FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5447

Name: OXY USA, Inc.

Address P.O. Box 2528

City/State/Zip Liberal, KS 67905

Purchaser: Pending

Operator Contact Person: JERRY ALLEN HUNT

Phone (316) 629-4200

Contractor: Name: MURFIN # 22

License: 30606

Wellsite Geologist:

Designate **Type of Completion**
X New Well ____ Re-Entry ____ Workover

X Oil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If **Workover:**

Operator:

Well Name:

Comp. Date ____ Old Total Depth ____

____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD
____ Plug Back ____ PBTD
____ Commingled Docket No. ____
____ Dual Completion Docket No. ____
____ Other (SWD or Inj?) Docket No. ____

03-20-00 Spud Date | 03-30-00 Date Reached TD | 04-21-00 Completion Date

API NO. 15-0812127300

County HASKELL

SE - SE - SE - ____ Sec. 15 Twp. 29S Rge. 34W

434 Feet from the South Line of the Section

533 Feet from the East Line of the Section

Footages Calculated from Nearest Outside Section Corner:
NE SE, NW or SW (circle one)

Lease Name MLP PICKENS A Well # 4

Field Name EUBANK

Producing Formation MORROW / CHESTER

Elevation: Ground 2960 KB 2971

Total Depth 5550 PBTD 5506

Amount of Surface Pipe Set and Cemented at 1860 Feet

Multiple Stage Cementing Collar Used? X 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 3100 ppm Fluid volume 4100 bbls

Dewatering method used EVAPORATON

Location of fluid disposal if hauled offsite:

Operator Name ____

Lease Name ____ License No. ____

____ Quarter Sec. ____ Twp. ____ Rng. W

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 67202, 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 on 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

Title Capital Project Date 5-5-00

Subscribed and sworn to before me this 5TH day of May, 19 2000

Notary Public

Date Commission Expires

NOTARY PUBLIC, State of Kansas
Seward County
HELEN M. SMITH
My Appt. Exp. 3-5-2002

K.C.C. OFFICE USE ONLY
F ✓ Letter of Confidentiality Attached
C ____ Wireline Log Received
C ____ Geologist Report Received

Distribution
____ KCC ____ SWD/Rep ✓ NGPA
____ KGS ____ Plug ✓ Other (Specify) DOG

Form ACO-1 (7-91)

SIDE TWO

Operator Name OXY USA, Inc. Lease Name MLP PICKENS A Well # 4

Sec. 15 Twp. 29S Rge. 34W County HASKELL

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Take (Attach Additional Sheets.) ☐ Yes ☒ No

Samples Sent to Geological Survey ☒ Yes ☐ No

Cores Taken ☐ Yes ☒ No

Electric Log Run (Submit Copy.) ☒ Yes ☐ No

List All E.Logs Run:
HIGH RES.INDUCTION
SPECTRAL DENSITY
NEUTRON
MICROLOG
LONG SPACED SONIC

☒ Log **Formation (Top), Depth and Datums** ☐ Sample

Name	Top	Datum
HEEBNER	3974	-1003
STARK SHALE	4484	-1513
MARMATON	4668	-1697
CHEROKEE SHALE	4839	-1868
MORROW SHALE	5162	-2191
ST. GENEVIEVE	5428	-2154

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
Surface	12 1/4	8 5/8	24	1860	C C	525	
Intermediate					C C		
Production	7 7/8	5 1/2 5 1/2	17/15	5550 3190	C C	275 425	2% CC 1/4# SX FLOCELE 1/4 # SX FLOCELE

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top - Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
X 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
2	5304' -- 5310' 5327' -- 5340'	750 GAL 7.5% NE FE ACID FRAC'D W / 878 BBLS 20# X - LINKED GEL	
		57,200# 20/40 WHITE SAND	
2	5226' -- 5236'	250 GAL 15% NE FE ACID	

TUBING RECORD Size NO TUBING Set At Packer At Liner Run ☐ Yes ☒ No

Date of First, Resumed Production, SWD or Inj. Producing Method ☒ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	186	1084	18	5228	

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

☐ Vented ☒ Sold ☐ Used on Lease ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☒ Commingled 5226-36 5304 --10

(If vented, submit ACO-18.)

☐ Other (Specify)