1084974

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
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 # 34199
Name: Rawhide Well Service, 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: LANDRUM A-1
Original Comp. Date: 01/26/2011 Original Total Depth: 4800

☐ 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 #: D31133
☐ ENHR Permit #:
☐ GSW Permit #:

05/17/2012		05/31/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-129-21927-00-01
Spot Description:
W2 SE SE SW Sec. 20 Twp. 35 S. R. 43 ☐ East ☑ West
330 Feet from ☐ North / ☑ South Line of Section
2010 Feet from ☐ East / ☑ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☑ SW
County: Morton
Lease Name: LANDRUM A Well #: 1 SWD
Field Name: ELKHART WEST
Producing Formation: KEYES (DISPOSAL)
Elevation: Ground: 3676 Kelly Bushing: 3687
Total Depth: 4800 Plug Back Total Depth: 4692
Amount of Surface Pipe Set and Cemented at: 1427 Feet
Multiple 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: 06/18/2012
☐ Confidential Release Date:
☐ Wireline Log Received
☐ Geologist Report Received
☑ UIC Distribution
ALT ☑ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 06/19/2012