



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: \_\_\_\_\_

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  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

<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> <i>(Submit ACO-4)</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	SOLZE A 1
Doc ID	1213804

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SOLZE A 1
Doc ID	1213804

Tops

Name	Top	Datum
HEEBNER	3893	
TORONTO	3910	
LANSING	3943	
KANSAS CITY	4347	
MARMATON	4469	
PAWNEE	4560	
CHEROKEE	4604	
ATOKA	4773	
MORORW	4825	
ST GENEVIEVE	4933	



## Summary of Changes

Lease Name and Number: SOLZE A 1

API/Permit #: 15-055-22280-00-00

Doc ID: 1213804

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Additional Type And Percent Additive		16.4 ppg w/ 1.06 ft 3/sk
Approved Date	05/30/2014	07/10/2014
CementingDepth2_PDF	-	4894-4901
CementingDepthBase2		4901
CementingDepthTop2		4894
Method Of Completion - Commingled	Yes	No
Number Of Sacks Used for Cementing / Squeezing- Line 2		100
Perf_Record_2	4894-4901 MORROW	4894-4901 MORROW (SQUEEZE)
Producing Formation	ST GENEVIEVE & MORROW / COMMINGLED	ST GENEVIEVE
Production Interval #2	MORROW	

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1208016	../../../../kcc/detail/operatorEditDetail.cfm?docID=1213804
Type Of Cement Used for Cementing / Squeezing - Line 2		PREM +



Confidentiality Requested:

Yes  No

# 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: \_\_\_\_\_





Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1207302  
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
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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	SOLZE A 1
Doc ID	1207302

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SOLZE A 1
Doc ID	1207302

Tops

Name	Top	Datum
HEEBNER	3893	
TORONTO	3910	
LANSING	3943	
KANSAS CITY	4347	
MARMATON	4469	
PAWNEE	4560	
CHEROKEE	4604	
ATOKA	4773	
MORORW	4825	
ST GENEVIEVE	4933	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	SOLZE A 1
Doc ID	1207302

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4996-5003 ST GENEVIEVE	ACIDIZE 1000 GALS 15% HCL FLUSH W/ 21 BBLS 4% KCL	4996-5003
4	4894-4901 MORROW	ACIDIZE 1000 GALS 15% HCL FLUSH W/ 20 BBLS 4% KCL	4894-4901
4	4427-4432 KANSAS CITY (SQUEEZE)		4427-4432



# ALLIED OIL & GAS SERVICES, LLC 052534

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Liberal KS

DATE <u>3-2-14</u>	SEC <u>36</u>	TWP <u>25S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>9:00am</u>	JOB START <u>4:30pm</u>	JOB FINISH <u>6:30pm</u>
LEASE <u>Solze</u>	WELL # <u>A-1</u>	LOCATION <u>Vec Garden City KS</u>			COUNTY <u>Linney</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Aztec # 507  
 TYPE OF JOB Sur-face  
 HOLE SIZE 12 1/4 T.D. 1649  
 CASING SIZE 8 5/8 DEPTH 1648  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT 40.5'  
 CEMENT LEFT IN CSG. 2.6 bbl  
 PERFS.  
 DISPLACEMENT 102.6  
 EQUIPMENT

OWNER  
 CEMENT  
 AMOUNT ORDERED 350sk Class C 2" pps seal  
200sk MMS 3" CC 1/4" pps seal 12% SA-S1  
250sk Class C 3" cc 1/4" pps seal  
 COMMON Class C 248sk @ 24.40 \$978.00  
 POZMIX @  
 GEL @  
 CHLORIDE 22sk @ 64.00 1408.00  
 ASC @  
Allied Multi-Density (C) 350sk @ 31.00 10850.00  
 @  
 @  
Flo seal 150sk @ 2.97 445.50  
SA-S1 60sk @ 17.55 1053.00  
 @  
 @  
 @  
 HANDLING 605.87 @ 2.48 1651.36  
 MILEAGE 1478.46 @ 2.60 3844.00  
 TOTAL 25,338.46

PUMP TRUCK CEMENTER Lenny Baerz  
 # 549-SS0 HELPER Jaime Maldonado  
 BULK TRUCK  
 # 562-SS7 DRIVER Gregory Randall  
 BULK TRUCK  
 # 486-SS4 DRIVER Ricardo Landa

