



Confidentiality Requested:

Yes  No

**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
- 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: \_\_\_\_\_

1208018

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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	Top	Datum
HEEBNER	4137	
TORONTO	4156	
LANSING	4198	
KANSAS CITY	4672	
MARMATON	4776	
PAWNEE	4948	
CHEROKEE	5005	
ATOKA	5130	



## 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	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1207300">../..kcc/detail/operatorEditDetail.cfm?docID=1207300</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1208018">../..kcc/detail/operatorEditDetail.cfm?docID=1208018</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1207300  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

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

**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
- 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: \_\_\_\_\_

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](mailto: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
--	---

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	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	Top	Datum
HEEBNER	4137	
TORONTO	4156	
LANSING	4198	
KANSAS CITY	4672	
MARMATON	4776	
PAWNEE	4948	
CHEROKEE	5005	
ATOKA	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





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1717 05680 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 3-17-14	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: Enterprises A#5	WELL NO.:					
ADDRESS:		COUNTY: Haskell	STATE: KS					
CITY:	STATE:	SERVICE CREW: E Mendoza, S Chavez, C Garcia						
AUTHORIZED BY: J Bennett		JOB TYPE: 242-8 5/8" Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
34726	8						3-17-14	8:00
27462	8					ARRIVED AT JOB		12:00
3811	8					START OPERATION		6:00
37724	8					FINISH OPERATION		8:00
14355	8					RELEASED		9:00
37725	8					MILES FROM STATION TO WELL	30	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: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con	sk	300	13.95	4185.00
CL110	Premium Plus	sk	245	12.23	2996.35
CC101	Calcium Chloride	lb	1308	.79	1033.32
CC102	Cellulose	lb	137	2.78	380.86
CC130	CS	lb	57	18.75	1068.75
CF253	Regular Guide Shoe	ea	1		285.00
CF1453	8 5/8" Insert		1		210.00
CF4405	Centralizer		17	108.75	1848.75
CF105	Plus		1		168.75
CF4109	Stop Collar		1		75.00
CF4556	Basket		1		987.50
CF3000	Thread Lock		12	25.50	306.00
	D20177				
	Enterprises A-5				
	0102		3023		
	1180081				

SUB TOTAL \$17078.48

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]

FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)





# Cement Report

Customer	Oxy USA	Lease No.		Date	3-17-14
Lease	Enterprises A	Well #	5	Service Receipt	05680
Casing	8 5/8" 24" Depth	County	Haskell	State	KS
Job Type	242-8 5/8" Surface	Formation		Legal Description	21-30-32

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" Surface	Tubing Size		Lead 300 sk
Depth	1539'	Depth	From To	A Con
Volume	Disp - 95.5 bbl	Volume	From To	
Max Press	1500#	Max Press	From To	Tail in 245 sk
Well Connection	TD-1533'	Annulus Vol.	From To	Prem, Plus
Plug Depth	51-41'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:30					on loc-site assessment (start csg)
3:00					spot tracks- rig up
4:00					csg on bottom break circ
4:30					safety meeting - JSA
5:00					pressure test 2000#
6:15	200		128	5	Mix + pump 300sk A-Con @ 12.1# - 2.40 A3sk
6:40	200		58.5	5	switch to tail 245 sk Premium Plus @ 14.8# - 1.34 A3sk
6:55	100		0	5	drop plug, disp csg
7:05	500		85	2	slow rate
7:10	1000		95	0	land plug float hold
					psi test csg 1500# 30 min - ok
					circ 75 bbl surface
					job complete

Service Units	34726	27462	3511-37724	14305-37725
Driver Names	A. Overa	E. Medina	S. Chavez	C. Garcia

C. Wylie Customer Representative     
 J. Bennett Station Manager     
 A. Overa Cementer



**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1717 05766 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>4-18-14</b> DISTRICT <b>1717</b>		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 <b>Oxy USA</b>		LEASE <b>Enterprises A</b> WELL NO. <b>6</b>							
ADDRESS		COUNTY <b>Haskell</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>Ruben, Carlos-Daniel</b>							
AUTHORIZED BY <b>Tyce Davis JRB</b>		JOB TYPE: <b>2-41 5/2 Production</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				<b>78940</b>	<b>4</b>		<b>4-18-14</b>		<b>0600</b>
				<b>3875019842</b>	<b>4</b>	ARRIVED AT JOB		AM	<b>0600</b>
				<b>1435537725</b>	<b>4</b>	START OPERATION		AM	<b>0833</b>
						FINISH OPERATION		AM	<b>0945</b>
						RELEASED		AM	<b>1000</b>
						MILES FROM STATION TO WELL		PM	<b>30</b>

