Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1208018

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

### WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:					
Address 2:	Feet from  North / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name: Producing Formation:				
	Elevation:       Ground:       Kelly Bushing:         Total Vertical Depth:       Plug Back Total Depth:				
Gas D&A ENHR SIGW					
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet				
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
Deepening Re-perf. Conv. to SWD					
Plug Back       Conv. to GSW       Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls				
Dual Completion     Permit #:	Dewatering method used:				
SWD     Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East West				
Recompletion Date Recompletion Date	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:

## CORRECTION #1

1208018

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**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 (Attach Additional S		Yes No		Log Formatic	on (Top), Depth an	d Datum	Sample
Samples Sent to Geol		Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c		lew Used termediate, product	ion, 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 / SQ	UEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing Plug Back TD Plug Off Zone							
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 Was the hydraulic fracturing treatment information submitted to the chemical disclosure regis			s? Yes	No (If No, ski	p questions 2 an p question 3) out Page Three		
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Pert			cture, Shot, Cement mount and Kind of Ma		d Depth

TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed	Producti	on, SWD or ENH	۶.	Producing N	/lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD C			OF COMPLE	TION:		PRODUCTION IN	ITERVAL:			
Vented Sold Used on Lease Open Hole		Open Hole								
(If vented, Sub	bmit ACO	-18.)		Other (Specify)		(Submit A	,	(Submit ACO-4)		

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ENTERPRISES A 5
Doc ID	1208018

All Electric Logs Run

REPEAT LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
HOLE VOLUME LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ENTERPRISES A 5
Doc ID	1208018

Tops

Name	Тор	Datum
HEEBNER	4137	
TORONTO	4156	
LANSING	4198	
KANSAS CITY	4672	
MARMATON	4776	
PAWNEE	4948	
CHEROKEE	5005	
ΑΤΟΚΑ	5130	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ENTERPRISES A 5
Doc ID	1208018

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
SURFACE	12.25	8.625	24	1531	A-CON	515	SEE ATTACH ED
PRODUC TION	7.875	5.5	17	5259	50-50 POZ	209	SEE ATTACH ED

## Summary of Changes

Lease Name and Number: ENTERPRISES A 5 API/Permit #: 15-081-22051-00-00 Doc ID: 1208018 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/28/2014	05/30/2014
Method Of Completion - Perf	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 07300	//kcc/detail/operatorE ditDetail.cfm?docID=12 08018



N 1207300

Confidentiality Requested:

CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 August 2013 Form must be Typed Form must be Signed

All blanks must be Filled

# WELL COMPLETION FORM

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from  North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:
□ OG □ GSW □ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back   Conv. to GSW   Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	
	Location of fluid disposal if hauled offsite:
ENHR         Permit #:           GSW         Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East _ West
Recompletion Date Reached TD Recompletion Date of Recompletion Date	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:				

### KOLAR Document ID: 1207300

Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

**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 (Attach Additional Sh	acate)	Y	Yes No			.og Formation (Top), Depth and Datum			Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	rpe of Cement # Sacks U		d	Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fracture</li> </ol>	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water Bbls. Gas-Oil Ratio G			Gravity	
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole Perf.		Dually Comp.         Commingled           (Submit ACO-5)         (Submit ACO-4)		Bollom		
	foration Perform Top Botto								
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion			
Operator	OXY USA Inc.			
Well Name	ENTERPRISES A 5			
Doc ID	1207300			

All Electric Logs Run

REPEAT LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
HOLE VOLUME LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG

Form	ACO1 - Well Completion		
Operator	OXY USA Inc.		
Well Name	ENTERPRISES A 5		
Doc ID	1207300		

Tops

Name	Тор	Datum
HEEBNER	4137	
TORONTO	4156	
LANSING	4198	
KANSAS CITY	4672	
MARMATON	4776	
PAWNEE	4948	
CHEROKEE	5005	
ΑΤΟΚΑ	5130	

Form	ACO1 - Well Completion			
Operator	OXY USA Inc.			
Well Name	ENTERPRISES A 5			
Doc ID	1207300			

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4680-4690 KANSAS CITY		4680-4690

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	ENTERPRISES A 5
Doc ID	1207300

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
SURFACE	12.25	8.625	24	1531	A-CON	515	SEE ATTACH ED
PRODUC TION	7.875	5.5	17	5259	50-50 POZ	209	SEE ATTACH ED

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TAYLOR PRINTING, INC. (800) 870-7102

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Customer Representative

of California.

Station Manager

Cementer Taylor Printing, Inc.

