



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
- 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

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: _____



1048793

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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				

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
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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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	W. E. PREEDY 6
Doc ID	1048793

All Electric Logs Run

AHV
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
BOREHOLE SONIC ARRAY LOG

Form	ACO1 - Well Completion
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Tops

Name	Top	Datum
HEEBNER	4077	-1116
LANSING	4132	-1171
MARMATON	4758	-1797
CHEROKEE	4959	-1968
ATOKA	5105	-2144
MORROW	5222	-2261
CHESTER	5370	-2409
ST. GENEVIEVE	5537	-2576
ST. LOUIS	5572	-2611

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5573-5580, 5584-5594 ST. LOUIS	20 bbl 4% KCl	5573-5594
		Acid: 2000 gal. 15% DS Fe HCl w/ 10% Xylene	5573-5594
		w/ Additives Flush: 1386 gal. 4% KCl	
	CIBP	2 sx CMT	
4	4790-4794, 4834-4843 MARMATON	25 bbl 4% KCl	4790-4843
		Acid: 1500 gal. 15% DS Fe HCl w/ 10% Xylene	4790-4843
		w/ Additives Flush: 1272 gal. 4% KCl	
4	4662-4667 KANSAS CITY	80 bbl 4% KCl	4662-4667
		Acid: 1000 gal. 15% DS Fe HCl w/ 10% Xylene	4662-4667
		w/ Additives Flush: 1176 gal. 4% KCl	

Customer <i>Oxy USA</i>	Lease No.	Date <i>9-13-10</i>	
Lease <i>W. E. Preedy</i>	Well # <i>6</i>		
Field Order # <i>171701042</i>	Station <i>Liberal</i>	Casing <i>5 1/2</i>	Depth <i>5695</i>
Type Job <i>292 5 1/2 L.S.</i>	Formation	County <i>Haskell</i>	State <i>Ks</i>
		Legal Description <i>JJ 29.33</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	<i>205 sk 50150 Per-5 1/2 w-10 - 10% salt</i>	Rate	PRESS	ISIP	
Depth	Depth	From	<i>.67 to C-15 - 19' Defoamer</i>	Max	<i>5" Gilsonite</i>	5 Min.	
Volume	Volume	From	<i>1.58 #1 1/2" Per 6.65 gal/sk @ 13.8 #/gal</i>	Min		10 Min.	
Max Press	Max Press	From	<i>50 sk Premium - Next for Rst + Mouse</i>	Max		15 Min.	
Well Connection	Annulus Vol.	From	<i>1.18 #3/4" Per 5.22 gal/sk @ 15.6 #/gal</i>	HH Used		Annulus Pressure	
Plug Depth	Packer Depth	From		Flush	Gas Volume	Total Load	

Customer Representative <i>A. Hanson</i>	Station Manager <i>J. Bennett</i>	Treater <i>M. Cochran</i>
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Service Units	<i>21755</i>	<i>27804</i>	<i>19053</i>	<i>37020</i>	<i>33016</i>				
Driver Names	<i>Cochran</i>	<i>Gibson</i>	<i>S. Chvuz</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>15:30</i>					<i>on loc. / Held Safety Meeting</i>
<i>17:00</i>					<i>Start Csg.</i>
<i>23:00</i>					<i>Csg on Bottom Cir. w/ Rig</i>
<i>01:40</i>	<i>2500</i>				<i>Test Pump + Lines</i>
<i>01:42</i>	<i>700</i>		<i>5</i>	<i>5</i>	<i>Start Fresh H₂O</i>
<i>01:43</i>	<i>300</i>		<i>12</i>	<i>5</i>	<i>Start Super Flush II</i>
<i>01:46</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>Start Fresh H₂O</i>
<i>01:49</i>					<i>Shutdown + Switch to Rattle + Mouse Hole</i>
<i>01:51</i>	<i>100</i>		<i>1R 3m</i>	<i>2</i>	<i>Plug R.H. w/ 25 sk / Plug Mouse w/ 25 sk</i>
<i>02:00</i>					<i>Switch Back to Pipe</i>
<i>02:02</i>	<i>450</i>		<i>55</i>	<i>5-2</i>	<i>Start Cmt 205 sk @ 13.8 #</i>
<i>02:25</i>					<i>Shutdown + Wash up</i>
<i>02:27</i>					<i>Drop Plug</i>
<i>02:32</i>	<i>150</i>		<i>0</i>	<i>6-5</i>	<i>Start Disp. w/ Fresh H₂O</i>
<i>02:53</i>	<i>750</i>		<i>121</i>	<i>2</i>	<i>Slow Rate</i>
<i>02:54</i>	<i>1400</i>		<i>131</i>	<i>2</i>	<i>Bump Plug</i>
<i>02:58</i>	<i>0</i>		<i>131</i>	<i>0</i>	<i>Release / Float Held</i>
<i>03:00</i>					<i>End Job</i>
	<i>900</i>				<i>Pressure Before Plug Landed</i>
					<i>Lost Returns for 3-4 min. when</i>
					<i>Spacers Turned Corner</i>



*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner*

December 30, 2010

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

Re: ACO1
API 15-081-21917-00-00
W. E. PREEDY 6
NE/4 Sec.33-29S-33W
Haskell 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

Attachment to WE Preedy #6 (API # 15-081-21917)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 430	3% CC, 1/3# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	50-50 Poz	Tail: 210	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite