

CONFIDENTIAL
OCT 25 2007
KCC

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ORIGINAL

10/25/08

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: ONEOK
Operator Contact Person: Rafael Bacigalupo
Phone: (620) 629-4229
Contractor: Name: Murfin Drilling Co., Inc.
License: 30606
Wellsite Geologist: Marvin Harvey
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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: _____

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. _____
 Other (SWD or Enhr.?) Docket No. _____
08/06/07 08/17/07 09/10/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 175-22089-0000
County: Seward
C - SE - SE Sec 17 Twp. 32 S. R. 34W
660 feet from N (circle one) Line of Section
660 feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE NW SW
Lease Name: Jerman A Well #: 5
Field Name: Unknown
Producing Formation: Morrow
Elevation: Ground: 2940.9 Kelly Bushing: 2952
Total Depth: 6300 Plug Back Total Depth: 6223
Amount of Surface Pipe Set and Cemented at 1734.4 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3216.5
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmf.

Drilling Fluid Management Plan AITZ NH 8-12-08
(Data must be collected from the Reserve Pit)
Chloride content 250 ppm Fluid volume 1250 bbls
Dewatering method used Evaporation
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 Project Date 10/23/2007
Subscribed and sworn to before me this 23 day of Oct
20 07
Notary Public: Anita Peterson
Date Commission Expires: Oct 1 2009

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

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

UIC Distribution
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KANSAS CORPORATION COMMISSION
OCT 25 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: OXY USA Inc. Lease Name: Jerman A Well #: 5
 Sec. 17 Twp. 32 S. R. 34W East West County: Seward

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Cement Bond Log Sonic Array Microlog Array Compensated Resistivity Spectral Density Dual Spaced Neutron	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Topeka</td> <td>2987</td> <td>-35</td> </tr> <tr> <td>Lansing</td> <td>3401</td> <td>-449</td> </tr> <tr> <td>Drum</td> <td>3536</td> <td>-584</td> </tr> <tr> <td>Dennis</td> <td>3648</td> <td>-696</td> </tr> <tr> <td>Cherokee</td> <td>4175</td> <td>-1223</td> </tr> <tr> <td>Atoka</td> <td>4278</td> <td>-1326</td> </tr> <tr> <td>Morrow</td> <td>4597</td> <td>-1645</td> </tr> </table> <p style="text-align: right;">(See Side Three)</p>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Topeka	2987	-35	Lansing	3401	-449	Drum	3536	-584	Dennis	3648	-696	Cherokee	4175	-1223	Atoka	4278	-1326	Morrow	4597	-1645
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample																										
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Morrow	4597	-1645																										

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	1734	C	725	35/65 + Additives (See Attached Cmt Tkt)
Production	7 7/8	5 1/2	17	6274	C	225	50/50 POZ + Additives (See Attached Cmt Tkt)

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
8	5752-5766' & 5777-5784'	3200 Gals 17% FE Acid	
		20,370 gals 15# X-Link & 75% N2; 135,000# 20/40 sd	

TUBING RECORD	Size 2 3/8	Set At 5839	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. 09/13/2007	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 27	Water Bbls 2	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

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Side Three

Operator Name: OXY USA Inc. Lease Name: JERMAN A Well #: 5
Sec. 17 Twp. 32 S. R. 34W East West County: Seward

<u>Name</u>	<u>Top</u>	<u>Datum</u>
S1	4622	-1670
Indian Belly	4903	-1961
S2	5034	-2082
Keyes	5087	-2135
Mississippian	5143	-2191
St Genevieve	5209	-2257
St Louis	5296	-2344
TD:	6300	

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TREATMENT REPORT

Customer KCC	Lease No. KCC	Date 6-13-2007	
Lease 3-1-10011	Well # A-5		
Field Order # 11022	Station 1-1-1-1	Casing 2 7/8"	Depth 4270
Type Job CV. DV. I.S.	Formation (CNO)	County Seward	State KS
		Legal Description 11-24-34	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative: [Name] Station Manager: [Name] Treater: [Name]

Service Units	11022	11024	11043	11044	11044	11005	11003			
Driver Names	[Name]	[Name]	[Name]	[Name]	[Name]	[Name]	[Name]			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:35					Arrive on loc.
12:44					Casing on B. Ann. 11-11
12:46					11-11 S. Side of M. top of B. Ann. 11-11
12:58	2100				Test line
13:00	1100		45	11	ump 11-11 to 11-11
13:02					ump 11-11 to 11-11
13:06	500		0	5	ump 11-11 to 11-11
13:09	1100		30	5	ump 11-11 to 11-11
13:11	1100		144	2	ump Plug 11-11 to 11-11
13:14			144		L.D. Plug 11-11
13:16					ump spacing Plug
13:18	1100				ump 11-11 to 11-11
13:20					ump 11-11 to 11-11
13:10			3+2	2	Plug Ret. 11-11 to 11-11
13:14					ump 11-11 to 11-11
13:20					ump 11-11 to 11-11
13:21					ump 11-11 to 11-11
13:21					ump 11-11 to 11-11
13:22					ump Plug
13:34	1100				ump 11-11 to 11-11
14:15	2100				ump Plug 11-11 to 11-11

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MICHIGAN, KS

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TREATMENT REPORT

Customer: *Daylight* Lease No.: *115* Date: *5/7/07*
 Lease: *300000* Well #: *115*
 Field Order #: *1731* Station: *Liberal* Casing: *8 5/8* Depth: *1725* County: *Seward* State: *KS*
 Type Job: *8 5/8 Solvent (NW)* Formation: *17-32 34* Legal Description: *17-32 34*

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative: *[Signature]* Station Manager: *[Signature]* Treater: *[Signature]*

Service Units	<i>17321</i>	<i>17343</i>	<i>17341</i>	<i>17366</i>	<i>17322</i>				
Driver Names	<i>Chris E. Hughes</i>	<i>Blaine</i>		<i>S. Jones</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0:00					on CC, 300000, 100 gal
0:35					Break Circ.
0:40					Call in with 100 gal flow
0:45					Dei test
1:45				4.0	Start mixing acid @ 12.2%
2:00	2345		213	3.0	switch to "A" 2% @ 4" @ 100 gal
2:15			48	3.0	to 11.5%
2:30			49	1.0	Touching up
2:35			0		Start down, drop plug, wash up
2:55				3.0	Start drop.
3:15			40	3.5	Start Circ
3:30	2100		106	2	11.5% Diss
3:45	2000				Check press, start label
					Circ 1000 gal report
					5000 gal
					to 11.5%
					1000 gal

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

October 23, 2007

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

RE: JERMAN A-5
SE/4 S-17 R-32S T-34W
Seward County, Kansas
API # 15-175-22089-0000

Dear Sir:

Please file confidential. The following items are being submitted for the above referenced well which was recently drilled and completed.

- 1. KANSAS STATE FORM ACO-1 + 2 copies
- 2. CEMENT REPORTS
- 3. GEOLOGICAL REPORT
- 4. A SET OF ELECTRIC LOGS

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

Enclosures

Cc: OXY – Houston
OXY – Well File

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WICHITA, KS