

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

4/8/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5447 **KCC**
 Name: OXY USA, INC.
 Address 1: 5 E GREENWAY PLAZA **APR 08 2010**
 Address 2: P.O. BOX 27570 **CONFIDENTIAL**
 City: HOUSTON State: TX Zip: 77227 +
 Contact Person: LAURA BETH HICKERT
 Phone: (620) 629-4253
 CONTRACTOR: License # 33784
 Name: TRINIDAD DRILLING LIMITED PARTNERSHIP
 Wellsite Geologist: _____
 Purchaser: BP
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 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. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____

<u>12/31/2009</u>	<u>01/09/2010</u>	<u>03/04/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 129-21889-00-00
 Spot Description: _____
 NE SE SW SW Sec. 31 Twp. 32 S. R. 39 East West
402 Feet from North / South Line of Section
1254 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: MORTON
 Lease Name: CALIBANI Well #: 6-M31-32-39
 Field Name: WILDCAT
 Producing Formation: MORROW
 Elevation: Ground: 3252 Kelly Bushing: 3263
 Total Depth: 6150 Plug Back Total Depth: 6091
 Amount of Surface Pipe Set and Cemented at: 1666 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 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: 1500 ppm Fluid volume: 1600 bbls
 Dewatering method used: HAULED OFF
 Location of fluid disposal if hauled offsite: _____
 Operator Name: WEST SUNSET DISPOSAL LLC
 Lease Name: ROHER 2-1 License No.: 32462
 Quarter SE Sec. 36 Twp. 34 S. R. 36 East West
 County: STEVENS 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 67202, 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: Laura Beth Hickert
 Title: ADMIN. ASSIST. - REGULATORY Date: 4/8 / 10
 Subscribed and sworn to before me this 8th day of April
20 10
 Notary Public: Anita Peterson
 Date Commission Expires: Oct. 1, 2013

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

ANITA PETERSON
 Notary Public - State of Kansas
 My Appt. Expires October 1, 2013

RECEIVED
APR 09 2010
KCC WICHITA