



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: _____



1257978

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

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	HYLBOM A 2
Doc ID	1257978

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 2
Doc ID	1257978

Tops

Name	Top	Datum
HEEBNER	3770	
TORONTO	3790	
LANSING	3819	
KANSAS CITY	4171	
MARMATON	4319	
CHEROKEE	4443	
ATOKA	4584	
MORROW	4673	
ST. GENEVIEVE	4796	
ST. LOUIS	4837	

Summary of Changes

Lease Name and Number: HYLBOM A 2

API/Permit #: 15-055-22187-00-00

Doc ID: 1257978

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/05/2013	07/14/2015
Contractor License Number	34660	99975
Contractor Name	Aztec Well Servicing Co.	COMPANY SERVICING TOOLS
Fracturing Question 1		Yes
Fracturing Question 2		No
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=30&t	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=30&t
Perf_Material_2		Frac-734 bbls, 120,520 lbs 16/30 sand, 1,325,000 SCF
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1131362	../kcc/detail/operatorEditDetail.cfm?docID=1257978



CONFIDENTIAL

WELL COMPLETION FORM

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

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
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 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)</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	HYLBOM A 2
Doc ID	1131362

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 2
Doc ID	1131362

Tops

Name	Top	Datum
HEEBNER	3770	
TORONTO	3790	
LANSING	3819	
KANSAS CITY	4171	
MARMATON	4319	
CHEROKEE	4443	
ATOKA	4584	
MORROW	4673	
ST. GENEVIEVE	4796	
ST. LOUIS	4837	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	HYLBOM A 2
Doc ID	1131362

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
	CIBP	2 SKS CMT	5215
	4692-4698, 4704-4722, 4735-4752,		4692-4780
	4767-4780 MORROW		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 03341 A

DATE _____ TICKET NO. _____

DATE OF JOB 12-6-12	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 Hylbom A#2	WELL NO.						
ADDRESS	COUNTY Finney	STATE KS						
CITY	STATE	SERVICE CREW J. Grifalda, E. Amaran, H. Rufiagge						
AUTHORIZED BY J. Bennett	JRB	JOB TYPE: 242-85' Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 12-6-12	TIME 2:00 PM
19902	8					ARRIVED AT JOB		9:00 AM
27462	8					START OPERATION		9:00 AM
30464	4					FINISH OPERATION		5:00 PM
37724	4					RELEASED		6:00 AM
19827	4					MILES FROM STATION TO WELL	85	mi
19566	4							

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
CL101	A-Con	sk	350	13 02	4557 00
CL110	Premium Plus	sk	245	11 41	2795 45
CC109	Calcium Chloride	lb	1449	74	1072 26
CC102	Gelflake	lb	149	2 59	385 91
CC130	G-51	lb	66	17 50	1155 00
CF253	85/8" Guide Shoe	ea	1		266 00
CF1453	Insert		1		196 00
CF4405	Centralizer		15	101 50	1522 50
CF4556	Basket		1		735 00
CF105	Rubber Plug		1		157 50
CF4109	Stop Cellard		1		70 00
E101	Heavy Equipment Mileage	mi	255	4 90	1249 50
CE240	Blending + Mixing Service	sk	595	98	583 10
E113	Proppant + Bulk Delivery	cu yd	2380	1 12	2665 60
CE202	Pump Depth: 1000-2000'	ea	1		1050 00
CE504	Plug Container	ea	1		175 00
E100	Unit Mileage	mi	85	2 98	253 30
S003	Service Supervisor	ea	1		122 50
SUB TOTAL					19,431 62

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. _____ SERVICE & EQUIPMENT _____ %TAX ON \$ _____
LEASE/WELL/FAC. _____ MATERIALS Hylbom A2 _____ %TAX ON \$ _____

MAXIMO / WSM # _____
TASK 0102 ELEMENT 3023

PROJECT # 1151901 CAPEX / OPEX - Circle one

SPO / BRA _____
CIRCLE THE ABOVE MATERIAL AND SERVICE UNSUPPORTED
PROVIDER NAME CUSTOMER AND RECEIVED BY: _____

SIGNATURE: Gene Bilby (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
I certify that these services/materials have been received

