



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5447

Name: OXY USA Inc.

Address 1: 5 E GREENWAY PLZ

Address 2: PO 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: N/A

Purchaser: TEXON

Designate Type of Completion:

- Checkboxes for completion types: New Well, Re-Entry, Workover, Oil, WSW, SWD, SIOW, 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:

- Checkboxes for completion modifications: 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 #:

07/13/2010 07/19/2010 08/19/2010

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

API No. 15 - 15-081-21909-00-00

Spot Description:

NW SE SE Sec. 17 Twp. 30 S. R. 33 East West

990 Feet from North South Line of Section

990 Feet from East West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- Checkboxes for corner footages: NE, NW, SE, SW

County: Haskell

Lease Name: BLACK B Well #: 2

Field Name: LEMON VICTORY

Producing Formation: LANSING

Elevation: Ground: 2960 Kelly Bushing: 2971

Total Depth: 4943 Plug Back Total Depth: 4899

Amount of Surface Pipe Set and Cemented at: 1827 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: 2200 ppm Fluid volume: 1400 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite:

Operator Name:

Lease Name: License #:

Quarter Sec. Twp. S. R. East West

County: Permit #:

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.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received Date: 11/03/2010

Confidential Release Date:

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 11/03/2010