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10/22/09

10/23/09

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: Southern Star
Operator Contact Person: Jarod Powell
Phone: (620) 629-4200
Contractor: Name: Best Well Service, Inc
License: NA 32524
Wellsite Geologist: N/A
Designate Type of Completion:
New Well Re-Entry X Workover
Oil SWD SIOW Temp. Abd.
X Gas ENHR SIGW
Dry Other (Core, WSW, Exp. Coar. Mod., etc.)
If Workover/Re-entry: Old Well Info as follows:
Operator: OXY USA, Inc. OCT 22 2008
Well Name: Hampton "D" #2
Original Comp. Date: 08/29/1975 Original Total Depth: 2985
Deepening x Re-perf. Conv. To Enhr./SWD
Plug Back Plug Back Total Depth
Commingle Docket No.
Dual Completion Docket No.
Other (SWD or Enhr.?) Docket No.
08/23/2008 05/31/1975 09/05/2008
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 067-20346-0001
County: Grant
C - NE Sec 32 Twp. 28 S. R. 36W
1320 feet from S N (circle one) Line of Section
1320 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Hampton "D" Well #: 2
Field Name: Hugoton Panoma Commingle
Producing Formation: Chase/Council Grove
Elevation: Ground: 3059 Kelly Bushing: 3068
Total Depth: 2985 Plug Back Total Depth: 2927
Amount of Surface Pipe Set and Cemented at 676 feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set
If Alternate II completion, cement circulated from
feet depth to w/ sx cmt.

Drilling Fluid Management Plan
(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 X West
County: Docket No.:

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KCC

WD NS 27409

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.
20 08
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
Jui H. 10/27

RECEIVED
KANSAS CORPORATION COMMISSION

OCT 23 2008

CONSERVATION DIVISION
WICHITA, KS

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

Operator Name: OXY USA Inc. Lease Name: Hampton "D" Well #: 2

Sec. 32 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 <input type="checkbox"/> Sample Name Top Datum
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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	676	C	150 200	35/65 Pozmix + additives Class H + additives
Production	7 7/8	4 1/2	13	2984	C	125 100	Halco 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
4	2481-2487 & 2572-2578 (new)	Acid: 319 bbls 70% N2 Foamed Acid	
3	2504-2510, 2640-2646, 2680-2686 (new)	Frac: 3072 bbls 75Q X-Link Gel w/75% N2 foam;	
8	2530-2536 (new)	201,713# 16/30 sand	
2	2770-2776 (new)		
2	2811-15, 2818-34, 2838-46, 2850-54, 2858-68, 2880-92 (previous)		

<b>TUBING RECORD</b>	Size 2 3/8	Set At 2911	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. 09/13/2008	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 0	Gas Mcf 49	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 <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) _____	_____