

CORRECTION #1



KANSAS CORPORATION COMMISSION

1083179

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**WELL HISTORY - DESCRIPTION OF WELL & LEASE**OPERATOR: License # 5447Name: OXY USA Inc.Address 1: 5 E GREENWAY PLZAddress 2: PO BOX 27570City: HOUSTON State: TX Zip: 77227 + 7570Contact Person: LAURA BETH HICKERTPhone: (620) 629-4253CONTRACTOR: License # 34602Name: Key Energy Services, LLCWellsite 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./CITIES SERVICE OIL COMPANYWell Name: MC CLUNG A-1Original Comp. Date: 01/26/1961 Original Total Depth: 5412

- ☐ 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 #: _____

11/14/2011 01/10/2012
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-129-10291-00-01

Spot Description: _____

_____-SE-NW Sec. 7 Twp. 35 S. R. 41 ☐ East ☒ West3300 Feet from ☐ North / ☒ South Line of Section3300 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SWCounty: MortonLease Name: MCCLUNG A Well #: 1

Field Name: _____

Producing Formation: WABAUNSEE TOPEKAElevation: Ground: 3528 Kelly Bushing: 3541Total Depth: 5412 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 1506 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 ReceivedDate: 03/09/2012☐ Confidential Release Date: _____☐ Wireline Log Received☐ Geologist Report Received☐ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 06/04/2012