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RECEIVED KANSAS CORPORATION COMMISSION

ORIGINAL

JAN 05 2009

Form ACO-1

September 1999

CONSERVATION DIVISION WICHITA, KS

Form Must Be Typed

1/02/10

Handwritten initials: km, los, log

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

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: Unknown Operator Contact Person: Jarod Powell Phone: (620) 629-4200 Contractor: Name: Best Well Service License: N/A 32564 Wellsite Geologist: N/A

Designate Type of Completion: New Well Re-Entry X Workover X 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: Duff "O" #1

Original Comp. Date: 06/12/1991 Original Total Depth: 5675 Deepening X 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. 09/17/2008 04/27/1991 10/13/2008 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 081-20686-0001 County: Haskell NW - NW - SW Sec 33 Twp. 27 S. R. 34W 2310 feet from N (circle one) Line of Section 990 1290 feet from E (circle one) Line of Section Footages Calculated from Nearest Outside Section Corner: (circle one) NE SE NW SW

Lease Name: Duff "O" Well #: 1 Field Name: Producing Formation: Morrow Elevation: Ground: 3052 Kelly Bushing: 3064 Total Depth: 5675 Plug Back Total Depth: 5623 Amount of Surface Pipe Set and Cemented at 1877 feet Multiple Stage Cementing Collar Used? [X] Yes [] No If yes, show depth set 3294 If Alternate II completion, cement circulated from feet depth to w/ sx cmt.

Handwritten note: Per the company Jarod Powell on 1/2/10

Drilling Fluid Management Plan CONFIDENTIAL Chloride content ppm Fluid Volume 2008 bbls Dewatering method used Location of fluid disposal if hauled offsite: KCO 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: January 2, 2009 Subscribed and sworn to before me this 2 day of Jan 20 09 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

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

Operator Name: OXY USA Inc. Lease Name: Duff "O" Well #: 1

Sec. 33 Twp. 27 S. R. 34W East West County: Haskell

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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD New 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	1877	C	500 200	Light + addtuves Premium + additives
Production	7 7/8	5 1/2	15.5	5669 3294	H	250 250	Thix-Set + additives 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	4741-4745		150	Cl H
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> Plug off Zone	5132-5142 5191-5196		150	Cl H

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	5250-5267	Acidize - 4950 gals 15% HCl	
8	5288-5292 & 5300-5308		
6	5338-5342		

TUBING RECORD	Size 2 3/8	Set At 5404	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. 10/20/2008	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 6	Gas Mcf 0	Water Bbls 2	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input 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) _____	_____