Operator: License # 5447
Name: OXY USA Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: ONEOK
Operator Contact Person: Vicki Carder
Phone: (620) 629-4200
Contractor: Name: Murfin Drilling Co., Inc.
License: 30806
Wellsite Geologist: Marvin T. Harvey, Jr.
Designate Type of Completion:
X New Well _______ Re-Entry _______ Workover
Oil _______ SWD _______ SIOW _______ Temp. Abd.
X Gas _______ ENHR _______ SIGW
Dry _______ Other (Core, WSW, Expl, Cathodic, 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./SWD
    Plug Back _______ Plug Back Total Depth
    Commingled _______ Docket No. __________
    Dual Completion _______ Docket No. __________
    Other (SWD or Enhr.?) _______ Docket No. __________
01/04/05 __________ 01/17/05 __________ 03/03/05 __________
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 175-21866-0000
County: Seward
W2 / W2 / SE / SE Sec 24 Twp 34 S R 34W
660 feet from N (circle one) Line of Section
1237 feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner: (circle one) NE SE NW SW
Lease Name: Gleeson C Well #: 3
Field Name: Archer
Producing Formation: Chester
Elevation: Ground: 2889 Kelly Bushing: 2900
Total Depth: 6700 Plug Back Total Depth: 6633
Amount of Surface Pipe Set and Cemented at 1950 feet
Multiple Stage Cementing Collar Used? ☐ Yes ☑ No

If yes, show depth set __________
If Alternate II completion, cement circulated from __________ feet depth to __________ w/ __________ sx cmnt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve PI).
Chloride content 1400 mg/l ppm Fluid volume 1800 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite:
Operator Name: ____________________
Lease Name: ____________________ License No. ____________________
Quarter Sec. Twp. S R. ☐ East ☑ West
County: ____________________ Docket No. ____________________

INSTRUCTIONS: An original an two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market – Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: ____________________ Date May 2, 2005
Title: Capital Project
Subscribed and sworn to before me this 2nd day of May, 2005
Notary Public: ____________________
Date Commission Expires: Oct. 1, 2005

KCC Office Use Only

☐ Letter of Confidentiality Attached
If Denied, Yes ☐ Date: __________
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution