

Address: P.O. Box 2528 City/State/Zip: Liberal, KS 67905

Contractor: Name: Murfin Drilling Co., Inc.

Phone: (620) 629-4232

_____ SWD

5447

30606

Workover

__ Temp. Abd.

OXY USA Inc.

Operator Contact Person: Rafael Bacigalupo

_____ Re-Entry

ENHR SIGW

SIOW

____ Other (Core, WSW, Expl, Cathodic, etc)

Operator: License #

Name:

Purchaser: ___

License: ____

X New Well

__X__Oil

Wellsite Geologist: Designate Type of Completion:



September 1999

Form Must Be Typed

Kansas Corporation Commission RIGINAL OIL & Gas Conservation Division WELL COMPLETION FORM

WELL HISTORY - DESCRI

API No. 15 - <u>081-2169</u>	90-0000					
County:	······································	Haske	11			
<u>NE</u> - <u>SE</u>	- <u>SE</u>	Sec_3	6Twp. <u>27</u>	<u>7S</u> S.	R <u>3</u>	4W
1300	feet fro	om 🗟 / I	N (circle on	e) Line	of Sec	ction
600	feet fro	om 目 / \	N (circle or	ne) Lin	e of Se	ctior
Footages Calculated from	m Neares	t Outsic	de Section	Corner	:	
(circle one)	NE	SE	NW S	W		
Lease Name: Branstette	er Cheste	r Unit	Well #:		106	
Field Name:	Brans	stetter (Chester Uni	t	·····	
Producing Formation: _		Che	ster			
Elevation: Ground:	3026	K	elly Bushin	g:	3038	
Total Depth: 5570	Plug B	ack Tot	al Depth:		5520	
Amount of Surface Pipe	Set and C	emente	ed at	2007.5	5	feet
Multiple Stage Cementin	g Collar L	Jsed?		\boxtimes	Yes 🗌	No
If yes, show depth set	3541					
If Alternate II completion,	cement o	circulate	ed from			
feet depth to	w/		W		sx	emt.
Drilling Fluid Managemer	nt Plan					
Data must be collected from the		,				
Chloride content 900 m	,		volume	1500	1	hhle
Dewatering method used						
ocation of fluid disposal			***************************************			
Operator Name:						
_ease Name:						
Quarter Sec	I WD.	5). M.	1 1 5		

If Workover/Re-entry: Old Well Info as follows: Operator: _ Well Name: Original Comp. Date: _____ Original Total Depth: ___ Deepening _____ Re-perf. ____ Conv. To Enhr./SWD Plug Back Total Depth Plug Back _ Commingled Docket No. _____ __ Dual Completion Docket No. ____ Other (SWD or Enhr.?) Docket No. ___ 12/27/06 01/11/07 02/02/06 Date Reached TD Spud Date or Completion Date or Recompletion Date Recompletion Date INSTRUCTIONS: An original an 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 CEMENTINGTICKETS 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. KCC Office Use Only Letter of Confidentiality Attached Date 04/17/2007 If Denied, Yes Date: Subscribed and sworn to before me this Wireline Log Received Geologist Report Received Notary Public: RECEIVED **UIC** Distribution Date Commission Expires: KANSAS CORPORATION COMMISSION

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

APR 1 9 2007