

CONFIDENTIAL

ORIGINAL

CONFIDENTIAL

for your 10/22/09

**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

10/22/09

Operator: License # 5447
Name: OXY USA Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: Southern Star
Operator Contact Person: Jarod Powell
Phone: (620) 629-4200
Contractor: Name: Best Well Service Inc
License: NA 32564
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, Exp. Gas)

If Workover/Re-entry: Old Well Info as follows:
Operator: OXY USA, Inc. OCT 22 2008
Well Name: Hall "V" #2

KCC
Original Comp. Date: 09/15/1975 Original Total Depth: 3000
 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. _____
08/22/2008 07/27/1975 09/02/2008
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 067-20350-0001
County: Grant
C - N2 Sec 33 Twp. 28 S. R. 36W
1320 feet from S (circle one) Line of Section
2640 feet from (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) SE NW SW

Lease Name: Hall "V" Well #: 2
Field Name: Hugoton Panoma Commingle
Producing Formation: Chase/Council Grove
Elevation: Ground: 3057 Kelly Bushing: 3067
Total Depth: 3000 Plug Back Total Depth: 2961
Amount of Surface Pipe Set and Cemented at 727 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 WUNJ 22409
(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 October 22, 2008
Subscribed and sworn to before me this 22 day of Oct.
08
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
Tom H. 10/27

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 23 2008
CONSERVATION DIVISION
WICHITA, KS

Operator Name: OXY USA Inc. Lease Name: Hall "V" Well #: 2

Sec. 33 Twp. 28 S. R. 36W East West County: Grant

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum 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					C		
Surface	12 1/4	8 5/8	24	727	C	200 200	Howco Lite + additives Howco Lite + additives
Production	7 7/8	4 1/2	13	2999	C	125 100	Howco Lite + additives 50/50 Pozmix + 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
3	2493-2500 & 2592-2599 (new)	Frac: 3305 bbls 75Q X-Link Gel w/75% N2 foam;	
2	2520-2527 & 2691-2694 (new)	254,436# 16/30 sand	
	2547-54 (8 spf); 2655-62 & 2716-20 (4 spf) - (new)		
1	2700-2704 & 2787-2792 (new)		
2	2828-30, 2836-39, 2842-50, 2854-59, 2862-68, 2882-2892 (previous)		

TUBING RECORD	Size 2 3/8	Set At 2930	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	---------------	----------------	-----------	--

Date of First, Resumed Production, SWD or Enhr. 09/09/2008	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	Water Bbls	Gas-Oil Ratio	Gravity
	0	117	1		

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

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____

Production Interval _____