2,581.9	-27.9	6.2	27.9	3.77		
2,616.0	3.02	162.65	2,613.9	-29.7	6.7	29.7	2.02		
2,647.0	2.54	149.04	2,644.8	-31.0	7.3	31.0	2.62		
2,678.0	2.19	129.90	2,675.8	-32.0	8.1	32.0	2.77		
2,710.0	2.28	112.92	2,707.8	-32.6	9.2	32.6	2.08		
2,735.0	1.82	103.45	2,732.8	-32.9	10.0	32.9	2.28		
2,786.0	1.01	103.45	2,783.8	-33.2	11.3	33.2	1.59		

Checked By: _____	Approved By: _____	Date: _____
-------------------	--------------------	-------------



Scientific Drilling

Oxy USA Inc.

**Haskell County Kansas
Section 24 - 30S - 33W
Stapleton "A" #1**

Sidetrack Wellpath

Design: Sidetrack Wellpath

Survey Report - Geographic

16 October, 2012



Company:	Oxy USA Inc.	Local Co-ordinate Reference:	Well Stapleton "A" #1
Project:	Haskell County Kansas	TVD Reference:	Stapleton "A" #1H 2916.66' GL + 14' KB= @ 2930.7usft (Original Well Elev)
Site:	Section 24 - 30S - 33W	MD Reference:	Stapleton "A" #1H 2916.66' GL + 14' KB= @ 2930.7usft (Original Well Elev)
Well:	Stapleton "A" #1	North Reference:	Grid
Wellbore:	Sidetrack Wellpath	Survey Calculation Method:	Minimum Curvature
Design:	Sidetrack Wellpath	Database:	EDMOKC

Project	Haskell County Kansas, Haskell County Kansas, South Kansas		
Map System:	US State Plane 1927 (Exact solution)	System Datum:	Mean Sea Level
Geo Datum:	NAD 1927 (NADCON CONUS)		
Map Zone:	Kansas South 1502		

Site	Section 24 - 30S - 33W, SHL of Stapleton "A" #1H				
Site Position:		Northing:	283,490.21 usft	Latitude:	37° 25' 15.938 N
From:	Lat/Long	Easting:	1,310,034.06 usft	Longitude:	100° 52' 33.824 W
Position Uncertainty:	0.0 usft	Slot Radius:	13-3/16 "	Grid Convergence:	-1.46 °

Well	Stapleton "A" #1					
Well Position	+N-S	0.0 usft	Northing:	283,490.21 usft	Latitude:	37° 25' 15.938 N
	+E-W	0.0 usft	Easting:	1,310,034.06 usft	Longitude:	100° 52' 33.824 W
Position Uncertainty		2.0 usft	Wellhead Elevation:	2,930.7 usft	Ground Level:	2,916.7 usft

Wellbore	Sidetrack Wellpath				
Magnetics	Model Name	Sample Date	Declination (°)	Dip Angle (°)	Field Strength (nT)
	BGGM2012	10/11/2012	6.43	65.17	51,743

Design	Sidetrack Wellpath				
Audit Notes:					
Version:	1.0	Phase:	ACTUAL	Tie On Depth:	0.0
Vertical Section:	Depth From (TVD) (usft)	+N-S (usft)	+E-W (usft)	Direction (°)	
	0.0	0.0	0.0	180.00	

Survey Program	Date	10/16/2012			
From (usft)	To (usft)	Survey (Wellbore)	Tool Name	Description	
1,030.0	2,786.0	Survey #1 (Sidetrack Wellpath)	SDI MWD	Scientific Drilling Intl. MWD - Standard ver 1.0.1	

Survey										
Measured Depth (usft)	Inclination (°)	Azimuth (°)	Vertical Depth (usft)	+N-S (usft)	+E-W (usft)	Map Northing (usft)	Map Easting (usft)	Latitude	Longitude	
0.0	0.00	0.00	0.0	0.0	0.0	283,490.21	1,310,034.06	37° 25' 15.938 N	100° 52' 33.824 W	
1,030.0	0.75	0.00	1,030.0	6.7	0.0	283,496.95	1,310,034.06	37° 25' 16.005 N	100° 52' 33.827 W	
1,774.0	0.25	0.00	1,773.9	13.2	0.0	283,503.44	1,310,034.06	37° 25' 16.069 N	100° 52' 33.829 W	
1,943.0	0.90	82.00	1,942.9	13.8	1.3	283,504.00	1,310,035.37	37° 25' 16.075 N	100° 52' 33.812 W	
2,112.0	1.22	116.98	2,111.9	13.2	4.2	283,503.37	1,310,038.29	37° 25' 16.069 N	100° 52' 33.776 W	
2,144.0	1.85	155.72	2,143.9	12.5	4.7	283,502.74	1,310,038.81	37° 25' 16.063 N	100° 52' 33.770 W	
2,175.0	3.14	171.70	2,174.9	11.2	5.1	283,501.44	1,310,039.14	37° 25' 16.051 N	100° 52' 33.765 W	
2,207.0	4.66	177.63	2,206.8	9.1	5.3	283,499.28	1,310,039.32	37° 25' 16.029 N	100° 52' 33.762 W	
2,238.0	5.83	182.36	2,237.7	6.2	5.2	283,496.45	1,310,039.30	37° 25' 16.001 N	100° 52' 33.761 W	
2,269.0	6.02	182.61	2,268.5	3.0	5.1	283,493.25	1,310,039.16	37° 25' 15.970 N	100° 52' 33.762 W	

