



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
 Form must be Signed
 All blanks must be Filled

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 # 34660
 Name: Aztec Well Servicing Co.
 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 #: _____
 03/10/2012 03/18/2012 04/17/2012
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-081-21972-01-00
 Spot Description: _____
NE SE SW SE Sec. 8 Twp. 30 S. R. 33 East West
646 Feet from North / South Line of Section
1483 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Haskell
 Lease Name: ELIZABETH A. COX Well #: 8
 Field Name: VICTORY
 Producing Formation: KANSAS CITY & ST. LOUIS
 Elevation: Ground: 2965 Kelly Bushing: 2976
 Total Depth: 5755 Plug Back Total Depth: 5672
 Amount of Surface Pipe Set and Cemented at: 1791 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 cml.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 2500 ppm Fluid volume: 600 bbls
 Dewatering method used: Hauled to Disposal
 Location of fluid disposal if hauled offsite: _____
 Operator Name: NICHOLS FLUID SERVICE
 Lease Name: JOHNSON License #: 31983
 Quarter NW Sec. 16 Twp. 34 S. R. 32 East West
 County: SEWARD Permit #: D27805

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: 06/06/12
 Confidential Release Date: 06/06/14
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 10/09/2012