

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: <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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HALL 10
Doc ID	1208017

All Electric Logs Run

REPEAT SECTION
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ANNULAR HOLE VOLUME PLOT

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HALL 10
Doc ID	1208017

Tops

Name	Top	Datum
HEEBNER	4131	
TORONTO	4154	
LANSING	4193	
KANSAS CITY	4662	
MARMATON	4828	
PAWNEE	4958	
CHEROKEE	5020	
ATOKA	5120	

Summary of Changes

Lease Name and Number: HALL 10

API/Permit #: 15-081-22050-00-00

Doc ID: 1208017

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/operatorEditDetail.cfm?docID=1207308	../../kcc/detail/operatorEditDetail.cfm?docID=1208017

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	HALL 10
Doc ID	1207308

All Electric Logs Run

REPEAT SECTION
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ANNULAR HOLE VOLUME PLOT

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HALL 10
Doc ID	1207308

Tops

Name	Top	Datum
HEEBNER	4131	
TORONTO	4154	
LANSING	4193	
KANSAS CITY	4662	
MARMATON	4828	
PAWNEE	4958	
CHEROKEE	5020	
ATOKA	5120	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HALL 10
Doc ID	1207308

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4672-4684 KANSAS CITY		4672-4684



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05752 A

DATE _____ TICKET NO. _____

DATE OF JOB: 3-25-14		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: Hg 11				WELL NO.: 10	
ADDRESS:				COUNTY: Haskell				STATE: KS	
CITY:				STATE:				SERVICE CREW: Ruben-Carlos-Daniel-Gabriel	
AUTHORIZED BY: Tyre Davis				JOB TYPE: 2-24 8 5/8 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				3875019842	12	3-25-14			0700
				1961519566	12	ARRIVED AT JOB		AM	0330
				14355-37725	12	START OPERATION		AM	1003
				78940	12	FINISH OPERATION		AM	1145
						RELEASED		AM	1200
						MILES FROM STATION TO WELL		PM	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
CL 101	A - Con Blend	SK	300	13 95	4185 00
CL 110	Premium Plus	SK	245	12 23	2996 35
CC 165	SLS Polymer	gal	840	4 50	3780 00
CC 166	SLS LCM	lb	396	3 94	1260 80
CC 109	Calcium Chloride	lb	1308	79	1033 32
CC 102	Cellothake	lb	137	2 78	380 86
CC 130	C-51	lb	57	18 75	1068 75
CF 253	8 5/8 guide shoe	Eg	1		285 00
CF 1453	8 5/8 Insert float	Eg	1		210 00
CF 4405	8 5/8 Centralizer	Eg	17	108 75	1848 75
CF 4556	8 5/8 Basket	Eg	1		787 50
CF 105	8 5/8 Plug	Eg	1		168 75
CF 4105	8 5/8 Stop Collar	Eg	1		75 00
E 101	Heavy Equipment Mileage	Mi	90	5 25	472 50
CE 240	Blending & Mixing Charge	SK	545	1 05	572 25
E 113	Proppant & Bulk Delivery	Tm	770	1 20	924 00
CE 202	Depth Charge	4hrs	1		1125 00
CE 504	Plug Container Utilization	Job	1		187 50
E 100	pick up charge	Mi	30	3 19	95 70
SUB TOTAL					21588 28

CHEMICAL / ACID DATA:			

AP LOC: _____ SERVICE & EQUIPMENT %TAX ON \$ _____
 LEASE: _____ MATERIALS Hall #10 %TAX ON \$ _____
 MAXIMO / VOL: _____ TOTAL _____
 TASK: 01-02 ELEMENT: 3023
 PROJECT: 1179700 CAPEX / OP&M - Circle one

SERVICE REPRESENTATIVE:	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
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FIELD SERVICE ORDER NO. _____

SIGNATURE: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer Oxy USA		Lease No.		Date 3-25-14	
Lease Hall		Well # 10		Service Receipt	
Casing		Depth		County Haskell State KS	
Job Type		Formation		Legal Description 16-30-32	
Pipe Data			Perforating Data		Cement Data
Casing size 8 5/8 24#		Tubing Size		Shots/Ft	
Depth 1580'		Depth			
Volume 97.8 bbl		Volume		From To	
Max Press		Max Press		From To	
Well Connection 5'		Annulus Vol.		From To	
Plug Depth 1538'		Packer Depth		From To	
				Lead 300sx @ 12.1 PPG 31-cc, 1/4# Polyflake, 21-WCA-1	
				A- Con Blend	
				Tail in 245sx @ 14.8 PPG 21-cc, 1/4# Polyflake	
				Premium Plus Cement	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0330					On Location
0600					Rig up
0930					Safety Meeting
1003	2000				Pressure Test
1004	200		20	5	Pump Stop Loss
1012	250		128	5	Pump 300sx @ 12.1 PPG
1033	250		58	5	Pump 245sx @ 14.8 PPG
1044					Drop Plug
1046	100			5	Start Displacement
1103	400		84	2	Slow Rate
1107	950		97.8	2	Bump Plug
1113	0				Release Pressure - float Held
1115	1500				Test Casing
1145	0				Release Pressure
1146					Shut Down - Rig Down
Service Units		3875019842		14355 37725 19615 19564	
Driver Names		Ruben		Carlos Daniel Gabriel	