Company:	Oxy USA Inc.	Local Co-ordinate Reference:	Well Stapleton "A" #1
Project:	Haskell County Kansas	TVD Reference:	Stapleton "A" #1H 2916.66' GL + 14' KB= @ 2930.7usft (Original Well Elev)
Site:	Section 24 - 30S - 33W	MD Reference:	Stapleton "A" #1H 2916.66' GL + 14' KB= @ 2930.7usft (Original Well Elev)
Well:	Stapleton "A" #1	North Reference:	Grid
Wellbore:	Sidetrack Wellpath	Survey Calculation Method:	Minimum Curvature
Design:	Sidetrack Wellpath	Database:	EDMOKC

Survey

Measured Depth (usft)	Inclination (°)	Azimuth (°)	Vertical Depth (usft)	+N/-S (usft)	+E/-W (usft)	Map Northing (usft)	Map Easting (usft)	Latitude	Longitude
2,301.0	5.82	181.60	2,300.3	-0.3	5.0	283,489.95	1,310,039.04	37° 25' 15.937 N	100° 52' 33.763 W
2,332.0	6.10	181.43	2,331.2	-3.5	4.9	283,486.73	1,310,038.96	37° 25' 15.905 N	100° 52' 33.763 W
2,364.0	5.89	183.49	2,363.0	-6.8	4.8	283,483.40	1,310,038.82	37° 25' 15.872 N	100° 52' 33.763 W
2,395.0	6.15	182.63	2,393.8	-10.1	4.6	283,480.15	1,310,038.64	37° 25' 15.840 N	100° 52' 33.764 W
2,427.0	5.91	179.31	2,425.6	-13.4	4.5	283,476.79	1,310,038.58	37° 25' 15.807 N	100° 52' 33.764 W
2,458.0	6.16	178.30	2,456.5	-16.7	4.6	283,473.53	1,310,038.65	37° 25' 15.775 N	100° 52' 33.762 W
2,490.0	5.94	174.65	2,488.3	-20.0	4.8	283,470.17	1,310,038.86	37° 25' 15.741 N	100° 52' 33.759 W
2,521.0	5.04	168.05	2,519.1	-23.0	5.2	283,467.24	1,310,039.29	37° 25' 15.713 N	100° 52' 33.752 W
2,553.0	4.78	169.20	2,551.0	-25.7	5.8	283,464.55	1,310,039.83	37° 25' 15.686 N	100° 52' 33.745 W
2,584.0	3.63	166.32	2,581.9	-27.9	6.2	283,462.33	1,310,040.30	37° 25' 15.664 N	100° 52' 33.738 W
2,616.0	3.02	162.65	2,613.9	-29.7	6.7	283,460.54	1,310,040.79	37° 25' 15.647 N	100° 52' 33.732 W
2,647.0	2.54	149.04	2,644.8	-31.0	7.3	283,459.17	1,310,041.39	37° 25' 15.633 N	100° 52' 33.724 W
2,678.0	2.19	129.90	2,675.8	-32.0	8.1	283,458.20	1,310,042.20	37° 25' 15.624 N	100° 52' 33.713 W
2,710.0	2.28	112.92	2,707.8	-32.6	9.2	283,457.56	1,310,043.25	37° 25' 15.618 N	100° 52' 33.700 W
2,735.0	1.82	103.45	2,732.8	-32.9	10.0	283,457.28	1,310,044.10	37° 25' 15.615 N	100° 52' 33.690 W
2,786.0	1.01	103.45	2,783.8	-33.2	11.3	283,456.98	1,310,045.32	37° 25' 15.613 N	100° 52' 33.674 W

