



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 AND BP

Designate Type of Completion: [X] New Well [ ] Re-Entry [ ] Workover [ ] Oil [ ] WSW [ ] SWD [ ] SLOW [ ] Gas [ ] D&A [ ] ENHR [ ] SIGW [X] 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 #:

12/06/2010 12/16/2010 01/21/2011 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-067-21720-00-00 Spot Description: NW SE NE SW Sec. 18 Twp. 30 S. R. 38 [ ] East [X] West 1,825 Feet from [ ] North [X] South Line of Section 2,150 Feet from [ ] East [X] West Line of Section Footages Calculated from Nearest Outside Section Corner: [ ] NE [ ] NW [ ] SE [X] SW County: Grant Lease Name: HICKOK C Well #: 2 Field Name: LITTLE BOW Producing Formation: ST. LOUIS Elevation: Ground: 3145 Kelly Bushing: 3158 Total Depth: 5856 Plug Back Total Depth: 5811 Amount of Surface Pipe Set and Cemented at: 1712 Feet Multiple Stage Cementing Collar Used? [ ] Yes [X] 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: 1700 ppm Fluid volume: 1500 bbls Dewatering method used: Hauled to Disposal Location of fluid disposal if hauled offsite: Operator Name: NICHOLS FLUID SERVICE Lease Name: JOHNSON License #: 31983 Quarter NW Sec. 16 Twp. 34 S. R. 32 [ ] East [X] West County: SEWARD Permit #: D27805

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

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