CORRECTION #1

1107596

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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 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:

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: GARDEN CITY S-5
Original Comp. Date: 06/07/1995 Original Total Depth: 4900

☐ 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 #:

09/11/2012		09/18/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-055-21406-00-01
Spot Description:
W2 SW SE Sec. 22 Twp. 23 S. R. 34 ☐ East ☑ West
660 Feet from ☐ North / ☑ South Line of Section
2310 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Finney
Lease Name: SEQUOYAH MORROW UNIT Well #: 305
Field Name: SEQUOYAH EAST
Producing Formation: MORROW
Elevation: Ground: 2945 Kelly Bushing: 2956
Total Depth: 4900 Plug Back Total Depth: 4750
Amount of Surface Pipe Set and Cemented at: 1957 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 3055 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: 01/09/2013
☐ **Confidential Release Date:**
☐ **Wireline Log Received**
☐ **Geologist Report Received**
☐ **UIC Distribution**
ALT ☑ I ☐ II ☐ III **Approved by:** NAOMI JAMES **Date:** 01/11/2013