Permit Extension

			_		iRe	quest Rece	<u>ما - کی</u> wed		
For KCC Us					TON COMMISS				Form C+1
Effective Da	ite: <u>/0-7-0</u>	7			VATION DIVIS	. :		Form must be	nber 2002 e Tvped
District # _			NOTICE (F INT	ENT TO DR	!LL		Form must be	signed
SGA? 🔲	res 🔀 No	Must be			days prior to comm		A	ill blanks must b	e Filled
Evancted So	ud Date		0/07	5	Spot:				East
Expedice op		month da	ay year	-	SENW	1 4			⊠West
				_	1360		feet from	□N / 🛛 S Line o	f Section
OPERATOR:	License #	5447	<u> </u>		1350		teet from	☐E / 🖾 W Line o	of Section
Name: OXY USA Inc.									
Address: P.O. Box 2528					s SECTION X	Hegular	irregular		
City/State/Zip: Liberal, KS 67905					(Note: Local	e well on the Sec	tion Plat on revers	se side)	
Contact Person: Rafael Bacigalupo				(County: Haskell Lease Name: Dewell A Well #: 3				
Phone: (620) 629-4229								#: <u>3</u>	
CONTRACTOR: License # 39784					Field Name:	Hug	oton		
					s this a Prorated / Spa	ced Field?		∑ Yes	s 🗌 No
Name:	T	rinidad Drilling Limi	ted Partnership	 .	Target Formatioπ(s):		Council Grove		
				!	Nearest Lease or unit	Boundary:		1250	
We	Il Driffed For:	Well Class:	Type Equipment:		Ground Surface Elevat				feet MSL
—		⊠infield	Mud Rotary		Water well within one-c			∏ Ye	s 🔲 No
	☐Enh Rec				Train tren mann one t			_	
⊠Gas ′	Storage	Pool Ext	Air Rotary		Public water supply we	Il within one mile:		☐ Ye	s 🔲 No
□owwo	Disposal	 Wildcat	☐ Cable		Depth to bottom of fres				
	# of Holes	Other			•		_		·
					Depth to bottom of usa	ible water:	<u> </u>	 	
Other						. 🔽 .	rn.		
					Surface Pipe by Altern			800'	
If OWWO: old well information as follows:					Length of Surface Pipe Length of Conductor P				
Operator:					Projected Total Depth:	• 1:			
Original Completion Date:Original Total Depth:					Formation at Total Dep	oth:	Council G	irgve	
	,				Water Source for Drilling	ng Operations:			
Directional, I	Deviated or Horizont	tal wellbore?	Yes	⊠ No	⊠ Well	Farm Pon	d Other	·	
IF Yes, true	vertical depth				DWR Permit #			571	
Bottom Hale	Location			····		(Note: Apply	for Permit with D		67
KCC DKT #:					Will Cores be Taken?			Ye	s 🛛 No
2	·	L Pa	. rom A		If Yes, Proposed zone	·		RECE	IVED
RORATEO	¥ Sриско: 1	HOPOTON-I A	NOINT	AFFID#		466 464		KANSAS CORPORA	TION COMMISSION
The undersigned to	gned hereby affirms hat the following mir	that the drilling, con	npletion and eventual s will be met:	plugging of th	is well will comply with	K.S.A. 55-101, e	t. Seq.	007.0	1 0000
1 1	Notify the appropriate	e district office <i>orlo</i>	r to spudding of well:					OCT 0	1 2007
2 1	conv of the approv	ed notice of intent 1	o drill <i>shall be</i> posted	l on each drilli: I l be set by cir	ng rig; culating cement to the	top: in all cases	surface pipe shall	l be settlicough all :	ender of the control
		iale alue a minimum	od 20 feet into the un	dedvina forms	ition.				TAGE TO BE LEGISLATION OF THE PERSON OF THE
4 1	f the well is dry hele	an agreement het	ween the operator and	the district of	fice on plug length and production casing is a	splacement is ned emented in:	essary <i>prior to p</i>	olugging;	
	4 - ALTERNATE II	COMBLETION A	aduction nine chall be	comented from	m heinw anv usahia wa	Marto Sultace Will	nin <i>120 days</i> of sp	oud date. Or pursu	ant to
	Appendix "B" - Fact	om Kanese surisco	casing order #133.89	1-C. which ao	plies to the KCC District Intrict office prior to a	ct 3 area, alternate	a II cementing mu	st be completed with	nin 30
I harehy cen	pays of the spuodel lify that the stalemen	e or tile well stall b nts made herein are	true and to the best	of my knowled	ge and belief.	.,			
Date:		ature of Operator o	/	ΔXX	<u>. </u>	Title:	Capital Pe	roject	
				200	* Remember to:				_
For KCC U				-		pplication (form C			7
API # 15 - 081-21760-0000					File Completion Form ACO-1 within 120 days of spud date; File acerage attribution plat according to field proation orders;				
Conductor pipe required None feet					Notify appropriate district office 48 hours prior to workover or re-entry;				
Minimum Surface pipe required feet per Alt. 1					- Submit plugging report (CP-4) after plugging is completed; Obtain written approval before disposing or injecting salt water.				
Approved by: 14 10-2-07 / Par 3-6-08								ting salt water. tion date) please ch	y;
This author	Ization expires:	42-08 1	o-2-08			d return to the ad-			~

Well Not Drilled - Permit Expired

Date: ___

Signature of Operator or Agent:

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

______ Agent: ___

Spud date: ____