

CONFIDENTIAL

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ORIGINAL

cc Jim H.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

6/12/09

Form ACO-1
September 1999

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Jarod Powell
Phone: 620 629-4200

API No. 15 - 175-21814-0002
County: Seward
N/2 - SE - SW Sec 10 Twp. 31 S. R. 34W
861 feet from (S) N (circle one) Line of Section
2037 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Stanley B Well #: 3

Field Name: _____
Producing Formation: Chase

Elevation: Ground: 2886 Kelly Bushing: 2898
Total Depth: 5850 Plug Back Total Depth: 3080

Amount of Surface Pipe Set and Cemented at 1744 feet
Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3090
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan WONSB-409
(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.: _____

Contractor: Name: Best Well Service
License: 32504 N/A
Wellsite Geologist: N/A

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: **CONFIDENTIAL**
Operator: OXY USA, Inc.
Well Name: Federal Land Bank G-1

Original Comp. Date: 01/19/2001 Original Total Depth: 5850
KCC

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. _____

04/24/2008 12/11/2000 05/05/2008
Spud Date or Recompletion Date 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: Jarod Powell

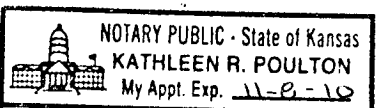
Title: Capital Assets Date June 12, 2008

Subscribed and sworn to before me this 12th day of June

20 08

Notary Public: Kathleen R. Poulton

Date Commission Expires: November 9, 2010



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

RECEIVED
KANSAS CORPORATION COMMISSION

JUN 13 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: OXY USA, Inc. Lease Name: Stanley B Well #: 3

Sec. 10 Twp. 31 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	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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Purpose of String	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	1744	C	600	2% CC 1/4# FLOCELE
Production	7 7/8	5 1/2	5850	C	200	5# CAL SEAL 5# GILSONITE 10% SALT .5% HALAD -322

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	2300-3090	C	75	2% CC 1/4# FLOCELE (PORT COLLAR)
<input type="checkbox"/> Plug Back TD				
<input checked="" 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
3	2685-2696 (new)		
8	2534-2540; 2565-2579 (new)	89,477 gals 15# Linear gel w/75% N2 foam;	
	2592-2600 (3 SPF); 2642-2650 (2 SPF) (new)	126,040# 16/30 sand	
	CIBP's @ 5350 & 3080 (new)		
4	5348-5358; CIBP's @ 5420 & 5450; 5468 - 5495 (old)		
TUBING RECORD Size Set At Packer At 2 3/8 2786		Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. 05/28/2008		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 0	Gas Mcf 293	Water Bbls 8 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) _____	_____