Checked By: _____ Approved By: _____ Date: _____



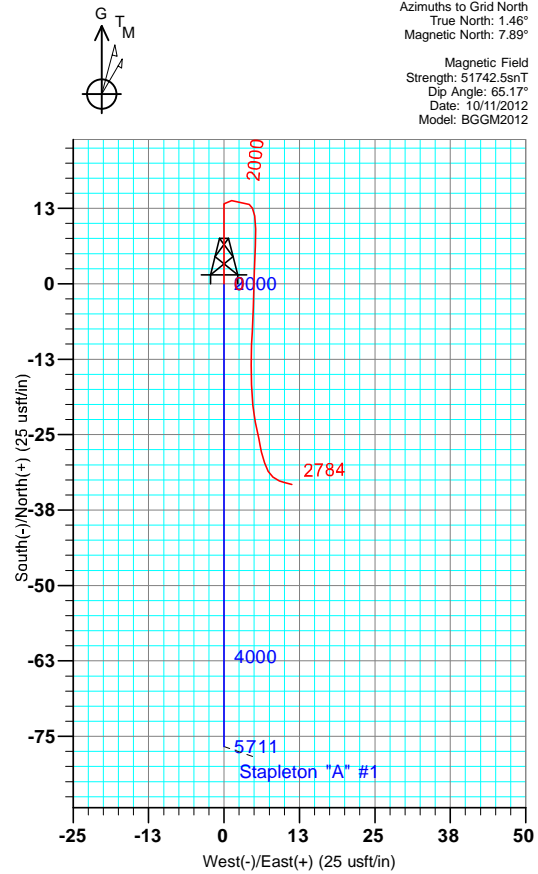
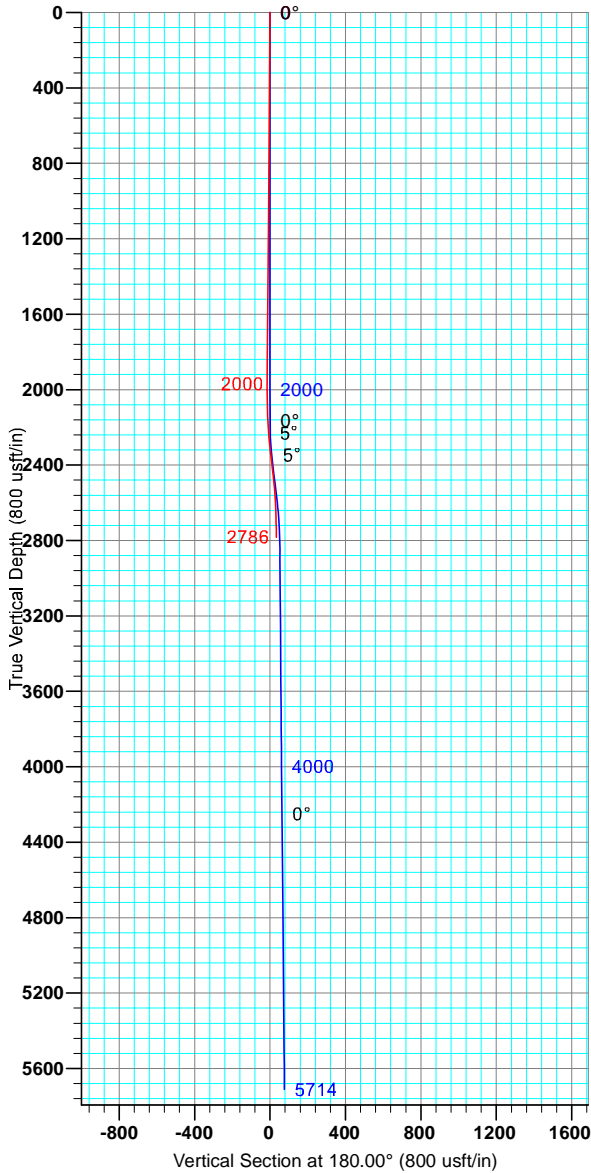
Oxy USA Inc.
 Stapleton "A" #1
 Haskell County Kansas
 Northing: 283490.21
 Easting: 1310034.06
 Sidetrack Wellpath

WELL DETAILS: Stapleton "A" #1

+N/-S	+E/-W	Northing	Ground Level	2916.7	Latitude	Longitude	Slot
0.0	0.0	283490.21	Easting	1310034.06	37° 25' 15.938 N	100° 52' 33.824 W	

DESIGN TARGET DETAILS

No target data is available.



Azimuths to Grid North
 True North: 1.46°
 Magnetic North: 7.89°

Magnetic Field
 Strength: 51742.5nT
 Dip Angle: 65.17°
 Date: 10/11/2012
 Model: BGGM2012

LEGEND

- Stapleton "A" #1, Sidetrack Wellpath, Plan #3 V0
- Sidetrack Wellpath

SITE DETAILS: Section 24 - 30S - 33W

SHL of Stapleton "A" #1H
 Site Center: 1596' FEL 1572' FSL
 Site Centre Northing: 283490.21
 Easting: 1310034.06

Positional Uncertainty: 0.0
 Convergence: -1.46
 Local North: Grid

PROJECT DETAILS: Haskell County Kansas

Geodetic System: US State Plane 1927 (Exact solution)
 Datum: NAD 1927 (NADCON CONUS)
 Ellipsoid: Clarke 1866
 Zone: Kansas South 1502
 System Datum: Mean Sea Level

FORMATION TOP DETAILS
 No formation data is available

SECTION DETAILS:

No plan data is available



Jameson Shadid
 15:29, October 16 2012

Scientific Drilling
 421 South Eagle Lane
 Oklahoma City, OK

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/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

February 01, 2013

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

Re: ACO1
API 15-081-21997-00-00
STAPLETON A 1
SE/4 Sec.24-30S-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