



**CONFIDENTIAL**

**WELL 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: LAURA BETH HICKERT  
Phone: ( 620 ) 629-4253  
CONTRACTOR: License # 34602  
Name: Key Energy Services, LLC  
Wellsite Geologist: N/A  
Purchaser: N/A

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: SCHNELLBACHER B-3  
Original Comp. Date: 06/11/1997 Original Total Depth: 4875  
 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 #: \_\_\_\_\_

02/13/2012      03/22/2012  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion Date

API No. 15 - 15-081-21112-00-01  
Spot Description: \_\_\_\_\_  
N2 NE NE Sec. 31 Twp. 30 S. R. 33  East  West  
4950 Feet from  North /  South Line of Section  
660 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Haskell  
Lease Name: THOMPSON B Well #: 6  
Field Name: VICTORY  
Producing Formation: MARMATON  
Elevation: Ground: 2943 Kelly Bushing: 2954  
Total Depth: 4875 Plug Back Total Depth: 4833  
Amount of Surface Pipe Set and Cemented at: 1581 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 2895 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: 06/12/2012  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 06/12/2012