FIELD SERVICE ORDER NO. _____

Cement Report

Customer Oxy USA	Lease No.	Date 12-6-12
Lease Hullbom A	Well # 2	Service Receipt 03341
Casing 8 5/8" 24# Depth 1804'	County Finney	State KS
Job Type 242-8 5/8" surface	Formation	Legal Description 30-23-34

Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8" 24#	Tubing Size	Shots/Ft		Lead 350 sk
Depth 1800'	Depth	From	To	A-Con
Volume Disp-	Volume	From	To	
Max Press 1500#	Max Press	From	To	Tail in 245 sk
Well Connection ID-1800'	Annulus Vol.	From	To	Class C
Plug Depth 51-41'	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:30					on loc-site assesment
8:40					spot trucks-rig up
10:00					start csg + float equip
1:00					csg on btm, break circ
2:00					safety meeting /ISA
2:20					pressure test 3000#
2:25	100		150	6	mix + pump 350 sk A-Con w/3% calcium chloride, 1/4# polyflake, 2% WCA1 @12.4ppg - 2.40 ft ³ /sk - 14.00 gal/sk
3:00	100		58	6	switch to 245 sk Premium Plus w/ 2% calcium chloride 1/4# polyflake @14.8ppg - 1.34 ft ³ /sk, 6.33 gal/sk
3:45	0		0	5	drop plug, disp csg
3:40	600		102	2	slow rate last 10 bbl off disp
3:45	1100		112	0	land plug float held circ chnt' to surface
3:50	1500				psi test csg 1500# for 30 min
4:20					job complete

Service Units	19902	27462	30464-37724	19877-19806
Driver Names	A. Ovea	J. Grijalva	E. Amparan	H. Lutiaga

Customer Representative: _____ Station Manager: J. Bennett Cementer: A. Ovea

Cement Report

Customer <u>Oxy USA</u>		Lease No.		Date <u>12/11/12</u>	
Lease <u>Hullbom A</u>		Well # <u>2</u>		Service Receipt	
Casing <u>5 1/2</u>		Depth		County <u>Finnell</u> State <u>KS</u>	
Job Type <u>L.S.</u>		Formation		Legal Description <u>30-23-34</u>	
Pipe Data			Perforating Data		Cement Data
Casing size <u>5 1/2</u>		Tubing Size		Shots/Ft	
Depth <u>5324.6</u>		Depth		From To	
Volume <u>122.5</u>		Volume		From To	
Max Press <u>2500#</u>		Max Press		From To	
Well Connection <u>P.C.</u>		Annulus Vol.		From To	
Plug Depth		Packer Depth		From To	
Lead <u>275 sk</u>					
				<u>20/50 P07 @</u>	
				<u>13.5#</u>	
				<u>1.58 7.56</u>	
				Tail in	
Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
04:30					on loc, spot trucks, RU, Saffers
10:13	3500				Test Lines
10:16	150		5	3	H2O
10:20	150		12	3	superflush
10:24	150		5	3	H2O
10:26	150		0	3	St Mixing @ 13.5#
10:46	Ø		177	Ø	Finished mixing, Drop Plug, Washup
10:56	Ø		0	5	Start Disp
11:00			110	Ø	Pickle Truck
11:29	1200		110	1.5	Finish Disp
11:42	1600		123	Ø	Shot Down, did not bump Plug
					Job Complete
Service Units <u>196586</u>		<u>38111 19919</u>		<u>37414 39974</u>	
Driver Names <u>C. Linz</u>		<u>R. Olds</u>		<u>S. Chavez</u>	

Jeremy
Customer Representative

Jeremy Bennett
Station Manager

Chad
Cementer

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

April 03, 2013

LAURA BETH HICKERT
OXY USA Inc.
5 E GREENWAY PLZ
PO BOX 27570
HOUSTON, TX 77227-7570

Re: ACO1
API 15-055-22187-00-00
HYLBOM A 2
NW/4 Sec.30-23S-34W
Finney County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
LAURA BETH HICKERT