



KANSAS CORPORATION COMMISSION 1053318  
 OIL & GAS CONSERVATION DIVISION

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 # 33784  
 Name: Trinidad Drilling Limited Partnership  
 Wellsite Geologist: N/A  
 Purchaser: \_\_\_\_\_

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 #: \_\_\_\_\_

<u>12/07/2010</u>	<u>12/17/2010</u>	<u>12/20/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-067-21718-00-00  
 Spot Description: \_\_\_\_\_  
SE SW SE NW Sec. 7 Twp. 30 S. R. 38  East  West  
2,530 Feet from  North /  South Line of Section  
1,860 Feet from  East /  West Line of Section

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

County: Grant  
 Lease Name: YOUNG J Well #: 1  
 Field Name: UNNAMED  
 Producing Formation: N/A  
 Elevation: Ground: 3146 Kelly Bushing: 3157  
 Total Depth: 5848 Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at: 1770 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: 1300 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

- Letter of Confidentiality Received  
 Date: 04/05/2011  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
 ALT  I  II  III Approved by: NAOMI JAMES Date: 04/05/2011