



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. 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	DRUSSEL E 5
Doc ID	1208026

All Electric Logs Run

REPEAT LOG
SONIC ARRAY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 5
Doc ID	1208026

Tops

Name	Top	Datum
HEEBNER	3909	
TORONTO	3929	
LANSING	3963	
KANSAS CITY	4358	
MARMATON	4481	
PAWNEE	4577	
CHEROKEE	4622	
ATOKA	4790	
MORORW	4843	
ST GENEVIEVE	4946	



## Summary of Changes

Lease Name and Number: DRUSSEL E 5

API/Permit #: 15-055-22279-00-00

Doc ID: 1208026

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Method Of Completion - Perf	No	Yes
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1208003">../kcc/detail/operatorEditDetail.cfm?docID=1208003</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1208026">../kcc/detail/operatorEditDetail.cfm?docID=1208026</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1208003  
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)</i> <i>(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	DRUSSEL E 5
Doc ID	1208003

All Electric Logs Run

REPEAT LOG
SONIC ARRAY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 5
Doc ID	1208003

Tops

Name	Top	Datum
HEEBNER	3909	
TORONTO	3929	
LANSING	3963	
KANSAS CITY	4358	
MARMATON	4481	
PAWNEE	4577	
CHEROKEE	4622	
ATOKA	4790	
MORORW	4843	
ST GENEVIEVE	4946	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 5
Doc ID	1208003

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5012-5019 ST GENEVIEVE	ACIDIZE 24 BBL 15%HCL FLUSH 20 BBLs 4% KCL	5012-5019
4	4740-4743 CHEROKEE	ACIDIZE 750 GALS 15% HCL FLUSH 19 BBLs 4%KCL	4740-4743
4	4622-4626 CHEROKEE	ACIDIZE 750 GALS 15% HCL FLUSH 19 BBLs 4% KCL	4622-4626
4	4514-4518 MARMATON (SQUEEZE)	ACIDIZE 750 GALS 15% HCL 18 BBLs 4% KCL	4514-4518



# ALLIED OIL & GAS SERVICES, LLC 053105

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal ks

DATE <u>03-29-14</u>	SEC <u>36</u>	TWP <u>25S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>2:00 a.m.</u>	JOB START <u>7:30</u>	JOB FINISH <u>9:00 a.m.</u>
LEASE <u>Drussel</u>	WELL # <u>E-5</u>	LOCATION <u>Jet 83+ Parallel Rd, W 1 Mi.</u>			COUNTY <u>Finney</u>	STATE <u>Ks.</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>N+ South Into.</u>					

CONTRACTOR Aztec # 507 OWNER Oxy Usa Inc

TYPE OF JOB Surface

HOLE SIZE 12 1/4 TD. 1648 ft CEMENT

CASING SIZE 8 7/8 24 # DEPTH 1643.46 ft AMOUNT ORDERED 350 sk AMD<sup>10</sup>, 276 xp

TUBING SIZE DEPTH Seal, 27. NAMS, 37. CC, 1/4 ES, 27. SA-SI

DRILL PIPE DEPTH 245 sk "C", 37. CC, 1/4 blk Flosele.

TOOL DEPTH COMMON "C" 245 sk @ 24.40 5978.00

PRES. MAX 1500 MINIMUM POZMIX @

MEAS. LINE SHOE JOINT 40.56 ft GEL @

CEMENT LEFT IN CSG. 2.58 BBIs CHLORIDE 22 sk @ 64.00 1408.00

PERFS. ASC @

DISPLACEMENT 102 BBIs AMD<sup>10</sup> "C" 350 sk @ 31.00 10,850.00

EQUIPMENT Flosele 150 lb @ 2.97 445.50

PUMP TRUCK CEMENTER Ruben Chavez SA-SI 66 lb @ 17.55 1,158.30

#531-541 HELPER Jaime Torres

BULK TRUCK DRIVER Ricardo Estrada

#456-554 DRIVER Manuel Covarrubias

BULK TRUCK DRIVER

#562-467 DRIVER

HANDLING 665.87 CFT @ 2.45 1,651.36

MILEAGE 1478.76 Ton M. @ 2.60 3,844.00

TOTAL 25335.16

REMARKS:

AP LOCATION/DEPT Libcap ~~D02 (NON D02)~~  
 LEASEWELL/FAC Drussel EG  
 MAXIMO / WSM #  
 TASK 0102 ELEMENT 3023  
 PROJECT # 1180140 CAPEX / OPEX - Circle one  
 SPO / BPA GEN UNSUPPORTED   
 PRINTED NAME Gene Billy  
 SIGNATURE: Gene Billy

SERVICE

DEPTH OF JOB 1648 ft  
 PUMP TRUCK CHARGE 2213.75  
 EXTRA FOOTAGE @  
 MILEAGE heavy 50 M. @ 7.70 385.00  
 MANIFOLD 7 head 1 @ 275.00 275.00  
Light Vehicle 50 M. @ 4.40 220.00

