

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION CONFIDENTIAL

1101946

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

## **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 |                |  | API No. 15 - 15-081-21990-00-00  Spot Description:  E2 W2_SW_NE Sec. 31 Twp. 30 S. R. 33 East  West  1980 Feet from North / South Line of Section  1990 Feet from East / West Line of Section  Footages Calculated from Nearest Outside Section Corner:  V NE NW SE SW  County: Haskell |                                |     |      |  |
|--|----------------|--|---|--------------------------------|-----|------|--|
|  |                |  |   | Name: Aztec Well Servicing Co. |     |      | Lease Name: SCHNELLBACHER B Well #: 4                |
|  |                |  |   | Wellsite Geologist: N/A        |     |      | Field Name: VICTORY                                  |
|  |                |  |   | Purchaser:                     |     |      | Producing Formation: KANSAS CITY                     |
|  |                |  |   | Designate Type of Completion:  |     |      | Elevation: Ground: 2945 Kelly Bushing: 2959          |
|  |                |  |   | ✓ New Well Re-Entry Workover   |     |      | Total Depth: 5827 Plug Back Total Depth: 5764        |
|  |                |  |   | <b>⊘</b> oil wsw               | SWD | SIOW | Amount of Surface Pipe Set and Cemented at: 1819 Fee |
| Gas D&A  | ENHR           | SIGW   | Multiple Stage Cementing Collar Used? ☐ Yes ☑ No  |                                |     |      |  |
| □ og   | ☐ GSW          | Temp. Abd.   | if yes, show depth set: Fee   |                                |     |      |  |
| CM (Coal Bed Methane)  |                |  | If Alternate II completion, cement circulated from:   |                                |     |      |  |
| Cathodic Other (Core. Expl., etc.):  |                |  | feet depth to:w/sx cm   |                                |     |      |  |
| If Workover/Re-entry: Old Well In  | fo as follows: |  | lock dopin to.  |                                |     |      |  |
| Operator:  |                |  |   |                                |     |      |  |
| Well Name:   |                |  | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)  |                                |     |      |  |
| Original Comp. Date:   |                |  |   |                                |     |      |  |
| Deepening Re-perf  |                | ENHR Conv. to SWD  | Chloride content: 7000 ppm Fluid volume: 1050 bbl   |                                |     |      |  |
| Deepening IXe-pen  | . Conv. to     |  | Dewatering method used: Hauled to Disposal  |                                |     |      |  |
| Plug Back:   |                |  | Location of fluid disposal if hauled offsite:   |                                |     |      |  |
| Commingled   |                |  | Operator Name: NICHOLS FLUID SERVICE  |                                |     |      |  |
| Dual Completion  |                |  |   |                                |     |      |  |
| SWD  |                |  | Lease Name: JOHNSON License #: 31983  |                                |     |      |  |
| ENHR   |                |  | Quarter NW Sec. 16 Twp. 34 S. R. 32 East Wes  |                                |     |      |  |
| GSW  |                | The state of the s | County: SEWARD Permit #: D27805   |                                |     |      |  |
| 07/24/2012 07/30/2   |                | 08/27/2012   |   |                                |     |      |  |
| Spud Date or Date Reached TD Recompletion Date   |                | Completion Date or<br>Recompletion Date  |   |                                |     |      |  |

## **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  |
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| Letter of Confidentiality Received  Date: 11/20/2012                     |
| Confidential Release Date:   |
| ☑ Wireline Log Received  |
| Geologist Report Received  |
| UIC Distribution  ALT I II III Approved by: NAOMI JAMES Date: 11/27/2012 |