



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: REGENCY/NCRA

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:

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 #:

01/07/2011 01/16/2011 02/11/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-081-21927-00-00

Spot Description:

E2 SE SW SW Sec. 3 Twp. 30 S. R. 32 [] East [] West

330 Feet from [] North / [] South Line of Section

1,070 Feet from [] East / [] West Line of Section

Footages Calculated from Nearest Outside Section Corner:

[] NE [] NW [] SE [] SW

County: Haskell

Lease Name: LONGBOTHAM Well #: 5

Field Name: UNNAMED

Producing Formation: ST. LOUIS

Elevation: Ground: 2893 Kelly Bushing: 2904

Total Depth: 5688 Plug Back Total Depth: 5634

Amount of Surface Pipe Set and Cemented at: 1860 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: 3000 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: 05/05/2011

[] Confidential Release Date:

[] Wireline Log Received

[] Geologist Report Received

[] UIC Distribution

ALT [] I [] II [] III Approved by: NAOMI JAMES Date: 05/06/2011