

CONFIDENTIAL

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ORIGINAL

4/29/09

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

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: Duke
Operator Contact Person: Jarod Powell
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 X Workover
Oil SWD SLOW Temp. Abd.
X 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: GREEN D 4

API No. 15 - 189-20872-0001
County: Stevens
SW - NE - NE Sec 25 Twp. 34 S. R 35W
760 feet from S N (circle one) Line of Section
760 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Green D Well #: 4
Field Name: Hugoton/Panoma
Producing Formation: Chase
Elevation: Ground: 2956 Kelly Bushing: 2969
Total Depth: 6570 Plug Back Total Depth: 3490
Amount of Surface Pipe Set and Cemented at 1758 feet
Multiple Stage Cementing Collar Used? X Yes No
If yes, show depth set 3518
If Alternate II completion, cement circulated from
feet depth to w/ sx cmt.

Original Comp. Date: 11/07/85 Original Total Depth: 6570
Deepening Re-perf. Conv. To Enhr./SWD
X Plug Back Plug Back Total Depth
Commingled Docket No.
Dual Completion Docket No.
Other (SWD or Enhr.?) Docket No.
04/03/2008 10/02/1985 04/16/2008
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan WONS 67509
(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.

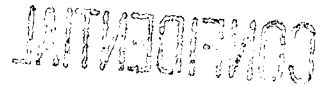
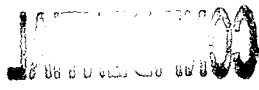
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Jarod Powell
Title: Capital Assets Date: April 29, 2008
Subscribed and sworn o before me this 29 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
MAY 01 2009

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: Green D Well #: 4

Sec. 25 Twp. 34 S. R. 35W East West County: Stevens

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E. Logs Run: _____

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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	12 1/4	8 5/8	24	1758	C	650 150	65/35 POZ + additives Class H w/3% CaCl
Surface					C		
Production	7 7/8	5 1/2	14	6569	C	175 200	50/50 POZ + additives 65/35 Lite 200 + 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
4	2645-2660 (new)	Frac: 19,794 gals 75Q X-Link gel w/75% N2 Foam; 30,500# 16/30 Sand	
4	2678-2686, 2710-2748, 2776-2786 (new)		
	CIBP's @ 3490 w/2 sx cmt & 6210 w/2 sx cmt (new)		
3	622-6234, 6243-6258 (old)		

TUBING RECORD	Size 2 3/8	Set At 2849	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. 04/22/2008	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	Gas Mcf 49	Water Bbls 1	Gas-Oil Ratio	Gravity
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Disposition of Gas

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease
(If vented, Submit ACO-18)

Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____