



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: _____



1051502

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LANDRUM A 1
Doc ID	1051502

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	LANDRUM A 1
Doc ID	1051502

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4594'-4601' KEYES	20 bbl KCl	4594-4601
		ACID: 29 bbl 7.5% DS Fe HCl w/ ADDITIVES	4594-4601
		FLUSH: 29 bbl 4% KCl	
		ACID: 24 bbl 15% DS Fe HCl w/ ADDITIVES	4594-4601
		ACID: 45 bbl 7.5% HCl w/ ADDITIVES	4594-4601
		FLUSH: 35 bbl 7% KCl	
		ACID: 1500 gal. 15% HCl Fe w/ ADDITIVES	4594-4601
		FLUSH: 26.3 bbl 7% KCl	
4	4312'-4320' MORROW SQUEEZED		4312-4320



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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 01169 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11/7/10	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: Landrum "A" #1					WELL NO.:	
ADDRESS:		COUNTY: Morton			STATE: KS			
CITY:		SERVICE CREW: Boyce, Ruben, Victor		JOB TYPE: 4 5/8" Surface 7.42				
AUTHORIZED BY: Tyce Davis								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19886	11	19808	11					9:30 AM
30463	11							1:04 PM
19843	11							10:04 AM
14355	11							11:35 AM
14284	11							12:15 PM
19405	11							
						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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con Blend	SK	415		7719 00
CL110	Premium Plus	SK	200		3260 00
CC109	Calcium Chloride	lb	1549		1626 45
CC102	Celloflake	lb	258		954 60
CC130	C-51	lb	79		1975 00
CF1453	Flapper Float Valve 4 5/8"	EA	1		280 00
CF253	Guide Shoe 4 5/8"	EA	1		380 00
CF1773	Centralizer 4 5/8"	EA	5		725 00
CF1903	Basket 4 5/8"	EA	1		315 00
CF106	Top Rubber Plug 4 5/8"	EA	1		225 00
E101	Heavy Equip. Mileage	Mi	150		1050 00
CE240	Blending + Mixing Charge	SK	615		861 00
E113	Bulk Delivery Charge	Tm	1,448		2316 80
CE202	Depth Charge 1001' to 2000'	4hr	1		1500 00
CE504	Plug Container	Job	1		250 00
E100	Pickup Mileage	Mi	50		212 50
S053	Service SUPERVISOR	EA	1		175 00
CE403	Add Hrs	EA	4		2000 00
CE505	Derrick Charge	EA	1		300 00
SUB TOTAL					15,963 96

CHEMICAL / ACID DATA:			

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

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

Customer: Oxy USA	Lease No.	Date: 11/7/10
Lease: Landrum A⁴	Well #: 1	
Field Order #	Station: Liberal	Casing: 4 5/8
		Depth: 1427
		County: Morton
		State: KS
Type Job: 4 5/8" surface	Formation	Legal Description: 201-35143

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size: 4 5/8	Tubing Size	Shots/Ft		Acid: 4.15 SK, A-Con @ 2.1 #	RATE: 2.4 gpm/ft	PPRESS: 2.4 gpm/ft	SIP: 2.4 gpm/ft
Depth: 1427	Depth	From	To	Pre Pad: 14.00 gal/AK	Perf: 270 Call, 1/2 # Call	Min: 290 WCA-1	15 Min: 290 WCA-1
Volume: 45.3	Volume	From	To	Perf: 200 SK Premium Plus @ 14.8 #	Min: 290 WCA-1	10 Min: 290 WCA-1	15 Min: 290 WCA-1
Max Press	Max Press	From	To	Fac: 6.33 gal/AK	Perf: 270 Call, 1/4 # Call		
Well Connection: P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush: Fresh	Gas Volume		Total Load

Customer Representative: Bob Bell	Station Manager: Sony Bennett	Treater: Chad HINE
Service Units: 198555 30163 19443 14355 14284 19805 19808		
Driver Names: Cline R. Olds R. Martinez V. Vasquez		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
13:04					on loc, spot trucks, rig up, software
21:45					software mfg w/ rig crew
22:30					stab in swage 10' up
22:30					circ down landing joint
22:04	2000#				psi test
22:11	250		0	5.4	start mix A-Con @ 12.1 #
22:43	250#		178	5.5	switch to Prem Plus @ 14.8 #
22:53	250		44		finish mixing
22:54	0		46		shutdown, drop plug
22:57	0		0	4-6	start disp, washup on plug
23:06	500		76	2.4	slow rate
23:16	500-1050		46	-	plug down
23:19	1050-0				check flow back, float held
23:20	1000				psi up
23:25	1000-0				release psi
					Job Complete
					Thank You
					Chad & crew



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

FIELD SERVICE TICKET
1717 01330 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-15-10	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 Landrum A#1		WELL NO.				
ADDRESS		COUNTY Morton	STATE KS				
CITY		STATE		SERVICE CREW M. Stegman, V. Vasquez			
AUTHORIZED BY J. Bennett		IRB		JOB TYPE: 242-5 1/2 Production			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	
34726	6					DATE	TIME
30464	2					11-14-10	6:30 AM
19919	2					ARRIVED AT JOB	
19828	2					11-14-10	9:00 AM
19883	2					START OPERATION	
						11-15-10	2:30 PM
						FINISH OPERATION	
						11-15-10	1:00 PM
						RELEASED	
						11-15-10	1:30 PM
						MILES FROM STATION TO WELL 50 mi	

