

CONFIDENTIAL
JAN 23 2008
KCC

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1/23/09

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed

Operator: License # 5447
Name: OXY USA Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: UGGS
Operator Contact Person: Kenny Andrews
Phone: (620) 629-4200
Contractor: Name: Best Well Service
License: N/A 32564
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: _____
Well Name: _____

Original Comp. Date: 06/15/2005 Original Total Depth: 3156
 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. _____
10/03/2007 03/30/05 10/12/2007
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 067-21606-0001
County: Grant
NE - NE - SW - SW Sec 3 Twp. 29 S. R. 36W
1250 feet from (S) N (circle one) Line of Section
1250 feet from E (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: English F Well #: 5
Field Name: Panoma
Producing Formation: Chase/Council Grove
Elevation: Ground: 3047 Kelly Bushing: 3052
Total Depth: 3156 Plug Back Total Depth: 3112
Amount of Surface Pipe Set and Cemented at 740 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.

Drilling Fluid Management Plan WD NH 9-4-08
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. East West
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 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: Production Lead Date January 23, 2008
Subscribed and sworn to before me this 23 day of Jan
20 08
Notary Public: Anita Peterson
Date Commission Expires: Oct. 1, 2009

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

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 25 2008

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

CONSERVATION DIVISION
WICHITA, KS

Side Two

Operator Name: OXY USA Inc. Lease Name: English F Well #: 5
 Sec. 3 Twp. 29 S. R. 36W East West County: Grant

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Chase</td> <td>2498</td> <td>554</td> </tr> <tr> <td>Krider</td> <td>2520</td> <td>532</td> </tr> <tr> <td>Winfield</td> <td>2568</td> <td>484</td> </tr> <tr> <td>Towanda</td> <td>2624</td> <td>428</td> </tr> <tr> <td>Ft. Riley</td> <td>2680</td> <td>372</td> </tr> <tr> <td>Wreford</td> <td>2776</td> <td>276</td> </tr> <tr> <td>Council Grove</td> <td>2800</td> <td>252</td> </tr> </table>	Name	Top	Datum	Chase	2498	554	Krider	2520	532	Winfield	2568	484	Towanda	2624	428	Ft. Riley	2680	372	Wreford	2776	276	Council Grove	2800	252
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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	738	C	175	35/65 Poz + Additives
					C	195	Class C + Additives
Production	7 7/8	4 1/2	10.5	3155	H	455	Prem + Additives
					H	150	Prem + Additives

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
2	2500-2515 & 2530-2544 (new)	Frac: 4505 bbls 75Q X-link w/75% NW foam;	
	2570-91 (3 spf); 2635-60 & 2687-2704 (4 spf) (new)	338,182# 16/30 sand	
4	2870-2884, 2862-2866 (old)		
3	2849-2853, 2828-2845 (old)		
2	2818-2823, 2806-2815, 2802-2804 (old)		

TUBING RECORD	Size 2 3/8	Set At 2916	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 10/16/2007	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLS 0	Gas Mcf 116	Water Bbls 2	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____

Production Interval _____