

ORIGINAL

3/11/10

Form ACO-1

September 1999

Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

Handwritten initials and date: 3/11/09

Operator: License # 5447
Name: OXY USA Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: ONEOK
Operator Contact Person: Jarod Powell
Phone: (620) 629-4200
Contractor: Name: Murfin Drilling Company, Inc.
License: 30606
Wellsite Geologist: Earth-Tech
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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: _____ Original Total Depth: _____
 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. _____
12/12/2008 12/18/2008 01/15/2008
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 081-2186T-0000
County: Haskell
E2 - SE - NE Sec 24 Twp. 30 S. R. 32W
1980 feet from S (circle one) Line of Section
330 feet from / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: SMITH "Z" Well #: 3
Field Name: Unknown
Producing Formation: Chester
Elevation: Ground: 2848 Kelly Bushing: 2859
Total Depth: 5760 Plug Back Total Depth: 5683
Amount of Surface Pipe Set and Cemented at 1772 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 1900 mg/l ppm Fluid volume 1500 bbls
Dewatering method used Evaporation
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 _____ 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: Capital Projects Date March 11, 2009
Subscribed and sworn to before me this 11 day of March
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
RECEIVED
MAR 13 2009

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

KCC WICHITA

JAN 19 1990

Side Two

Operator Name: OXY USA Inc. Lease Name: SMITH "Z" Well #: 3

Sec. 24 Twp. 30 S. R. 32W East West County: Haskell

100
100
2/1/90

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 Yes No
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
List All E. Logs Run: CBL Microlog
Borehole Sonic Array
Spectral Density Dual Spaced Neutron
Array Compensated Resistivity

Log Formation (Top), Depth and Datum Sample
Name Top Datum
Heebner 4166 -1307
Lansing 4236 -1377
Marmaton 4858 -1999
Cherokee 5010 -2151
Atoka 5172 -2313
Morrow 5305 -2446
Chester 5358 -2499
St Genevieve 5487 -2628
St Louis 5578 -2719

CASING RECORD New Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: Purpose of String, Size Hole Drilled, Size Casing Set, Weight Lbs./ft., Setting Depth, Type of Cement, # Sacks Used, Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives

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

TUBING RECORD
Size 2-3/8 Set At 5406 Packer At
Liner Run Yes No
Date of First, Resumed Production, SWD or Enhr. 02/23/2009
Producing Method Flowing Pumping Gas Lift Other (Explain)
Estimated Production Per 24 Hours: Oil BBLs 61, Gas Mcf 234, Water Bbls 0, Gas-Oil Ratio, Gravity

Disposition of Gas: Vented Sold Used on Lease
METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
Production Interval: Other (Specify)

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TREATMENT REPORT

Customer Oxy USA	Lease No.	Date
Lease Smith "Z"	Well # 3	12-19-08
Field Order # 21510	Station Liberal	Casing 5 1/2
Type Job 5 1/2 6.5	Formation CNW	Depth 5758
		County Haskell
		State KS
		Legal Description 24-30-32

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft		DATE	PRESS	TIME	
		225 sk		50/50 Poz - 5% XPC	3	6:10	Monite -
Depth	Depth	From	To	Max			5 Min.
		107.52 ft	12.6	FIA-115	14*	Defatmer	
Volume	Volume	From	To	Mix			10 Min.
		1.53 gal/sk	6.83 gal/sk	@ 13.8 #/gal			
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative: _____ Station Manager: **J. Dennett** Treater: **M. Cochran**

Service Units	21755	27808	19553	19804	17909				
Driver Names	Cochran	N. Showers	C. Garcia						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
20:45					on loc. / Held Safety Meeting
21:45					Casing on bottom / Cir. w/ Rig
23:59	2500				Test Pump + Lines
00:01	250		5	3.5	Start Fresh H ₂ O
00:03	250		12	3.5	Start Super Flush II
00:06	250		5	3.5	Start Fresh H ₂ O
00:08					Shutdown + Switch over
00:10	200		2.7	3	Plug mouse hole w/ 10sk
00:12	200		4	3	Plug Rat Hole w/ 15sk
00:16					Shutdown + Switch over
00:20	500		54.5	6	Start CMT 200sk @ 13.8
00:32					Shutdown + Wash up
00:34					Drop Plug
00:40	200		0	7	Start Disp. w/ Fresh H ₂ O
00:50	800		125	2.5	Slow Rate
00:58	1400		133	2.5	Bump Plug
00:59					Release / Float Held
01:00					End Job
	900				Pressure Before Plug landed