Early

Customer Representative

Jerry Bennett

Station Manager

Ruben Martinez

Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04763 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-29-14 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 Hall #10		WELL NO.:					
ADDRESS		COUNTY Haskell		STATE KS					
CITY STATE		SERVICE CREW J. Chavez, Tom, Colton E							
AUTHORIZED BY Tony Benita		JOB TYPE: 24R 5 1/2 Long 5 Str							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							3-28-14		1200
78978	6	70847	6	38111	6	ARRIVED AT JOB	3-28-14	AM	300
		19570	6	37724	6	START OPERATION	3-28-14	AM	900
						FINISH OPERATION	3-29-14	AM	700
						RELEASED	3-29-14	AM	800
						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
CL104	50-50 POC	SK	260	8 25	2145 00
CC113	Gypsum	lb	1095	56	613 20
CC111	Salt	lb	1600	38	608 00
CC103	C-15	lb	132	9 38	1238 16
CC105	C-41P	lb	55	3 00	165 00
CC201	Gilsonite	lb	1300	50	650 00
CF251	Guide Shoe	EA	1		187 50
CF1451	Insert Foot Valve	EA	1		161 25
CF4105	Stop Collar	EA	1		63 00
CF4452	Centralizer Str	EA	25	56 25	1406 25
CF103	Ribbon Plug	EA	1		78 75
CE155	Super Flush 11	gal	500	1 15	575 00
E101	Heavy Eguip ment Mileage	mi	60	5 25	315 00
CE240	Blendy & Mixing Charge	SK	260	1 05	273 00
E113	Bulk Delivery Charge	hr	329	1 20	394 80
CE206	Depth Charge	4hrs	1		2160 00
CE504	Plus Conting Charge	job	1		187 50
E100	Picking Mileage	mi	30	3 19	95 70
5003	Service Suspend	EA	1		131 25
SUB TOTAL					11898 36
CHEMICAL / ACID DATA:		SERVICE & EQUIPMENT		%TAX ON \$	
		MATERIALS		%TAX ON \$	
TOTAL					

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
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FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>3-28-14</i>	
Lease <i>Hall</i>		Well # <i>10</i>		Service Receipt <i>4763</i>	
Casing <i>5 1/2</i>	Depth <i>5264</i>		County <i>Haskell</i>		State <i>KS</i>
Job Type <i>242 Long Stray</i>		Formation		Legal Description <i>16-30-32</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2</i>		Tubing Size		Shots/Ft	
Depth <i>5271</i>		Depth <i>5241</i>		From	To
Volume <i>122615</i>		Volume		From	To
Max Press <i>2500</i>		Max Press		From	To
Well Connection <i>5 1/2</i>		Annulus Vol.		From	To
Plug Depth <i>5230</i>		Packer Depth		From	To
					Tail in <i>260916 50-50</i>
					<i>1.58 FT 2 1/2 #</i>
					<i>7.3661-52 13.5#</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1500</i>					<i>Arrive On location</i>
<i>1510</i>					<i>Safety Meeting - Mix Up</i>
<i>1600</i>					<i>Circulate 7 min</i>
<i>1645</i>					<i>Hook Up To BES</i>
<i>1650</i>	<i>2500</i>		<i>1</i>	<i>1</i>	<i>Pressure Test</i>
<i>1655</i>	<i>375</i>		<i>5</i>	<i>5</i>	<i>Pump Water Spacer</i>
<i>1700</i>	<i>350</i>		<i>12</i>	<i>5</i>	<i>Pump Super Flush</i>
<i>1705</i>	<i>325</i>		<i>5</i>	<i>5</i>	<i>Pump Water Spacer</i>
<i>1710</i>	<i>300</i>		<i>59</i>	<i>5</i>	<i>Pump cement @ 13.5#</i>
<i>1725</i>					<i>Wash Up - Stop Mix</i>
<i>1730</i>	<i>400</i>		<i>112</i>	<i>6</i>	<i>Displace</i>
<i>1755</i>	<i>700</i>		<i>10</i>	<i>2</i>	<i>Slow Down</i>
<i>1800</i>	<i>1200</i>		<i>11</i>	<i>11</i>	<i>Land Plug - Float Head</i>
					<i>Plug Mosaic Hole</i>
					<i>Job Complete</i>
Service Units <i>78938</i>		<i>7089744570</i>		<i>38111-37724</i>	
Driver Names <i>Erby</i>		<i>Sam</i>		<i>Crabe C</i>	

Erby
Customer Representative

Sam Crabe
Station Manager

Erby
Cementer