



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
--	---

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	LMLU 406
Doc ID	1257440

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	LMLU 406
Doc ID	1257440

Tops

Name	Top	Datum
HEEBNER	3919	
TORONTO	3937	
LANSING	4010	
KANSAS CITY	4384	
MARMATON	4529	
PAWNEE	4616	
CHEROKEE	4667	
ATOKA	4854	
MORORW	4910	
ST GENEVIEVE	5038	



## Summary of Changes

Lease Name and Number: LMLU 406

API/Permit #: 15-081-22061-00-00

Doc ID: 1257440

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/05/2014	07/10/2015
Contractor License Number	34660	99975
Contractor Name	Aztec Well Servicing Co.	COMPANY SERVICING TOOLS
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1215854	../kcc/detail/operatorEditDetail.cfm?docID=1257440



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1215854  
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
-----------------------------------	-----------------	---

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 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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--



Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	LMLU 406
Doc ID	1215854

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	LMLU 406
Doc ID	1215854

Tops

Name	Top	Datum
HEEBNER	3919	
TORONTO	3937	
LANSING	4010	
KANSAS CITY	4384	
MARMATON	4529	
PAWNEE	4616	
CHEROKEE	4667	
ATOKA	4854	
MORORW	4910	
ST GENEVIEVE	5038	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	LMLU 406
Doc ID	1215854

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5173-5178, 5162-5165, 5152-5159, 5130-5136 MORROW	ACIDIZE-3150 GAL 15%HCL 31BBLS 6%KCL FLUSH	5173-5136





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

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

FIELD SERVICE TICKET  
1717 05768 A

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

DATE OF JOB: <u>OXY 4-21-14</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>LMLU</u> WELL NO. <u>406</u>							
ADDRESS		COUNTY <u>Haskell</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Ruben - Carlos - Daniel - Gabriel</u>							
AUTHORIZED BY <u>Tyce Davis</u>		JOB TYPE: <u>2-42 8 5/8 Surface</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				<u>78940</u>	<u>7</u>	<u>4-21-14</u>			<u>0800</u>
				<u>3875019842</u>	<u>7</u>	ARRIVED AT JOB		AM	<u>0800</u>
				<u>3046437547</u>	<u>7</u>	START OPERATION		AM	<u>1309</u>
				<u>3046319566</u>	<u>7</u>	FINISH OPERATION		AM	<u>1500</u>
						RELEASED		AM	<u>500</u>
						MILES FROM STATION TO WELL			<u>50</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: \_\_\_\_\_  
(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	335	13 95	4673 25
CL 110	Premium Plus	SK	245	12 23	2996 35
CC 109	Calcium Chloride	LB	1407	79	111 53
CC 102	Celloflake	LB	145	2 78	403 10
CC 130	C-51	LB	63	18 75	1181 25
CF 253	8 5/8 Guide Shoe	EA	1		285 00
CF 1453	8 5/8 Insert Valve	EA	1		210 00
CF 4405	8 5/8 Centralizers	EA	17	108 75	1848 75
CF 105	8 5/8 Rubber Plug	EA	1		168 75
CF 4109	8 5/8 Stop Collar	EA	1		75 00
E 101	Heavy Equipment Mileage	Mi	150	5 25	787 50
CE 240	Blending & Mixing Charge	SK	580	1 05	609 00
E 113	Proppant & Bulk Delivery Charges	TM	1365	1 20	1638 00
CE 202	Depth Charge - 1001'-2000'	Yds	1		1125 00
CE 504	Plug Container Charge	Job	1		187 50
E 100	Pick up Charge	Mi	50	3 19	159 50
500 3	Service Supervisor Charge	EA	1		131 25
T 105	Cement Data	EA	1		412 50
SUB TOTAL					<u>18003 23</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS <u>Libcap</u>	%TAX ON \$
TOTAL	

AP LOCATION IDENT: \_\_\_\_\_  
LEASEWELL/FAC: LMLU #406  
MAXIMO / WSM #: \_\_\_\_\_  
T CK: 01-DZ ELEMENT: 3023

SERVICE REPRESENTATIVE: <u>Ruben Martinez</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ CIRCLE ONE TYPE: _____ PRINTED NAME: <u>Early Z...</u> SIGNATURE: _____ WELL OWNER OPERATOR CONTRACTOR OR AGENT
FIELD SERVICE ORDER NO. _____	



# Cement Report

Customer <b>Oxy USA</b>		Lease No.		Date <b>4-21-14</b>	
Lease <b>MLU</b>		Well # <b>406</b>		Service Receipt	
Casing	Depth	County <b>Haskell</b>		State <b>KS</b>	
Job Type		Formation	Legal Description <b>18-27-34</b>		
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <b>8 5/8 24#</b>	Tubing Size		<b>Shots/Ft</b>		<b>Lead</b> <b>335sx @ 12.1 PPF</b>
Depth <b>1818'</b>	Depth	From	To		<b>31. cc</b>
Volume <b>113 bbl</b>	Volume	From	To		<b>14# Polylake,</b>
Max Press	Max Press	From	To		<b>2.1 WCA - 1</b>
Well Connection	Annulus Vol.	From	To		<b>A-Con Blend</b>
Plug Depth <b>1779'</b>	Packer Depth	From	To		<b>Tail in 245sx @ 14.8 PPF</b>
					<b>2.1 cc, 14# Polylake</b>
					<b>Premium Plus Cement</b>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0800					On location - Rig up
1245					Safety Meeting
1309	2500				Pressure Test
1314	150		143	5	Pump 335 sx @ 12.1 PPF
1342	200		58	5	Pump 245 sx @ 14.8 PPF
1356					Drop Plug
1357	150			5	Start Displacement
1416	450		95	2	Slow Rate
1423	1000		113	2	Bump Plug
1428	0				Release Pressure - float held
1430	1500				Test Casing
1500	0				Release Pressure
1500					Shut Down - Rig Down
Service Units	78940	38150 19842	30463 19566	30464 37547	
Driver Names	Ruben.M	Carlos.I	Daniel.B	Gabriel.E	

