

CONFIDENTIAL

ORIGINAL

4/21/09

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

September 1999

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed

KCC
APR 21 2008
CONFIDENTIAL

Operator: License # _____ 5447
Name: _____ OXY USA Inc.
Address: _____ P.O. Box 2528
City/State/Zip: _____ Liberal, KS 67905
Purchaser: _____ Regency
Operator Contact Person: _____ Jarod Powell
Phone: _____ (620) 629-4200
Contractor: Name: _____ Best Well Service
License: _____ ~~NA~~ 32564
Wellsite Geologist: _____ NA
Designate Type of Completion:
____ New Well _____ Re-Entry _____ X Workover
____ Oil _____ SWD _____ SIOW _____ Temp. Abd.
____ X 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: 03/10/2006 Original Total Depth: 3161
____ Deepening _____ X 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. _____
01/09/2008 _____ 02/21/06 _____ 01/23/2008
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date

API No. 15 - 093-21776-0001
County: _____ Kearny
SE - SE - NW - NW Sec 3 Twp. 24 S. R. 35W
_____ 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: _____ Molz A Well #: _____ 3
Field Name: _____ Panoma
Producing Formation: _____ Chase/Council Grove
Elevation: Ground: _____ 3000 _____ Kelly Bushing: _____ 3006
Total Depth: _____ 3161 _____ Plug Back Total Depth: _____ 3084
Amount of Surface Pipe Set and Cemented at _____ 976 _____ 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 WONJ 6-12-09
(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: _____ Capital Assets _____ Date April 21, 2008
Subscribed and sworn to before me this 21 day of April
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
copy to Jim
APR 23 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: Molz A Well #: 3

Sec. 3 Twp. 24 S. R. 35W East West County: Kearny

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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" 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					C		
Surface	12 1/4	8 5/8	24	976	C	265	35/65 Poz + Additives
					C	195	Class C + Additives
Production	7 7/8	4 1/2	11.6	3160	C	210	35/65 Class C + Additives
					H	260	50/50 Poz + 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	2485-2488, 2514-2529, 2536-2544 (new)	Frac:95,508 gals 75% N2 Foam;	
3	2576-2580, 2589-2594 (new)	196,940# 16/30 sand	
4	2614-2618, 2625-2633,2649 (new)		
4	2880-2884, 2870-2874, 2858-2862, 2847-2853 (old)		
3	2820-2830, 2798-2805 (old)		

TUBING RECORD	Size 2 3/8	Set At 2662	Packer At 2760 (RBP)	Liner Run. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 01/24/2008	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil BBLs	Gas Mcf 89	Water Bbls 15	Gas-Oil Ratio Gravity

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____