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TREATMENT REPORT

Customer <i>Oxy USA</i>	Lease No.	Date <i>12-13-08</i>
Lease <i>Smith "Z"</i>	Well # <i>3</i>	
Field Order # <i>21572</i>	Station <i>1975</i>	Casing <i>8 5/8</i> Depth <i>1770.87</i> County <i>Haskell</i> State <i>KS</i>
Type Job <i>Surface</i>	Formation <i>CNW</i>	Legal Description <i>24-30-32</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft		Acid <i>550 sks 'A-Con'</i>	Blend <i>370 CC, 1/2 # Cell-FloK</i>	RATE	PRESS
Depth <i>1770.87</i>	Depth	From	To	Pro Pad <i>2.43 yield</i>	Max <i>14.54 gal/sk</i>		5 Min. <i>12.2 lb/gal</i>
Volume <i>110</i>	Volume	From	To	Pad <i>200 Perm-Com</i>	Min <i>2.70 CC, 1/2 # Cell-FloK</i>		10 Min.
Max Press <i>3000</i>	Max Press	From	To	Frac <i>1.33 yield</i>	Avg <i>6.33 gal/sk</i>		15 Min. <i>15 lb/gal</i>
Well Connection <i>3</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>1727.71</i>	Packer Depth	From	To	Flush <i>110 bbl H2O</i>	Gas Volume		Total Load

Customer Representative <i>Rudolph Rivera</i>	Station Manager <i>Jerry Bennett</i>	Treater <i>Garry Humphries</i>
Service Units <i>19888</i>	<i>19827</i>	<i>19843</i>
Driver Names <i>Garry</i>	<i>Jeremy Beasley</i>	<i>Ruben Martinez</i>
		<i>8122</i>
		<i>19808</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1545</i>					<i>Arrive on loc - Safety Meeting - Rig up</i>
<i>1900</i>					<i>Casing on Bottom Circulate Well</i>
<i>1905</i>					<i>Safety Meeting</i>
<i>1930</i>	<i>2500</i>				<i>PSE Test Lines</i>
<i>1932</i>	<i>300</i>		<i>5</i>	<i>3</i>	<i>Pump 5 bbl H2O Spacer</i>
<i>1933</i>	<i>300</i>		<i>238</i>	<i>6</i>	<i>Pump 550 sks 'A-Con' Lead @ 12.2"</i>
<i>2015</i>	<i>300</i>		<i>47</i>	<i>4</i>	<i>Pump 200 sks Perm-Com Tail @ 15"</i>
<i>2028</i>					<i>Drop Plug</i>
<i>2032</i>	<i>0-800</i>		<i>95</i>	<i>6</i>	<i>Pump Displ H2O</i>
<i>2052</i>	<i>800</i>		<i>15</i>	<i>1.5</i>	<i>stage in last 15 bbl</i>
<i>2103</i>	<i>1300</i>		<i>110</i>	<i>1.5</i>	<i>Land Plug</i>
<i>2104</i>	<i>0</i>				<i>Release PSE (FLOAT HOLD)</i>
<i>2105</i>					<i>Post Job Safety Meeting</i>
<i>2110</i>					<i>Rig Down Equipment</i>
<i>2130</i>					<i>Crew Leave Location</i>
					<i>Circulated 40 bbl (100 sks) to Pit</i>
					<i>Thank you for using</i>
					<i>BASIC</i>

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TREATMENT REPORT

Customer Oxy USA	Lease No.	Date 12-19-08
Lease Smith "Z"	Well # 3	
Field Order # 21510	Station Liberal	Casing 5 1/2
Type Job 5 1/2 L.S.	Formation CNW	Depth 5758
		County Haskell
		State Ks
		Legal Description 24-30-32

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft					
		225 sk	50/50 Poz - 5% XPC				
Depth	Depth	From	To	Pre	Post		
		108	5214	10%	FIA-115	1/4" Defolmer	5 Min.
Volume	Volume	From	To				
		1.53	1.5	6.83	gal/sk	@ 13.8	10 Min.
Max Press	Max Press	From	To	Frac	Avg		
							15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		
							Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		
							Total Load

Customer Representative: _____ Station Manager **J. Dennett** Treater **M. Cochran**

Service Units	21755	27808	19853	19804	19809				
Driver Names	Cochran	N. Showers	C. Garcia						

Time	Casing Pressure	Tubing Pressure	Ebbs. Pumped	Rate	Service Log
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00:20	500		54.5	6	Start CMT 200sk @ 13.8
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