

CONFIDENTIAL

ORIGINAL

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: Kenny Andrews
Phone: (620) 629-4200
Contractor: Name: Best Well Service
License: NA 32564
Wellsite Geologist: NA
Designate Type of Completion:
New Well Re-Entry X Workover
Oil SWD SIOW Temp. Abd.
X Gas ENHR SIGW
Dry Other (Core, WSW, Expl, Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator:
Well Name:

API No. 15 - 055-21911-0001
County: Finney
E/2 - NE - SW - SW Sec 16 Twp. 26 S. R. 33W
990 feet from S (circle one) N (circle one) Line of Section
1250 feet from E (circle one) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Walker A Well #: 3
Field Name: Panama
Producing Formation: Chase/Council Grove
Elevation: Ground: 2906 Kelly Bushing: 2912
Total Depth: 3115 Plug Back Total Depth: 3113
Amount of Surface Pipe Set and Cemented at 886 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.

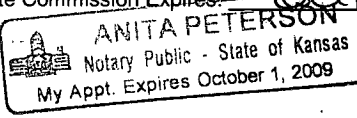
Original Comp. Date: 05/08/2006 Original Total Depth: 3115
Deepening Re-perf. Conv. To Enhr./SWD
Plug Back Plug Back Total Depth
Commingled Docket No.
Dual Completion Docket No.
Other (SWD or Enhr.?) Docket No.
11/12/2007 04/14/2006 11/26/2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan WDNH 10-10-08
(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: [Handwritten Signature]
Title: Production Lead Date February 6, 2008
Subscribed and sworn to before me this 6th day of Feb
20 08
Notary Public: Anita Peterson
Date Commission Expires: Oct 1, 2009



KCC Office Use Only
Y Letter of Confidentiality Attached
If Denied, Yes [] Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
FEB 08 2008

CONSERVATION DIVISION
WICHITA, KS

JAN 2000

Side Two

Operator Name: OXY USA Inc. Lease Name: Walker A Well #: 3
 Sec. 16 Twp. 26 S. R. 33W East West County: Finney

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 <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	886	C C	230 195	35/65 Poz + Additives Class C + Additives
Production	7 7/8	4 1/2	11.6	3114	C H	330 235	35/65 Poz + Additives 50/50 Poz + Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug off Zone		C	350	TOC @ 400', KCC (Steve Durant) advises to Perf & Cmt. Sqz hole @ 348' w/TOC @ 41', called Steve Durrant w/KCC, ok'd to top fill w/3 pallet of Portland cmt.

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
		Amount	Kind	
1	2548-2557, 2574-2590 (new)	Frac: 3382 bbls 85Q X-Link gel w/75% N2 foam;		
2	2596-2610, 2633-2638, 2642-2651 (new)	288,476# 16/30 Sand		
3	2688-2694, 2705-2727 (new)			
3	2854-2868 (old)			
4	2868-2898 (old)			

TUBING RECORD	Size 2 3/8	Set At 2920	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. 11/27/2007	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 195	Water Bbls 0	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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