Early

Customer Representative

Jerry Bennett

Station Manager

Ruben Martinez

Cementer



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

FIELD SERVICE TICKET  
1717 05771 A

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

DATE OF JOB: 4-24-14		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: LMLU				WELL NO.: 406	
ADDRESS:				COUNTY: Haskell		STATE: KS			
CITY:		STATE:		SERVICE CREW: Ruben, Carlos, Cesar					
AUTHORIZED BY: Tyce Davis				JOB TYPE: 2-42 5 1/2 Production					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				78940	5		4-24-14	PM	1500
				38750/9842	5	ARRIVED AT JOB		AM	1630
				38111 37724	5	START OPERATION		AM	1744
						FINISH OPERATION		AM	1853
						RELEASED		AM	1900
						MILES FROM STATION TO WELL			50

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL 104	50/50 Poz	SK	350	8 25	2887 50
CC 105	C-41P	Lb	74	3 00	222 00
CL 113	Gypsum	Lb	1470	5 6	823 20
CC 111	Salt	Lb	2148	38	816 24
CC 103	C-15	Lb	177	9 38	1660 26
CC 201	Gilsonite	Lb	1750	50	875 00
CC 155	Superflush II	gal	500	1 15	575 00
CF 251	5 1/2 Guide Shoe	Eg	1		187 50
CF 1451	5 1/2 Insert Valve	Eg	1		161 25
CF 103	5 1/2 Rubber Plug	Eg	1		78 75
CF 4105	5 1/2 Stop Collar	Eg	1		63 00
CF 4452	5 1/2 Centralizer	Eg	25	56 25	1406 25
E 101	Heavy Equipment Mileage	Mi	100	5 25	525 00
CE 240	Blending & Mixing Charge	SK	350	1 05	367 50
E 113	Proppant to Bulk Deliver	TM	735	1 20	882 00
CE 206	Depth Charge 500'-6000'	hrs	4		2160 00
CE 504	Plus Container Charge	Job	1		187 50
E 100	Pickup Charge	Mi	50	3 19	159 50
S003	Service Supervisor	Eg	1		131 25
SUB TOTAL					14806 20

CHEMICAL / ACID DATA:			

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

AP LOCATION/DEPT: Libcap D02 MON B02 TOTAL

LEASEWELL/FAC: LMLU #406

MAXIMO / WSM #: 01-02 ELEMENT: 3023

SERVICE REPRESENTATIVE: Ruben, Mark	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: / OPEX - Circle one
-------------------------------------	---

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SPO / BPA (Circle Doc Type) PRINTED NAME: EARLY ZIDN

SIGNATURE: [Signature]







# Cement Report

Customer <b>Oxy USA</b>		Lease No.		Date <b>4-24-14</b>	
Lease <b>LMLU</b>		Well # <b>406</b>		Service Receipt	
Casing		Depth		County <b>Haskell</b>	
				State <b>KS</b>	
Job Type		Formation		Legal Description <b>18-27-34</b>	
<b>Pipe Data</b>			<b>Perforating Data</b>		
Casing size <b>5 1/2 17#</b>			Tubing Size		
Depth <b>5659.40'</b>			Shots/Ft		
Volume <b>130 bbl</b>			From		
Max Press			To		
Well Connection			Annulus Vol.		
Plug Depth <b>5617'</b>			Packer Depth		
			From		
			To		
			Lead <b>300sx @ 13.5 PPL</b>		
			5r. W-60, 10r. Salt,		
			6r. C-15, 14r. Deformant,		
			5r. G-100n. to		
			<b>50/50 P02</b>		
			Tail in <b>50 5X @ 13.5 PPL</b>		
			<b>Mouse Hole</b>		
			<b>50/50 P02</b>		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1630					On location - Rig up
1720					Safety Meeting
1744	2500				Pressure Test
1746	100		5	5	Pump Water Ahead
1747	100		12	5	Pump 500 gallons Super Flush
1749	100		5	5	Pump Water behind
1750	0				Shut Down
1754	50		14	3	plug Mouse Hole
1800	0				Shut Down
1804	150		84.4	5	Pump 300 sx @ 13.5 PPL
1818					Wash up
1824	150			5	Start Displacement
1843	800		115	2	Slow Rate
1848	1300		130	2	Bump Plug
1853	0				Release Pressure - float Held
1855					Shut Down - Rig Down
Service Units					
Driver Names					

Early  
Customer Representative

Jerry Bennett  
Station Manager

Ruben Matrazz  
Cementer