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

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SIGNED: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 POT	SK	120		1320 00
CL100	Premium/Common	SK	50		800 00
CC113	Gypsum	lb	505		378 75
CC111	Salt		666		333 00
CC124	FLA-115		61		915 00
CC107	C-42		26		208 00
CC201	Gilsonite		600		402 00
CF1451	5/2 Flapper Type Insert	eq	1		215 00
CF1651	Turbolizer		22		2420 00
CF103	TOP Rubber Plug		1		105 00
CF251	Regular Guide Shoe		1		250 00
CC155	Superflush II	gal	500		765 00
E101	Heavy Equipment Mileage	mi	100		700 00
CE240	Blending & Mixing Service	SK	170		238 00
E113	Proppant & Bulk Delivery	ton/mi	370		592 00
CE205	Pump Depth: 4001-5000'	cu	1		2520 00
CE504	Plug Container	ea	1		250 00
E100	Unit Mileage	mi	50		212 50
S003	Service Superizer	ea	1		175 00
SUB TOTAL					8128.05

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer Oxur USA	Lease No.	Date 11-14-10
Lease Landerum A	Well # 1	
Field Order # 01330	Station Liberal, KS-1717	Casing 5 1/2" ID
Type Job 242 5/2 Production	Depth 4813'	County Morton
	Formation	State KS
		Legal Description 20-35-43

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
		From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative Gabriel	Station Manager J. Bennett	Treater A. Olvera
Service Units 34726 30464 19919 19828 19883		
Driver Names A. Olvera M. Stegman V. Vasquez		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					on loc-site assessment
9:00					spot trucks rig up
6:00					start csq & float equip
10:30					csq on btm, break circ
10:30	250		5	3	pump 5 bbl H ₂ O spacer
10:32	250		12	3	12 bbl super-flush
10:37	250		5	3	5 bbl H ₂ O spacer
10:50	50		14	3	plug rat + mouse hole w/50sk Class 4 neat @ 13.5*
12:20	150		33	5.5	mix + pump 120 sk 50/50 P02 w/5% w-60, 10% Salt, 10% C-15 14# Desfoamer, 5# Gilsomite 1.52 ft ³ /sk, 6.65 gal/sk @ 13.8 ppz
12:30					wash pumping lines
12:35	50		0	6	drop plug, disp csq
12:55	900		100	2	slow rate last 10 bbls of disp
1:00	1500		110	0	land plug, float hold csq test @ 1500* - 30 min calculated toc 3800' job complete



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P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01339 A

DATE _____ TICKET NO. _____

DATE OF JOB: 12-6-10 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: Landrum A #1 WELL NO.:							
ADDRESS:		COUNTY: Merton STATE: KS							
CITY: STATE:		SERVICE CREW: S. Swafford, D. Curaday							
AUTHORIZED BY: J. Bennett IRB		JOB TYPE: 240-Squeeze							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	PM	TIME
34726	6						12-6-10		10:00
30464	2					ARRIVED AT JOB			AM 1:00
19919	4					START OPERATION			AM 3:00
14355	2					FINISH OPERATION			AM 6:00
14284	4					RELEASED			AM 7:00
						MILES FROM STATION TO WELL		50 mi	

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	200		3200 00	
E100	Unit Mileage	mi	50		212 50	
E101	Heavy Equipment Mileage	mi	100		700 00	
CE240	Blending + Mixing Service	SK	200		280 00	
E113	Proppant + Bulk Delivery	ton/mi	470		752 00	
CE205	Pump Depth: 4001'-5000'	ea	1		2520 00	
S003	Service Supervisor	ea	1		175 00	
					SUB TOTAL	#4,703.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Stel Quera</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer Oxy USA	Lease No.	Date 12-6-10	
Lease Landrum A	Well # 1		
Field Order # 01339	Station Liberal, KS-1717	Casing	Depth
Type Job 246 - Squeeze	Formation	County Morton	State KS
		Legal Description 20-35-43	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size 2 7/8	Shots/Ft		Acid 200 sk - Common	RATE	PRESS	ISIP	
Depth 4542'	Depth 4216'	From 4312'	To 4320'	Pre Pad	Max		5 Min.	
Volume 2.2 bbl	Volume 24.4 bbl	To		Pad	Min		10 Min.	
Max Press 2000#	Max Press 1500#	From	To	Frac	Avg		15 Min.	
Well Connection 2 7/8 in	Annulus Vol. 64 bbl	From	To		HHP Used		Annulus Pressure	
Plug Depth 4542'	Packer Depth 4216'	From	To	Flush fresh	Gas Volume		Total Load	

Customer Representative Casey	Station Manager J. Bennett	Treater A. Olvera
Service Units 34726 30460 19919 14355 14284		
Driver Names A. Olvera S. Swafford D. Canaday		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00 pm					on loc-site assessment (running tubing)
1:05					spot trucks - rig up
2:00					safety meeting
3:20					pressure test pumping lines 2000#
3:25	500		64	3	load annulus to 500# w/ 64 bbl
3:50		400	35	2	establish inj. rate - 2 bpm @ 400# - loaded @ 2.5 bbl
5:05		100	38	2	mix + pump 200 sk Premium/Commer 1.06 ft ³ /sk, 4.35 gal/sk @ 16.4 ppq
5:40					wash pumping lines
5:45		1500	2	.75	disp tubing - squeeze to 1500#
	1700	1	38	1	release pkc - rev. tubing clean lay down 10 pts. shut in w/ 500# job complete - estimated 15.6 bbl ^{cont} into formation

Attachment to Landrum A-1 (API 15-129-21927)

Cement & Additives

String	Type	# of Sacks Used	Type and Percent Additives
Surface	A-Con	Lead: 415	3% CC, 1/4# Cellflake, 0.2% WCA1
	Prem Plus	Tail: 200	2% CC, 1/4# Cellflake
Production	50-50 Poz	120	5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite

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/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 01, 2011

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

Re: ACO1
API 15-129-21927-00-00
LANDRUM A 1
SW/4 Sec.20-35S-43W
Morton 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