

For KCC Use:
Effective Date: 6-14-06
District # 1
SGA? Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
NOTICE OF INTENT TO DRILL**

Owwo
Form C-1
December 2002
Form must be Typed
Form must be signed
All blanks must be Filled

Must be approved by KCC five (5) days prior to commencing well

Expected Spud Date 06/20/06
month day year

Spot: SE - SW - SE Sec. 16 Twp. 32S R. 34 East West

OPERATOR: License # 5447

642 feet from N / S Line of Section
1612 feet from E / W Line of Section

Name: OXY USA Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Contact Person: Vicki Carder
Phone: (620) 629-4242

Is SECTION Regular Irregular?
(Note: Locate well on the Section Plat on reverse side)
County: Seward

CONTRACTOR: License # 30606

Lease Name: Kapp A Well #: 6
Field Name: Holt

Name: Murfin Drilling Co., Inc.

Is this a Prorated / Spaced Field? Yes No

Well Drilled For: Well Class: Type Equipment:
 Oil Enh Rec Infield Mud Rotary
 Gas Storage Pool Ext Air Rotary
 OWWO Disposal Wildcat Cable
 Seismic: # of Holes Other
 Other Re-Entry API # 15-175-21808

Target Formation(s): St. Louis
Nearest Lease or unit Boundary: 642

Ground Surface Elevation: 2926 feet MSL

Water well within one-quarter mile Yes No

Public water supply well within one mile: Yes No

Depth to bottom of fresh water: 540

Depth to bottom of usable water: 600

Surface Pipe by Alternate: 1 2

Length of Surface Pipe 1741

Length of Conductor Pipe Required: _____

Projected Total Depth: 6350

Formation at Total Depth: St. Louis

Water Source for Drilling Operations:

Well Farm Pond Other

DWR Permit # _____

(Note: Apply for Permit with DWR)

Will Cores be Taken? Yes No

If Yes, Proposed zone: _____

If OWWO: old well information as follows:

Operator: OXY USA Inc.

Well Name: Kapp A-6

Original Completion Date: 08/17/00 Original Total Depth: 6350

Directional, Deviated or Horizontal wellbore? Yes No

IF Yes, true vertical depth _____

Bottom Hole Location _____

KCC DKT #: _____

Prorated & Spaced Hugoton

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101, et. Seq. It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office *prior* to spudding of well;
2. A copy of the approved notice of intent to drill *shall be* posted on each drilling rig;
3. The minimum amount of surface pipe as specified below *shall be set* by circulating cement to the top; in all cases surface pipe *shall be set* through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary *prior to plugging*;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 days** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. *In all cases, NOTIFY district office* prior to any cementing.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.

Date: 06/06/06 Signature of Operator or Agent: Vicki Carder Title: Capital Projects

For KCC Use ONLY

API # 15 - 175-21808-00-01

Conductor pipe required None feet

Minimum Surface pipe required 1741 feet per Alt. 1

Approved by: Rut 6-9-06

This authorization expires: 12-9-06

(This authorization void if drilling not started within 6 months of effective date.)

Spud date: _____ Agent: _____

Remember to:

- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proaction orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed;
- Obtain written approval before disposing or injecting salt water.
- If this permit has expired (see: authorized expiration date) please check the box below and return to the address below.

Well Not Drilled - Permit Expired

Signature of Operator or Agent: _____

Date: _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED
JUN 8 2006
KCC WICHITA

16-32-34W

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

Plat of acreage attributable to a well in a prorated or spaced field

If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please show all the wells and within 1 mile of the boundaries of the proposed acreage attribution unit for gas wells and within 1/2 mile of the boundaries of the proposed acreage attribution unit for oil wells.

