1062258

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
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 # 34602
Name: Key Energy Services, LLC
Wellsite Geologist: N/A
Purchaser: ONEOK

Designate Type of Completion:

- [ ] New Well
- [ ] Re-Entry
- [x] Workover

- [ ] Oil
- [ ] WSW
- [ ] SWD
- [ ] SIOW
- [ ] 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: OXY USA, INC.
Well Name: JAMES OPERATING UNIT A-7
Original Comp. Date: 02/22/2011 Original Total Depth: 5650

- [ ] Deepening
- [x] Re-perf.
- [ ] Conv. to ENHR
- [ ] Conv. to SWD
- [ ] Conv. to GSW
- [ ] Plug Back: _____ Plug Back Total Depth
- [x] Commingled Permit #:
- [ ] Dual Completion Permit #:
- [ ] SWD Permit #:
- [ ] ENHR Permit #:
- [ ] GSW Permit #:

05/05/2011		06/24/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-081-21928-00-01
Spot Description:
__ - NW - NW - NW Sec. 16 Twp. 30 S. R. 33 [ ] East [x] West
330 Feet from [x] North / [ ] South Line of Section
330 Feet from [ ] East / [x] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[ ] NE [x] NW [ ] SE [ ] SW
County: Haskell
Lease Name: JAMES OPERATING UNIT A Well #: 7
Field Name:
Producing Formation: KANSAS CITY / LANSING
Elevation: Ground: 2966 Kelly Bushing: 2978
Total Depth: 5650 Plug Back Total Depth: 5606
Amount of Surface Pipe Set and Cemented at: 1827 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used:
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

- [x] Letter of Confidentiality Received
  Date: 08/29/2011
- [ ] Confidential Release Date:
- [x] Wireline Log Received
- [ ] Geologist Report Received
- [ ] UIC Distribution

ALT [x] I [ ] II [ ] III Approved by: NAOMI JAMES Date: 08/31/2011