

Amended -
CIBP depth on
side two

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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: Janna Burton
Phone: (620) 629-4200
Contractor: Name: Best Well Service
License: _____
Wellsite Geologist: _____
Designate Type of Completion:
____ New Well ____ Re-Entry X Workover
X 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: Cities Service Oil & Gas
Well Name: Light F-1

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. _____
11/10/2006 11/22/2006 11/22/2006
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 081-20326-000203
County: Haskell
____ - C - NW - SW Sec 2 Twp. 29 S. R. 34W
____ 1980 feet from S / N (circle one) Line of Section
____ 660 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Light "F" Well #: 1
Field Name: Unknown
Producing Formation: Marmaton
Elevation: Ground: 2984 Kelly Bushing: 2995
Total Depth: 5500 Plug Back Total Depth: 4364
Amount of Surface Pipe Set and Cemented at 1768 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 cmty}
WO-Dr-6/3/10

Drilling Fluid Management Plan
(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: Janna Burton
Title: Regulatory Assistant Date 05/26/2010
Subscribed and sworn to before me this 26 day of May
20 10
Notary Public: Anita Peterson
Date Commission Expires: Oct. 1, 2013

KCC Office Use Only
N Letter of Confidentiality Attached
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
MAY 28 2010

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

CONSERVATION DIVISION
WICHITA, KS

Side Two

Operator Name: OXY USA Inc. Lease Name: Light "F" Well #: 1

Sec. 2 Twp. 29 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3988	-1001
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4080	-1083
List All E. Logs Run:		Marmaton	4662	-1665
		Cherokee	4819	-1822
		Atoka	5002	-2005
		Morrow	5137	-2140
		Chester	5286	-2289
		St. Gen	5380	-2383
		St. Louis	5438	-2441

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							
Surface	12 1/4	8 5/8	24	1768	C	650	65/35 Poz mix + additives
					C	150	Class H + additives
Production	7 7/8	5 1/2	17	4898	C	225	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 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
	Set CIBP @ 4450 w/ 2 sxs cmt (11/13/06)		
	4323-4326	Acidize: 13 bbls 15% FE acid	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8	4364		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
02/26/2009		<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil BBLS	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
	0	0	15		

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) Set CIBP & Acidize _____