

CONFIDENTIAL

ORIGINAL 9/19/08

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM

Form ACO-1

September 1999

Form Must Be Typed

KCC  
SEP 19 2007  
CONFIDENTIAL

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5447  
Name: OXY USA Inc.  
Address: P.O. Box 2528  
City/State/Zip: Liberal, KS 67905  
Purchaser: Regency  
Operator Contact Person: Rafael Bacigalupo  
Phone: (620) 629-4200  
Contractor: Name: Best Well Service  
License: N/A 32564  
Wellsite Geologist: \_\_\_\_\_

API No. 15 - 129-21756-0001  
County: Morton  
SW - Nw - SW Sec 9 Twp. 33 S. R. 42W  
1800 feet from S N (circle one) Line of Section  
330 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Austin A Well #: 4  
Field Name: Mustang East

Producing Formation: Morrow  
Elevation: Ground: 3505 Kelly Bushing: 3516  
Total Depth: 5200 Plug Back Total Depth: 4740  
Amount of Surface Pipe Set and Cemented at 624 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 WO NH 7-29-08  
(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.: \_\_\_\_\_

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: 08/02/06 Original Total Depth: 5200  
 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. \_\_\_\_\_  
05/19/06 05/28/06 08/06/07  
Spud Date or Date Reached TD Completion Date or Recompletion Date

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: \_\_\_\_\_  
Title: Capital Project Date 09/19/07  
Subscribed and sworn to before me this 19th day of Sept.  
20 07  
Notary Public: Anita Peterson  
Date Commission Expires: Oct. 1, 2009

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

RECEIVED  
KANSAS CORPORATION COMMISSION

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

SEP 24 2007

CONSERVATION DIVISION  
WICHITA, KS

Operator Name: OXY USA Inc. Lease Name: Austin A Well #: 4

Sec. 9 Twp. 33 S. R. 42W  East  West County: Morton

**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 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 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	17 1/2	13 3/8	48	624	C	420	35/65 Poz C + Additives
					C	195	Class C + Additives
Surface	12 1/4	8 5/8	24	1690	C	450	35/65 Poz + Additives
					C	195	Class C + Additives
Production	7 7/8	5 1/2	17	5199	H	170	50/50 Poz + Additives
					H	120	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
4	4782-4816		
4	4510-4526		

TUBING RECORD	Size 2-3/8	Set At 4818	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 08/22/07	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 0	Gas Mcf 1190	Water Bbls 26	Gas-Oil Ratio Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	
	<input type="checkbox"/> Other (Specify) _____	



9/19/08

OXY USA Inc.  
1701 N. Kansas  
P.O. Box 2528  
Liberal, Kansas 67905

September 19, 2007

KCC  
SEP 19 2007  
CONFIDENTIAL

Kansas State Corporation Commission  
Conservation Division, Finney State Office Building  
130 S. Market, Room 2078  
Wichita, KS 67202-3802

RE: AUSTIN A-4  
SW/4 Sec-9 T-33S R-42W  
Morton County, Kansas  
API # 15-129-21756-0000

Dear Sir:

**Please file confidential.** Enclosed herewith please find ACO-1 for subject well, which was recently recompleted with removal of the retrievable bridge plug, running tubing and installing pumping equipment.

If there are any questions or you require further information, please contact me at the above address or by phone at (620) 629-4229.

Sincerely,

Rafael Bacigalupo  
Capital Projects

Enclosure

Cc: OXY - Houston  
OXY - Well File

RECEIVED  
KANSAS CORPORATION COMMISSION

SEP 24 2007

CONSERVATION DIVISION  
WICHITA, KS