TOTAL 3093.75

PLUG & FLOAT EQUIPMENT

Top rubber plug 1 @ 131.00 131.00  
AFU Insert Float 1 @ 447.00 447.00  
Guide Shoe 1 @ 460.00 460.00  
Centralizer 14 @ 75.00 1,050.00  
Step collar 1 @ 56.00 56.00

TOTAL 2,144.00

CHARGE TO: Oxy Usa Inc.  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

PRINTED NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

NET 7 21,095.31

# ALLIED OIL & GAS SERVICES, LLC 052538

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Cibola, KS

DATE <u>4-2-14</u>	SEC <u>36</u>	TWP <u>25S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>12:00am</u>	JOB START <u>3:00am</u>	JOB FINISH <u>4:00pm</u>
LEASE <u>Drussel</u>	WELL # <u>E-5</u>	LOCATION <u>Vec Garden City</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR Aztec #507

TYPE OF JOB Production

HOLE SIZE <u>7 1/2</u>	T.D. <u>5395</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>5315</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>41.05</u>
CEMENT LEFT IN CSG.	<u>195 661</u>
PERFS.	
DISPLACEMENT	<u>122.3 661</u>

OWNER

CEMENT

AMOUNT ORDERED 290SK SO/50 Class H  
2% gel 5% Gyp Seal 10% salt 5# Gilsontite  
1/4# Fib Seal 1.5% FL-160 2% CD-31

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
<u>5# SO (H)</u>	@	<u>11.65 4886.50</u>
<u>Gyp Seal</u>	@	<u>37.60 740.00</u>
<u>Salt</u>	@	<u>26.35 474.30</u>
<u>Gilsontite</u>	@	<u>198 1921.00</u>
<u>Flo Seal</u>	@	<u>2.97 216.81</u>
<u>FL-160</u>	@	<u>18.90 2305.80</u>
<u>CD-31</u>	@	<u>10.30 509.70</u>
<u>Super Flush</u>	@	<u>85.70 704.40</u>
HANDLING	@	<u>390.74 2.48 964.04</u>
MILEAGE	@	<u>736.53 2.60 1914.93</u>
TOTAL		<u>14337.53</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Lenny Baez</u>
# <u>549550</u>	HELPER <u>Jaime Maldonado</u>
BULK TRUCK	
# <u>705-692</u>	DRIVER <u>Gregory Randall</u>
BULK TRUCK	
#	DRIVER

REMARKS:

AP LOCATION/DEPT Lib Gap  D02  NON D02

LEASE/WELL/FAC Drussel E-5

MAXIMO / WSM #

TASK 0102 ELEMENT 3023

PROJECT # 118048 CAPEX / OPEX - Circle one

SPO / EPA  UNSUPPORTED

PRINTED NAME James Carter

SIGNATURE: Jan Lut

CHARGE TO: Oxy USA

STREET \_\_\_\_\_

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

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 Lut

SERVICE

DEPTH OF JOB	<u>5001-6000</u>
PUMP TRUCK CHARGE	<u>3099.25</u>
EXTRA FOOTAGE	@
MILEAGE	<u>50</u> @ <u>7.70</u> <u>385.00</u>
MANIFOLD	@
<u>Light Vehicle</u>	<u>80</u> @ <u>4.40</u> <u>220.00</u>
TOTAL <u>3979.25</u>	

PLUG & FLOAT EQUIPMENT

<u>Guide Shoe</u>	<u>1</u>	@	<u>280.80</u>
<u>AFU Insert Float</u>	<u>1</u>	@	<u>354.62</u>
<u>Centralizer</u>	<u>20</u>	@	<u>57.33 1146.60</u>
<u>Stop Collar</u>	<u>1</u>	@	<u>49.14</u>
<u>plug</u>		@	<u>85.41</u>
TOTAL			<u>1896.57</u>

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

TOTAL CHARGES \$ 20213.35

DISCOUNT Net 14,149.34 IF PAID IN 30 DAYS

FIELD SERVICE TICKET

1717 05658 A



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

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

DATE OF JOB: <u>4/24/14</u>	DISTRICT: _____	NEW WELL <input type="checkbox"/>	OLD WELL <input checked="" type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.: _____
CUSTOMER: <u>Oxy USA</u>	LEASE: <u>Drussel E</u>	WELL NO. <u>5</u>					
ADDRESS: _____	COUNTY: <u>Finney</u>	STATE: <u>KS</u>					
CITY: _____	STATE: _____	SERVICE CREW: <u>Chad, Tommy, Daniel, Norm</u>					
AUTHORIZED BY: <u>Tyce Davis</u>	STATE: _____	JOB TYPE: <u>Squeeze</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: <u>4/24/14</u> AM/PM: _____ TIME: <u>5:00</u>
<u>78939</u>	<u>3 1/2</u>					ARRIVED AT JOB	AM/PM: _____ TIME: <u>7:00</u>
<u>34223/37726</u>	<u>3 1/2</u>					START OPERATION	AM/PM: _____ TIME: <u>8:00</u>
<u>4355/37725</u>	<u>3 1/2</u>					FINISH OPERATION	AM/PM: _____ TIME: <u>11:25</u>
						RELEASED	AM/PM: _____ TIME: <u>11:5</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, 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 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	100	12.00	1200
<del>CL100</del>	<del>Premium Common</del>	<del>SK</del>	<del>0</del>		
<del>CE109</del>	<del>Calcium Chloride</del>	<del>CB</del>	<del>0</del>		
E101	Heavy Equipment Mileage	mi	120	5.25	630
CE240	Blending & Mixing Service Charge	SK	300	1.05	315
E113	Proppant and Bulk Delivery Charge	TN	846	1.20	1015
CE205	Depth Charge 4001-5000'	4hrs	1		1890
E100	Unit Mileage Small Pickup	mi	60	3.19	191
3003	Service Supervisor first 8 hrs on job	ea	1		131

