



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION 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 # 34602 Name: Key Energy Services, LLC Wellsite Geologist: N/A Purchaser:

Designate Type of Completion: [] New Well [] Re-Entry [x] Workover [x] 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: OXY USA, INC. Well Name: HOFFMAN T-2 Original Comp. Date: 08/17/2011 Original Total Depth: 5750 [] Deepening [x] 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 #: 11/08/2011 12/06/2011 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-175-22191-00-01 Spot Description: SW NE NE SW Sec. 7 Twp. 32 S. R. 33 [] East [x] West 2147 Feet from [] North [x] South Line of Section 2223 Feet from [] East [x] West Line of Section Footages Calculated from Nearest Outside Section Corner: [] NE [] NW [] SE [x] SW County: Seward Lease Name: HOFFMAN Well #: T-2 Field Name: Producing Formation: MARM., CHESTER, ST. GEN., ST. LOUIS Elevation: Ground: 2713 Kelly Bushing: 2726 Total Depth: 5750 Plug Back Total Depth: 5699 Amount of Surface Pipe Set and Cemented at: 1802 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: 03/06/2012 [] Confidential Release Date: [x] Wireline Log Received [] Geologist Report Received [] UIC Distribution ALT [x] I [] II [] III Approved by: NAOMI JAMES Date: 03/07/2012