

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

6/11/11

OPERATOR: License # 5447
Name: OXY USA, INC.
Address 1: 5 E GREENWAY PLAZA
Address 2: P.O. BOX 27570
City: HOUSTON State: TX Zip: 77227 + 7570
Contact Person: LAURA BETH HICKERT
Phone: (620) 629-4253
CONTRACTOR: License # 33784
Name: TRINIDAD DRILLING LIMITED PARTNERSHIP
Wellsite Geologist: _____
Purchaser: TEXON L.P. & BP

JUN 11 2010

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API No. 15 - 067-21698-00-00

Spot Description: _____
SW NW SE SW Sec. 18 Twp. 30 S. R. 38 East West
698 Feet from North / South Line of Section
1,593 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: GRANT

Lease Name: HICKOK C Well #: 1

Field Name: LITTLE BOW

Producing Formation: ST. LOUIS

Elevation: Ground: 3150 Kelly Bushing: 3161

Total Depth: 5930 Plug Back Total Depth: 5838

Amount of Surface Pipe Set and Cemented at: 1760 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 3787 Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

02/21/2010 03/01/2010 04/05/2010

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 800 ppm Fluid volume: 1500 bbls

Dewatering method used: AIR EVAPORATION

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: 6/11/11

KCC Office Use ONLY

- Letter of Confidentiality Received Date: 6-11-10
- Confidential Release Date: 6-11-11
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

RECEIVED

KANSAS CORPORATION COMMISSION

JUN 14 2010

CONSERVATION DIVISION

Date: _____