

CORRECTION #1

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1050002

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL**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 # 30606
 Name: Murfin Drilling Co., Inc.
 Wellsite Geologist: N/A
 Purchaser: N/A

Designate Type of Completion:

- ☐ 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: OXY USA, INC.
 Well Name: NEILL D-1

Original Comp. Date: 07/09/2007 Original Total Depth: 5200

- ☐ 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 #: _____

11/16/2010

11/23/2010

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion DateAPI No. 15 - 15-129-21805-00-02

Spot Description: _____
SE NW SW NE Sec. 7 Twp. 33 S. R. 43 ☐ East ☒ West
3,549 Feet from ☐ North / ☒ South Line of Section
2,183 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWCounty: MortonLease Name: NEILL D Well #: 1 SWDField Name: TURMORROWProducing Formation: LANSINGElevation: Ground: 3664 Kelly Bushing: 3675Total Depth: 5200 Plug Back Total Depth: 3490Amount of Surface Pipe Set and Cemented at: 1431 FeetMultiple 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: 800 ppm Fluid volume: 1450 bblsDewatering 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 ReceivedDate: 01/19/2011☐ Confidential Release Date: _____☐ Wireline Log Received☐ Geologist Report Received☒ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 01/28/2011