

CONFIDENTIAL COMPLETION FORM

1075025

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	API No. 15 - 15-081-21789-00-01
Name: OXY USA Inc.	Spot Description:
Address 1: 5 E GREENWAY PLZ	NE_SW_NE_NW_Sec. 7 Twp. 30 S. R. 33 ☐ East  West
Address 2: PO BOX 27570	773 Feet from V North / South Line of Section
City: HOUSTON State: TX Zip: 77227 + 7570	1927 Feet from East / West Line of Section
Contact Person: LAURA BETH HICKERT  Phone: ( 620 ) 629-4253	Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW  County: Haskell
CONTRACTOR: License # 34199  Name: Rawhide Well Service, LLC	1 Block 22 C7 30 32
Wellsite Geologist: N/A	Field Name:
Purchaser:	Producing Formation: KANSAS CITY & MARMATON
Designate Type of Completion:	Elevation: Ground: 2977 Kelly Bushing: 2988
New Well	Total Depth: 5034
Plug Back: Plug Back Total Depth Commingled Permit #:	Location of fluid disposal if hauled offsite:
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec. Twp. S. R. East West
GSW Permit #:	County: Permit #:
10/27/2011 11/08/2011	
Spud Date or Date Reached TD Completion Date or Recompletion Date	

## **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: 02/23/2012	
Confidential Release Date:	
Wireline Log Received	
Geologist Report Received	
UIC Distribution	
ALT I II Approved by: NAOMI JAMES Date: 02/24/2012	