API No. 15 - 175-21808-00-01

Operator: _____

Lease: _____

Well Number: _____

Field: _____

Number of Acres attributable to well: _____

QTR / QTR / QTR of acreage: _____ - _____ - _____

Location of Well: County _____

_____ feet from N / S Line of Section

_____ feet from E / W Line of Section

Sec. _____ Twp. _____ R. _____ East West

Is Section Regular or Irregular

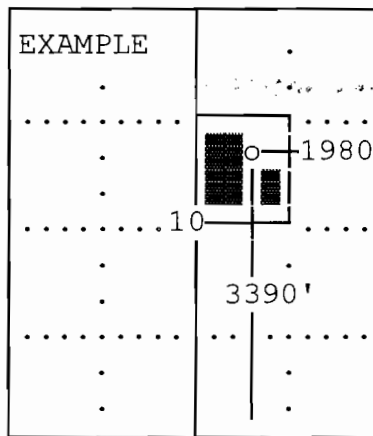
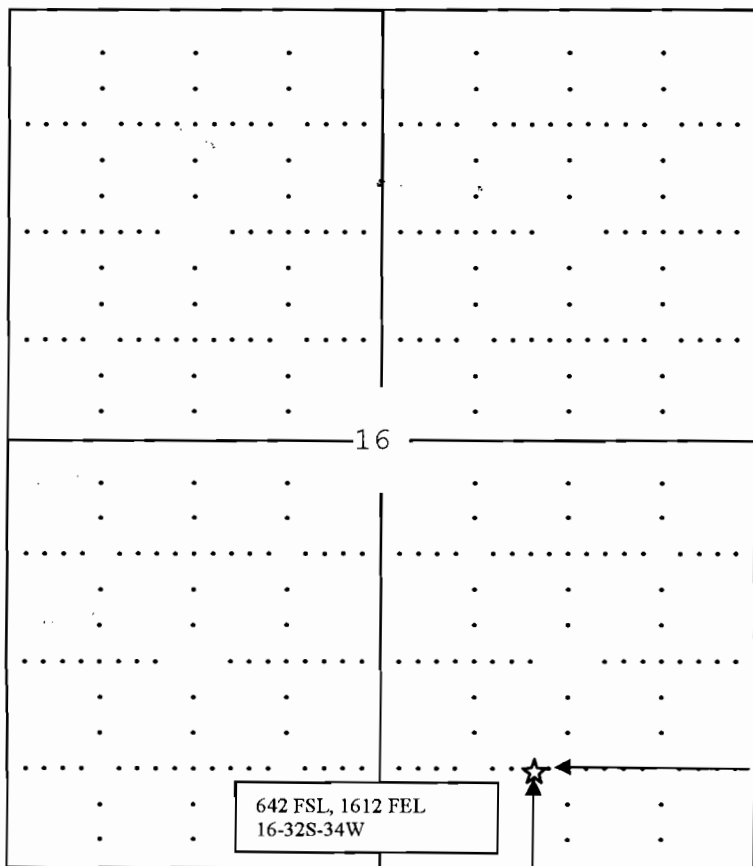
IF Section is Irregular, locate well from nearest corner boundary.

Section corner used: NE NW SE SW

PLAT

(Show location of the well and shade attributable acreage for prorated or spaced wells.)

(Show footage to the nearest lease or unit boundary line.)



SEWARD CO.

Note: In all cases locate the spot of the proposed drilling location.

Seward County


In plotting the proposed location of the well, you must show:

1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
2. The distance of the proposed drilling location from the sections south / north and east / west.
3. The distance to the nearest lease or unit boundary line.
4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (CO-7 for oil wells; CG-8 for gas wells).

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
APPLICATION FOR SURFACE PIT

