

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

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: _____
 Operator Contact Person: Kenny Andrews
 Phone: (620) 629-4200
 Contractor: Name: Best Well Service
 License: _____
 Wellsite Geologist: _____
 Designate Type of Completion:
 _____ New Well _____ Re-Entry X Workover
 _____ Oil X 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-1D SWD

API No. 15 - 081-21431-0001
 County: Haskell
SE - NW - NE Sec 31 Twp. 27 S. R. 34W
1285 4045 feet from S (circle one) Line of Section
4822 1964 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest GPS-KCC-Dg Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Magnolia A Well #: 1
 Field Name: _____
 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 _____
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

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. _____
X Other (SWD or Enhr.?) _____ Docket No. D-28.534
11/07/06 11/07/06 11/13/06
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

Drilling Fluid Management Plan SWD N#6-1808
 (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: Kenny Andrews
 Title: Production Lead Date 1/13/2007
 Subscribed and sworn o before me this 13th day of January
20 07
 Notary Public: Kathleen R. Poulton
 Date Commission Expires: November 8, 2010

KCC Office Use Only

N Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION

NOTARY PUBLIC - State of Kansas
 KATHLEEN R. POULTON
 My Appt. Exp. 11-8-10

JAN 17 2007
 CONSERVATION DIVISION
 WICHITA, KS

Side Two

Operator Name: OXY USA Inc. Lease Name: Magnolia A Well #: 1D SWD

Sec. 31 Twp. 27 S. R. 34W 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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							
Surface							
Production							

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	CIBP @ 5190 w/ 2 Sx Cmt , 4552-86	6802 Gals 15% FE Acid	

TUBING RECORD	Size 2 3/8	Set At 4503	Packer At 4503	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 12/31/06	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>SWD 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 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, Submit ACO-18) Other (Specify) _____

(Faint stamps and markings)