

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

Operator: License# 5447
Name: OXY USA Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: Pending
Operator Contact Person: Vicki Carder
Phone: (620) 629-4200
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Vernon C. Schrag

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover
☒ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl, Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: OXY USA, Inc.
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
☐ Deepening ☐ Re-perf. ☐ Conv. To Enhr./SWD
☐ Plug Back ☐ Plug Back Total Depth
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Enhr.?) ☐ Docket No. _____
11/15/01 11/24/01 12/20/01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 081-21431-0000
County: Haskell
_____ - _____ - W/2 - NE Sec 31 Twp. 27 S. R. 34W
1285 feet from S (N) (circle one) Line of Section
1822 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) (NE) SE NW SW

Lease Name: Magnolia A Well #: 1

Field Name: _____

Producing Formation: St. Louis

Elevation: Ground: 3047 Kelly Bushing: 3060

Total Depth: 5680 Plug Back Total Depth: 5357

Amount of Surface Pipe Set and Cemented at 1615 feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____

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 6600 ppm Fluid volume 2000 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☒ West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 6702, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Vicki Carder

Title: Capital Projects Date February 8, 2002

Subscribed and sworn to before me this 8th day of February

20 02

Notary Public: Christa Peterson

Date Commission Expires: Oct. 1, 2005

KCC Office Use Only

_____ Letter of Confidentiality Attached
If Denied, Yes ☐ Date: _____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

Operator Name: QXY USA Inc. Lease Name: Magnolia A Well #: 1Sec. 31 Twp. 27 S. R. 34W ☐ East ☐ West County: Haskell

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☒ Yes ☐ No
(Attach Additional Sheets)Samples Sent to Geological Survey ☒ Yes ☐ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No
(Submit Copy)List All E. Logs Run: Neutron Microlog
Induction Sonic Geological Report☒ Log Formation (Top), Depth and Datum ☐ Sample

| Name | Top | Datum |
|----------|------|-------|
| Heebner | 4014 | -954 |
| Toronto | 4032 | -972 |
| Lansing | 4062 | -1002 |
| Marmaton | 4718 | -1658 |
| Cherokee | 4958 | -2898 |
| Morrow | 5182 | -2122 |
| Chester | 5354 | -2294 |
| Meramec | 5460 | -2400 |

CASING RECORD ☒ New ☐ 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 |
|-------------------|-------------------|---------------------------|-----------------|---------------|----------------|--------------|---|
| Conductor | | | | | C | | |
| Surface | 12 1/4 | 8 5/8 | 24 | 1615 | C | 550 | 2% CC, 1/8# PolyFlake |
| Production | 7 7/8 | 5 1/2 | 15.5 | 5400 | C | 140 | 4# Calseal, 5# Gilonite, 10% Salt, 5% Halad 9 |

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 (Amount and Kind of Material Used) | Depth |
|---|---|---|---|
| 3 | 5240-5248, 5252-5254, 5256-5262 | 1st Acid Job-2000 Gals 17% HCL Acid | |
| | | 2nd Acid Job-4500 Gals 17% HCL Acid, | |
| | | 2000 Gals Linear Gel | |
| | | 3rd Acid Job - 4500 Gals 17% HCL Acid, | |
| | | 2000 Gals Linear Gel | |
| TUBING RECORD | | Liner Run | |
| Size 2 3/8 | Set At 5295 | Packer At | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Enhr. 01/03/02 | | Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | |
| Estimated Production Per 24 Hours | Oil BBLS 15.03 | Gas Mcf TSTM | Water Bbls 6.68 |
| | | Gas-Oil Ratio | Gravity |

• Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☒ Used on Lease
(If vented, Submit ACO-18)☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled☐ Other (Specify)