AP LOCATION/DEPT. Libecsp D02 NON D02  
 LEASE/WELL/FAC Drussel E-5  
 MAXIMO / WSM # OLB01DX7  
 TASK 0103 ELEMENT 3023  
 PROJECT # 1180140 CAPEX/OPEX - Circle One  
 SPO / BPA \_\_\_\_\_ UNSUPPORTED \_\_\_\_\_  
 PRINTED NAME WES WILLIMON  
 SIGNATURE: [Signature]

I certify that these Services/Materials have been received

SUB TOTAL 5342

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

SERVICE REPRESENTATIVE Tommy Marullo  
 FIELD SERVICE ORDER NO. \_\_\_\_\_

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY [Signature]  
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

36 1020-1000  
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 2 1020-1000  
 1 1020-1000

## Cement Report

Customer <b>Oxy USA</b>	Lease No.	Date <b>4/24/14</b>
Lease <b>Drussel E</b>	Well # <b>5</b>	Service Receipt
Casing <b>5 1/2 17#</b>	Depth <b>4518</b>	County <b>Finney</b> State <b>KS</b>
Job Type <b>Squeeze</b>	Formation	Legal Description

Pipe Data		Perforating Data		Cement Data
Casing size <b>5 1/2 17#</b>	Tubing Size <b>2 5/8</b>	Shots/Ft		Lead <b>100 SK 5 Premium</b>
Depth <b>4518</b>	Depth <b>4400</b>	From	To	<b>1.08 ft/sk 4.35 gal.</b>
Volume <b>2.64482</b>	Volume <b>17.0280</b>	From	To	
Max Press <b>2000 psi</b>	Max Press <b>2000 psi</b>	From	To	Tail in
Well Connection <b>Surge</b>	Annulus Vol. <b>78.32</b>	From	To	
Plug Depth <b>4520</b>	Packer Depth <b>4400 ft</b>	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate	Service Log
<b>7:00</b>					<b>On location</b>
<b>8:00</b>					<b>Spot in Safety Meeting</b>
<b>8:12</b>					<b>Rig up</b>
<b>8:38</b>					<b>Prime up</b>
<b>8:45</b>					<b>Spot Sand + 1 BBL Water</b>
<b>9:07</b>	<b>500 psi</b>		<b>40 1/2 BBL</b>	<b>2 BPM</b>	<b>Load Backside</b>
<b>9:36</b>					<b>Pressure test manifold 2000 psi</b>
<b>9:58</b>	<b>330 psi</b>		<b>11 BBL</b>	<b>2 BPM</b>	<b>Establish Rate</b>
<b>9:42</b>	<b>270 psi</b>		<b>19.4 BBL</b>	<b>2 BPM</b>	<b>Start Cement</b>
<b>9:56</b>					<b>Shut in + Washup to Pit</b>
<b>10:04</b>	○			<b>.56 BPM</b>	<b>Start Displacement Roll Idiotump</b>
<b>10:14</b>	○		<b>10 BBL</b>	<b>0 BPM</b>	<b>Shut down Gravity only</b>
<b>10:20</b>	○			<b>.34 BPM</b>	<b>Roll Idle</b>
<b>10:21</b>	<b>100 psi</b>		<b>10 1/2 BBL</b>	<b>.30 BPM</b>	
<b>10:27</b>	<b>770 psi</b>		<b>12 1/2 BBL</b>	<b>.3</b>	
<b>10:30</b>	<b>750 psi</b>		<b>13 1/2 BBL</b>	<b>.3</b>	
<b>10:34</b>	<b>1500 psi</b>		<b>14 1/4 BBL</b>	○	<b>Shut down pressure com down to 1300</b>
<b>10:42</b>	<b>1670 psi</b>		<b>14 1/2 BBL</b>	○	<b>Shut down + flow back 1/4 BBL</b>
<b>10:59</b>	<b>1680 psi</b>		<b>30 BBL</b>	<b>7</b>	<b>Rev. Out</b>
<b>11:15</b>					<b>shut down pull 5 stands</b>
<b>11:26</b>	<b>1000 psi</b>				<b>pressure upon tubing</b>

Service Units **37223/37426** **1982#/1983** **178939**  
 Driver Names **Tommy Wallace** **Daniel Beck** **Charl Hix**

Andy Weis  
Customer Representative
 

Jerry Bennett  
Station Manager
 

Tommy Wallace  
Cementer