

KANSAS CORPORATION COMMISSION 1075951
OIL & GAS CONSERVATION DIVISIONForm ACO-1
June 2009Form Must Be Typed
Form must be Signed
All blanks must be FilledWELL 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: BETH HICKERT
 Phone: (620) 629-4253
 CONTRACTOR: License # 34199
 Name: Rawhide Well Service, LLC
 Wellsite Geologist: N/A
 Purchaser: _____

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: OXY USA, INC.
 Well Name: GLENN A 2

Original Comp. Date: 10/06/1994 Original Total Depth: 5375
 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 #: _____

09/19/2011 10/06/2011
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-129-21282-00-02

Spot Description: _____
 _____ NW NW NE Sec. 1 Twp. 33 S. R. 43 East West
330 Feet from North / South Line of Section
2310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SW

County: Morton
 Lease Name: GLENN A Well #: 2
 Field Name: GREWOOD

Producing Formation: WABAUNSEEElevation: Ground: 3563 Kelly Bushing: 3575Total Depth: 5375 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 1392 FeetMultiple 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: _____ 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

- Letter of Confidentiality Received
 Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: Deanna Garrison Date: 03/08/2012



Operator Name: OXY USA Inc. Lease Name: GLENN A Well #: 2
 Sec. 1 Twp. 33 S. R. 43 East West County: Morton

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ORIGINAL
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
Attached	Attached	Attached	Attached

TUBING RECORD: Size: <u>2.375</u> Set At: <u>2688</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>10/06/2011</u>		Producing Method: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>263</u>	Water Bbls. <u>0</u> Gas-Oil Ratio <u>0</u> Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>WABAUNSEE</u>
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GLENN A 2
Doc ID	1075951

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
	CIBP @ 3650		3650
4	3168-3175, 3200-3215, 3219-3223 TOPEKA	2000 GAL 17% DS FE HCL FLUSH 15 BBL 2% KCL	3168-3223
4	3030-3064 TOPEKA	60 BBL 17% DS FE HCL FLUSH 16 BBL 2% KCL	3030-3064
4	2898-2908, 2948-2954, 2965-2982, 2989-2996 TOPEKA	72 BBL 17% DS FE HCL FLUSH 16 BBL 4% KCL	2898-2996
4	2712-2718 WABAUNSEE		2712-2718
	RBP		2853

Summary of Changes

Lease Name and Number: GLENN A 2

API/Permit #: 15-129-21282-00-02

Doc ID: 1075951

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	01/24/2012	03/08/2012
Method Of Completion - Commingled	Yes	No
Perf_Depth_1	3650	Attached
Perf_Depth_2	3168-3223	
Perf_Depth_3	3030-3064	
Perf_Depth_4	2898-2996	
Perf_Depth_5	2712-2718	
Perf_Material_1		Attached
Perf_Material_2	2000 GAL 17% DS FE HCL FLUSH 15 BBL 2% KCL	
Perf_Material_3	60 BBL 17% DS FE HCL FLUSH 16 BBL 2% KCL	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_4	72 BBL 17% DS FE HCL FLUSH 16 BBLs 4% KCL	
Perf_Record_1	CIBP @ 3650	Attached
Perf_Record_2	3168-3175, 3200-3215, 3219-3223 TOPEKA	
Perf_Record_3	3030-3064 TOPEKA	
Perf_Record_4	2898-2908, 2948-2954, 2965-2982, 2989-2996 TOPEKA	
Perf_Record_5	2712-2718 WABAUNSEE	
Perf_Shots_1		Attached
Perf_Shots_2	4	
Perf_Shots_3	4	
Perf_Shots_4	4	
Perf_Shots_5	4	
Producing Formation	WABAUNSEE, TOPEKA	WABAUNSEE
Production Interval #2	TOPEKA	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=10 71909	../kcc/detail/operatorE ditDetail.cfm?docID=10 75951