

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: Regency
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 Workover
 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: _____
Well Name: _____

Original Comp. Date: 05/11/2005 Original Total Depth: 3136
 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. _____
10/31/2007 02/06/05 11/13/2007
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 093-21753-0001
County: Kearny
SW - SW - NE - SE Sec 34 Twp. 24 S. R. 36W
1500 feet from N (circle one) Line of Section
1309 feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Beaty A Well #: 4
Field Name: Panoma Council Grove
Producing Formation: Chase/Council Grove
Elevation: Ground: 2999 Kelly Bushing: 3008
Total Depth: 3136 Plug Back Total Depth: 3092
Amount of Surface Pipe Set and Cemented at 442 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 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: [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
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
FEB 08 2008

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

CONSERVATION DIVISION
WICHITA, KS

JAN 11 2000

Side Two

Operator Name: OXY USA Inc. Lease Name: Beaty A Well #: 4

Sec. 34 Twp. 24 S. R. 36W East West County: Kearny

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chase	2358	650
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Krider	2374	634
List All E. Logs Run:		Winfield	2410	598
		Towanda	2469	539
		Ft. Riley	2528	480
		Matfiled	2589	419
		Wreford	2612	396
		Council Grove	2633	375

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	442	C	250	35/65 Poz C + Additives
					C	175	Class C + Additives
Production	7 7/8	4 1/2	10.5	3092	C	285	Class C + Additives
					H	200	50/50 Poz H + 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
2	2332-38, 2358-68, 2374-88 (new)	Frac: 35,364 gals 15# Linear Fluid w/75% N2 foam;	
3	2415-27, 2470-77, 2488-97 (new)	193,000# 16/30 sand	
4	2530-33, 2572-84 (new)		
	2634-54, 2658-83 (1SPF), 2686-2700, 2703-12 (2SPF) (old)		
	2715-21, 2723-32 (3SPF); 2737-47, 2751-64 (4SPF) (old)		

TUBING RECORD	Size 2 3/8	Set At 2824	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------	---------------	----------------	-----------	--

Date of First, Resumed Production, SWD or Enhr. 11/14/2007	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 115	Water Bbls 0	Gas-Oil Ratio	Gravity
-----------------------------------	---------------	----------------	-----------------	---------------	---------

Disposition of Gas

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit ACO-18)
 Other (Specify) _____