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
CL 104	50/50 Poz	SK	260	8 25	2145 00
CC 105	C-41P	Lb	55	3 00	165 00
CC 113	Gypsum	Lb	1095	56	613 20
CC 111	Salt	Lb	1600	38	608 00
CC 103	C-15	Lb	132	9 38	1238 16
CC 102	Bilsonite	Lb	1300	50	650 00
CC 155	Super flush	Gal	500	1 15	575 00
CF 251	5/2 Guide Shoe	Eg	1		187 50
CF 1451	5/2 Insert float valve	Eg	1		161 25
CF 103	5/2 Rubber Plug	Eg	1		78 75
CF 4105	5/2 Stop Collar	Eg	1		63 00
CF 4452	5/2 Centralizers	Eg	25	56 25	1406 25
E 101	Heavy Equipment Mixture	Mg	60	5 25	315 00
CE 240	Blending & Mixing Charge	SK	260	1 05	273 00
E 113	Propanol & Bulk Delivery Charge	TM	329	1 20	394 80
CE 5	Depth Charge Seal - 6000'	Eg	1		2160 00
CE 504	Plug Container Charge	Eg	1		187 50
E 100	Pickup Charge	Mg	30	3 19	95 70
S003	Service Supervisor Charge	Eg	1		131 25
SUB TOTAL					<b>11860.86</b>

CHEMICAL / ACID DATA:			

AP1 \_\_\_\_\_ SERVICE & EQUIPMENT **11860.86** %TAX ON \$ \_\_\_\_\_  
 LEASEWELL **Enterprises A** MATERIALS %TAX ON \$ \_\_\_\_\_  
 MAXIMO / WSM # \_\_\_\_\_ TOTAL \_\_\_\_\_  
 TASK **01-02** ELEMENT **3023**  
 PROJECT # **1180813** CAPEX / OPEX - Circle one \_\_\_\_\_

SERVICE REPRESENTATIVE <b>Ruben Martinez</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <b>Early Zion</b>
FIELD SERVICE ORDER NO. _____	SIGNATURE  (WELL OWNER OPERATOR CONTRACTOR OR AGENT)







# Cement Report

Customer <b>Oxy USA</b>		Lease No.		Date <b>4-18-14</b>	
Lease <b>Enterprises A</b>		Well # <b>6</b>		Service Receipt	
Casing		Depth		County <b>Haskell</b>	
Job Type		Formation		State <b>KS</b>	
Legal Description					
Pipe Data			Perforating Data		
Casing size <b>5 1/2 17#</b>	Tubing Size	Shots/Ft			Lead <b>2 10 SX @ 13.5 SPX</b> <b>51- W6, 10.5 9 1/4, 67. C 1/5,</b> <b>1/4# Deformer, 57 6 1/2 size</b>
Depth <b>5245.45'</b>	Depth	From	To		
Volume <b>120.8 bbl</b>	Volume	From	To		
Max Press	Max Press	From	To		
Well Connection	Annulus Vol.	From	To		
Plug Depth <b>5207'</b>	Packer Depth	From	To		Tail in <b>50 SX @ 13.5 SPX</b> <b>Mouse Hole</b>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0600					On location - Rig up
0800					Safety Meeting
0833	2500				Pressure Test
0835	100		5	5	Pump Water Ahead
0837	100		12	5	Pump 500 gallons of Super Flush
0840	150		5	5	Pump Water behind
0842	100		59	5	Pump 2 10 SX @ 13.5 SPX
0855					Drop Plug - Wash up
0900	100			5	Start Displacement
0918	650		105	2	slow Rate
0924	1250		120	2	Bump Plug
0930	0				Release Pressure - float held
0938	100		14	4	Plug Mouse Hole
0945	0				Shot Down - Rig Down
Service Units	78990	38750 19842	14555 37225		
Driver Names	Ruben	Carlos	Daniel		

Early  
Customer Representative

Jerry Bennett  
Station Manager

Ruben Martinez  
Cementer