REMARKS:  
 AP LOCATION/DEPT. Libcap D02  NON-D02   
 LEASE/WELL/FAC. Solze A-1  
 MAXIMO / WSM #  
 TASK 0102 ELEMENT 3223  
 PROJECT # 118D139 CAPEX / OPEX - Circle one  
 SPO / BPA UNSUPPORTED   
 PRINTED NAME JARED LEWTON  
 SIGNATURE: Jared Lewton  
I certify that these Services/Materials have been received

SERVICE  
 DEPTH OF JOB 1001-2000  
 PUMP TRUCK CHARGE 2213.75  
 EXTRA FOOTAGE @  
 MILEAGE 50 @ 7.70 385.00  
 MANIFOLD @  
Light Vehicle 50 @ 9.40 470.00  
 @  
 TOTAL 3093.75

CHARGE TO: OXY USA  
 STREET  
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT  
Top Rubber Plug @ 131.00 131.00  
AFU Insert Blat @ 447.00  
Guide shoe @ 460.00  
Centralizer 14 @ 75.00 1050.00  
Stop C.ollar @ 56.00  
 @  
 TOTAL 2144.00

To: Allied Oil & Gas Services, LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)  
 TOTAL CHARGES \$ 30,572.91  
 DISCOUNT IF PAID IN 30 DAYS  
 Net \$ 21,095.31

PRINTED NAME JARED LEWTON  
 SIGNATURE Jared Lewton

# ALLIED OIL & GAS SERVICES, LLC 052433

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Liberall, ks

DATE <u>3/26/14</u>	SEC. <u>36</u>	TWP. <u>25 S</u>	RANGE <u>33 W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00 AM</u>	JOB FINISH <u>11:00 PM</u>
LEASE <u>Solze</u>	WELL # <u>A-1</u>	LOCATION <u>Garden City, ks set of 831 parallel</u>			COUNTY <u>Finney</u>	STATE <u>ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		1 mile west to west fork rd, NW into					

CONTRACTOR Aztec 507 OWNER Oxy USA INC  
TYPE OF JOB Production

HOLE SIZE <u>7 7/8</u>	T.D. <u>5225</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>5215</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>4000 PSI</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>42.00</u>
CEMENT LEFT IN CSG. <u>42.00 ft</u>	
PERFS.	
DISPLACEMENT <u>120 bbls fresh water</u>	
EQUIPMENT	

CEMENT		
AMOUNT ORDERED	<u>290 SKS 50/50 POZ CLASS II</u>	
	<u>2 7/8 GEL, 5 7/8 GYP SEAL, 10 5/8 SALT, 5 1/2 ST</u>	
	<u>GILSONITE, 1/4 16/ST FL-SEAL, 0.5% FL-160</u>	
	<u>0.2% CD-31</u>	
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
USE Super Flush	12 bbls @	55.70 704.40
Allied Solso Poz #	290 SKS @	16.85 4886.50
Salt	17.60 SKS @	0.235 465.76

PUMP TRUCK # <u>531-541</u>	CEMENTER <u>Edgar Rodriguez</u>
	HELPER <u>Heriberto Valenzuela</u>
BULK TRUCK # <u>868-842</u>	DRIVER <u>Alex Ayala</u>
BULK TRUCK #	DRIVER

GYP Seal	24.20 SK @	37.60	909.92
Gilsonite	1450 # @	0.99	1421.00
Fl-160	12.60 # @	2.97	215.62
FL-160	121.90 # @	18.90	2302.02
CD-31	49.40 # @	10.30	498.52
HANDLING	359.20 FT <sup>3</sup> @	2.48	965.22
MILEAGE	738.05 Ton Mile	2.60	1918.95
TOTAL			14,285.89

REMARKS:

AP LOCATION/DEPT Liberall D02  NON D02

LEASE/WELL/FAC Solze A-1

MAXIMO / WSM # \_\_\_\_\_

TASK 0102 ELEMENT 3023

PROJECT # 1180139 CAPEX / OPEX - Circle one

SPO / BPA \_\_\_\_\_ UNSUPPORTED

PRINTED NAME James Carter

SIGNATURE: Jan Cart  
Verify that these Services/Materials have been received

SERVICE

DEPTH OF JOB			5213
PUMP TRUCK CHARGE	1	3099.25	3099.25
EXTRA FOOTAGE	@		
MILEAGE Heavy Vehicle	50 mi @	7.70	385.00
MANIFOLD	@	275.00	275.00
Light vehicle	40 mi @	4.40	220.00
TOTAL			3979.25