Form CDP-1
April 2004
Form must be Typed

Submit in Duplicate

Operator Name: OXY USA Inc.		License Number: 5447
Operator Address: P. O. Box 2528, Liberal, KS 67901		
Contact Person: Rusty Hanna		Phone Number: (620) 629 - 4200
Lease Name & Well No.: Kapp A-6 (Re-Entry)		Pit Location (QQQQ): _____ SE _____ SW _____ SE Sec. 16 Twp. 32S R. 34 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 642 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 1612 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Seward _____ County
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <small>(If WP Supply API No. or Year Drilled)</small>	Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: 16000 _____ (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Chloride concentration: _____ mg/l <small>(For Emergency Pits and Settling Pits only)</small>
Is the bottom below ground level? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Artificial Liner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How is the pit lined if a plastic liner is not used? Bentonite & Cuttings
Pit dimensions (all but working pits): 150 Length (feet) 150 Width (feet) _____ N/A: Steel Pits Depth from ground level to deepest point: 4 _____ (feet)		
If the pit is lined give a brief description of the liner material, thickness and installation procedure.		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. <div style="text-align: right;">RECEIVED JUN 8 2006 KCC WICHITA</div>
Distance to nearest water well within one-mile of pit 1691 feet Depth of water well 360 feet	Depth to shallowest fresh water 225 feet. Source of information: KAKCS (6) _____ measured _____ well owner _____ electric log _____ KDWR	
Emergency, Settling and Burn Pits ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: Fresh Water Mud Number of working pits to be utilized: _____ Abandonment procedure: Evaporation and Backfill _____ Drill pits must be closed within 365 days of spud date.	15-775-21808-00-01
I hereby certify that the above statements are true and correct to the best of my knowledge and belief.		
<u>06/06/06</u> Date		<u></u> Signature of Applicant or Agent
KCC OFFICE USE ONLY		
Date Received: <u>6/8/06</u> Permit Number: _____ Permit Date: <u>6/8/06</u> Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

CONFIDENTIAL

15-175-21808-00-00

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

September 1999

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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: Jerry Hunt
 Phone: (316) 629-4200
 Contractor: Name: _____
 License: _____
 Wellsite Geologist: Tom Heflin
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____

API No. 15 - 175-21808-0000
 County: Seward
 - SE - SW - SE Sec 16 Twp. 32 S. R. 34W
642 feet from (S) N (circle one) Line of Section
1612 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Kapp A Well #: 6
 Field Name: Unnamed
 Producing Formation: _____
 Elevation: Ground: 2926 Kelly Bushing: 2938
 Total Depth: 6350 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 1741 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.

RELEASED

MAR 18 2002

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. _____
08/08/00 08/17/00
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan ACT (P&A DPW 3-18-02)
 (See sample collected from the Reserve Pit)
 Chloride content 900 ppm Fluid volume 1700 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.: _____

FROM CONFIDENTIAL

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: [Signature]
 Title: Capital Project Date 09-08-00
 Subscribed and sworn o before me this 8th day of Sept.
 20 00
 Notary Public: [Signature]
 Date Commission Expires: _____

NOTARY PUBLIC, State of Kansas
 Seward County
 HELEN M. SMITH
 My Appt. Exp. 3-5-2001

KCC Office Use Only
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 _____ UIC Distribution
KCS

CONFIDENTIAL

15-175-21808-0000

Side Two

Operator Name: OXY USA, Inc. Lease Name: Kapp A Well # _____
Sec. 16 Twp. 32 S. R. 34W East West County: _____

JAN 20 2000

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	4180	-1244
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	4200	-1262
List All E. Logs Run:	Geo. Report Induction Log	Lansing	4276	-1338
Neutron Log	Gamma Ray Log	Marmaton	4968	-2030
		Morrow	5574	-2636
		Chester	5804	-2864
		St. Louis	6214	-3374

CASING RECORD <input checked="" 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
Conductor					C		
Surface	12 1/4	8 5/8	24	1741	C	455	3% CC, 1/2# Flocele
Production					C		

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
	Plug well as follows per/KCC: 100 sxs at 3190',	50 sxs at 1760', 40 sxs at 630',	
	10 sxs at 40'. Plug Rat Hole w/ 15 sxs and Mouse	Hole w/10 sxs. All cement 60/40 POZ, 6%	
	Gel, by Halliburton. Completed @ 11:30 PM 8/18/00		

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Other (Explain) P&A

Estimated Production Per 24 Hours	Oil BBLS	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, Submit ACO-18)

METHOD OF COMPLETION: Other (Specify) _____ P&A _____

Production Interval: _____