



KANSAS CORPORATION COMMISSION 1091939
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 34663
Name: Union Drilling, Inc.
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: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 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 #: _____
04/29/2012 05/05/2012 06/05/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-081-21969-00-00
Spot Description: _____
S2 NW NW NW Sec. 4 Twp. 30 S. R. 33 East West
440 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Haskell
Lease Name: BLASDEL A Well #: 3
Field Name: VICTORY
Producing Formation: KANSAS CITY, MARMATON, MORROW
Elevation: Ground: 2961 Kelly Bushing: 2979
Total Depth: 5611 Plug Back Total Depth: 5565
Amount of Surface Pipe Set and Cemented at: 1822 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: 7000 ppm Fluid volume: 1500 bbls
Dewatering method used: Evaporated
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: 08/27/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: MADEE JAMES Date: 08/28/2012