CHARGE TO: Oxy Usa

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

Top Rubber Plug	1 @	85.41	85.41
Stop collar	1 @	49.14	49.14
Guide shoe	1 @	280.80	280.80
Afu float	1 @	334.62	334.62
Centralizer	20 @	57.33	1146.60
TOTAL			1896.57

To: Allied Oil & Gas Services, LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME James Carter

SIGNATURE Jan Cart

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 20,161.71

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

Net = 14,113.20



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

DATE OF JOB <u>4/24/14</u> DISTRICT <u>1717</u>		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 <u>Oxy USA</u>		LEASE <u>SOLZE A I</u> WELL NO.:							
ADDRESS		COUNTY <u>Finnely</u> STATE <u>Ks</u>							
CITY STATE		SERVICE CREW <u>Tommy, Daniel, Norma</u>							
AUTHORIZED BY <u>Tyce</u> <u>SD</u>		JOB TYPE: <u>ELZ Squeeze</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>75939</u>	<u>4.5</u>								<u>5:00</u>
<u>37223 37726</u>	<u>4.5</u>					ARRIVED AT JOB			<u>12:00</u>
<u>19827 19883</u>	<u>4.5</u>					START OPERATION			<u>2:04</u>
<u>14355 37725</u>	<u>4.5</u>					FINISH OPERATION			<u>6:00</u>
						RELEASED			<u>6:30</u>
						MILES FROM STATION TO WELL			<u>60</u>

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
CL100	Premium/Common	SK	50	12.00	600.00
F100	Heavy Equip Mileage	Mi	20	5.25	630.00
CE240	Blending & Mixing Charge	SK	300	1.05	315.00
E113	Bulk Delivery	Tm	846	1.20	1015.20
CE205	Depth Charge 4001-5000	4hr	1		1890.00
E100	Pickup Mileage	Mi	60	3.19	191.40
5003	Service Supervisor	EA	1		131.25

AP LOCATION/DEPT. Libecap D02 NON D02  
 LEASE/WELL/FAC SOLZE A-1  
 MAXIMO/WSM# OLB01DVZ  
 TASK 0103 ELEMENT 3023  
 PROJECT # 1180139 (APEX) OPEX - Circle One  
 SPO/BPA \_\_\_\_\_ UNSUPPORTED \_\_\_\_\_  
 PRINTED NAME WES WILLIMON  
 SIGNATURE: [Signature]  
 I certify that these Services/Materials have been received

SUB TOTAL 4772.85

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Chad Kinz</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

**Cement Report**

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Lease No. \_\_\_\_\_ Date 4/24/14  
 Well # 1 Service Receipt \_\_\_\_\_  
 Casing 5 1/2 Depth \_\_\_\_\_ County Finney State Ks

Job Type <u>SL2</u>	Formation _____	Legal Description _____	
Pipe Data		Perforating Data	Cement Data
Casing size <u>5 1/2</u>	Tubing Size <u>2 3/8</u>	Shots/Ft	
Depth <u>4894'</u>	Depth <u>4790'</u>	From <u>4894'</u>	To <u>4901'</u>
Volume <u>2.23</u>	Volume <u>18.5</u>	From _____	To _____
Max Press _____	Max Press <u>1500</u>	From _____	To _____
Well Connection <u>Swage</u>	Annulus Vol. _____	From _____	To _____
Plug Depth _____	Packer Depth _____	From _____	To _____

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					on Loc, softening, R.O.
15:03	580		4		Load BS.
15:05	580	2200			Test Lines
15:06	580	900	10	2	inj Rate
15:18	580	460	9.4	2	Mix 50sx "H" @ 16.4#
15:26					Washup to Pit
15:32	580	0	0		Start Disp
16:07	580	800-470	19		shut down
16:13	580	410-1610	19.25		Bump Psi
16:39	580	400-1640	19.25		Bump Psi
16:45					Tooth w/5 strands
17:05	520		0	2.75	Rov out long way
17:59			115		Set PKR
17:59		1000			Psi toq shut in
					Job Complete

Service Units	<u>94939</u>	<u>392233492</u>	<u>1982719883</u>	<u>14355.37925</u>
Driver Names	<u>C. Ortiz</u>	<u>T. Marcellus</u>	<u>D. Beck</u>	<u>N. Bowers</u>

Andy Ortiz Customer Representative      Jerry Bennett Station Manager      Chad Ortiz Cementer