



KANSAS CORPORATION COMMISSION 1066946
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 June 2009

CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
 Form must be Signed
 All blanks must be Filled

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 #: _____

07/14/2011	07/18/2011	08/19/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-081-21955-00-00
 Spot Description: _____
NE SE SW NW Sec. 8 Twp. 30 S. R. 33 East West
2215 Feet from North / South Line of Section
1110 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Haskell
 Lease Name: CORRELL Well #: A-1
 Field Name: VICTORY
 Producing Formation: LANSING, KANSAS CITY, MARMATON
 Elevation: Ground: 2965 Kelly Bushing: 2976
 Total Depth: 5587 Plug Back Total Depth: 5539
 Amount of Surface Pipe Set and Cemented at: 1830 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: 3500 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	
<input checked="" type="checkbox"/>	Letter of Confidentiality Received Date: <u>11/08/2011</u>
<input type="checkbox"/>	Confidential Release Date: _____
<input checked="" type="checkbox"/>	Wireline Log Received
<input type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>11/08/2011</u>