



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: N/A

Designate Type of Completion:
[checked] New Well [] Re-Entry [] Workover
[] Oil [] WSW [] SWD [] SIOW
[] Gas [checked] 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 #:

09/10/2010 09/17/2010 09/18/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-187-21186-00-00
Spot Description:
NE SW SE SW Sec. 25 Twp. 30 S. R. 40 [] East [checked] West
500 Feet from [] North [checked] South Line of Section
1,800 Feet from [] East [checked] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[] NE [] NW [] SE [checked] SW
County: Stanton
Lease Name: HERRICK A Well #: 1
Field Name: UNNAMED
Producing Formation: N/A
Elevation: Ground: 3250 Kelly Bushing: 3263
Total Depth: 5850 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 1723 Feet
Multiple Stage Cementing Collar Used? [] Yes [checked] 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: 1100 ppm Fluid volume: 1500 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
[checked] Letter of Confidentiality Received Date: 01/04/2011
[] Confidential Release Date:
[checked] Wireline Log Received
[] Geologist Report Received
[] UIC Distribution
ALT [checked] I [] II [] III Approved by: NAOMI JAMES Date: 01/06/2011