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CCIII Soft	15	1600	38	608	60
CC 103 C-15	65	132	938	1238	- 16
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E los Heavy Constances Millense	M9	60	5 25		00
CE240 Blending to Mixing Charse	5K	260	1 65	273	60
E113 JIODANT & Bulk Delivery Charge	TM	329	1 22	> 394	180
CES Death Charge Soci'- 6000'	En	5		2160	00
CESOY Plus Configure Charge	En	1		18	7 50
Eloo Pickup Chaise	mis	30	3 19	9:	5 70
5003 Service Superviser Charge	81	) <b>)</b> (1)	Anne de le stag dà	131	25
CHEMICAL / ACID DATA:			SUB TOTAL	11860	86
SERVICE	& EQUIPMEND	AP %TA	X ON \$		
MATERIAL	S Enteror	ises A STA	X ON \$		· .
			TOTAL	- 100 dt 1	
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	20813	CAREXIO	PEX - Circle one		
SERVICE REPRESENTATIVE CLAR MATERIAL AL ORDERED BY CUSTOME	그 아이는 것 같아요. 이는 것 같은 것 같아요.	D BY TOFIL	Zion		
FIELD SERVICE ORDER NO.	any WELL C	WNER OPERA	FOR CONTRACTOR O	R AGENT)	

1" alun FIELD SERVICE ORDER NO.

	BASIC
X.	ENERGY SERVICES PRESSURE PUMPING & WIRELINE

#### 1700 S. Country Estates Rd. Liberal, Kansas 67905 Phone 620-624-2277

**FIELD SERVICE TICKET** 

1717 0576**6** A

PRESSU	re pump	ING & WIRELINE					DATE TICKET NO
DATE OF 418-14	C	DISTRICT 17/7			NEW WELL		PROD INJ WDW CUSTOMER ORDER NO.:
CUSTOMER OXY U	5 A		1 - 1	1 1	LEASE En	terpri	Jes A WELL NO. 6
ADDRESS	ang ang ang Ang ang ang		-		COUNTY 4	rske/	/ STATE KS
CITY		STATE			SERVICE CR	IEW R.	ben. Carlas - Daniel
AUTHORIZED BY	YCe	Davis	-	e Alise a la contra Alise e	JOB TYPE: 2	241	51/2 Production
EQUIPMENT#	HRS	EQUIPMENT#	HRS		JIPMENT#	HRS	TRUCK CALLED 4-18 19 PM 0600
an a		n sa		78 94	0	9	ARRIVED AT JOB
		· · · · ·		387501	19842	4	START OPERATION PM 0833
e total positivo en en el compositivo e				14355	3725	4	
na series de la companya de la comp No series de la companya de la company							
· · · · ·				· · ·			RELEASED PM 1000
and aparts and what have been				l strate e e	a de la caractería de la c	- energia	MILES FROM STATION TO WELL 30

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
T 105	Cement Data	Eg		n neene agai	412 50
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• 1	
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
	TOTAL

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

FIELD SERVICE ORDER NO.

SERVICE

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer (		, Kansas 5 A		Lease No.	nigo de constante a faire e que a primar a dimension en anti-	naga (manana mana kana la di si diki si di kata (kata kata (kata (kata (kata (kata (kata (kata (kata (kata (kat	Date	<b>Cement Report</b> 4-18-14
Lease Sh		<u></u>		Well # /		ada kana kana kana kana kana kana kana k	Service Rece	ipt
Casing	terprise	5 71 Depth		County 1	aske 11		State KS	
Job Type			Formation	1	-30/0.17	Legal Descri	otion	
	anna air an	Pipe C	)ata		1	Perforat	ing Data	Cement Data
Casing size	51/2 17		Tubing Size			Sho	ts/Ft	Lead 210 5x 0 13 54 51- Wee, 10. 59 14, 67. Cy Vg # Detonmer, St Gibourg
Depth Sa	45.45	1	Depth		From		To	194 Detonner Stiller
Volume / a	20.866		Volume		From	an the second devices the control of the second	То	
Max Press			Max Press		From		To	Tail in SO SX @ 13.5PH Mouse Hole
Nell Connec	tion		Annulus Vol.	and a second second second and a second s	From		То	Mouse Hole
Plug Depth	5207'		Packer Depth		From		To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate			Servic	ce Log
0600	1 1 4 4 4 4 4 4 4 4 4				Cn /	cation	- Kiev	· _
0800					Safe	1,4	tias	
	2500	na na an an an an Anna Connta ann a dhuadh an Anna Anna Anna Anna Anna Anna Anna			Press		sZ	
0835	100		5	5	Pump	Wate	~ Aheal	
0837	100		12	5	Rump	500 50	llens of 3	Super Hush
0840	150		5	5	lump	Water	behind	
0842	100	alanda alamma yang si Sang kaning mang kaning k	59	5	lung	<u>a10 Sx</u>	0 B.S	116
0855					Diop	Plus	- Washu	P
0900	100			S	Star	E Disp	lace ment	
0918	650		105	2	5/00		leq	
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	17		28750	14355	<u> </u>			
Service Unit		*	3875242 (4842 Carlos	Janie	225			

4 a Customer Representative

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Station Manager Bennett Ruben Martinez Station Manager Taylor Pr

Taylor Printing, Inc.