

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: N/A
Operator Contact Person: Kenny L. Andrews
Phone: (620) 629-4232
Contractor: Name: BEST WELL SERVICE

License: _____
Wellsite Geologist: N/A
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: MAGNOLIA A # 1

Original Comp. Date: 12/20/01 Original Total Depth: 5680
☐ 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. D-28,534
11/22/05 11/22/05 11/24/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 081-21431-0001
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-1 SWD

Field Name: N/A
Producing Formation: N/A
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 3114'
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

ALT I WDM 4-27-06
Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume N/A bbls
Dewatering method used N/A

Location of fluid disposal if hauled offsite:

Operator Name: N/A **RECEIVED**
Lease Name: N/A License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. DEC 22 2005 East ☒ West ☐
County: _____ Docket No.: **KCC WICHITA**

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: *Kenny L. Andrews*
Title: ENGINEERING TECHNICIAN Date 12/20/2005
Subscribed and sworn to before me this 20 day of Dec
20 05
Notary Public: *Anita Peterson*
Date Commission Expires: Oct 1 2009

 **ANITA PETERSON**
Notary Public - State of Kansas
My Appt. Expires October 1, 2009

KCC Office Use Only

No Letter of Confidentiality Attached
If Denied, Yes ☐ Date: _____
No Wireline Log Received
No Geologist Report Received
_____ UIC Distribution

Side Two

Operator Name: OXY USA, Inc. Lease Name: MAGNOLIA A Well #: 1 SWDSec. 31 Twp. 27 S. R. 34 ☐ 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
(Attach Additional Sheets)☒ Yes ☐ No

Samples Sent to Geological Survey

☒ Yes ☐ No

Cores Taken

☐ Yes ☒ NoElectric Log Run
(Submit Copy)☒ Yes ☐ No

List All E. Logs Run:

PREVIOUSLY SENT IN.

☒ Log

Formation (Top), Depth and Datum

☐ Sample

Name

Top

Datum

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 | | | | | | | |
| Surface | 12-1/4" | 8-5/8" | 24 | 1615 | C | 550 | 6% GEL |
| Production | 7-7/8" | 5-1/2" | 15.5 | 5400 | C | 140 | 6% GEL |

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 (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| 4 | 5240'-48', 5252'-54' & 5256'-62' | | |
| | HORNET PKR @ 5209' | | |
| | | | |
| | | | |
| | | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run |
|---|---|----------------|-------------------|---|
| | 2-3/8" | 5209' | 5209' | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Enhr. PENDING KCC APPROVAL | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>Disposal Well</u> | | | |
| Estimated Production Per 24 Hours | Oil BBLS N/A | Gas Mcf N/A | Water Bbls N/A | Gas-Oil Ratio N/A Gravity N/A |

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) _____