



KANSAS CORPORATION COMMISSION 1087258

Form ACO-1

June 2009

**CONFIDENTIAL**

OIL &amp; GAS CONSERVATION DIVISION

**WELL COMPLETION FORM****WELL HISTORY - DESCRIPTION OF WELL & LEASE**Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

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 ☐ 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: 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 #: \_\_\_\_\_

03/15/2012

Spud Date or  
Recompletion Date

Date Reached TD

03/28/2012

Completion Date or  
Recompletion DateAPI No. 15 - 15-129-10291-00-02

## Spot Description:

\_\_\_\_ SE NW Sec. 7 Twp. 35 S. R. 41 ☐ East ☒ West  
3300 Feet from ☐ North / ☒ South Line of Section  
3300 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: TOPEKAElevation: Ground: 3530 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: 07/12/2012☐ Confidential Release Date: \_\_\_\_\_☐ Wireline Log Received☐ Geologist Report Received☐ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 07/13/2012