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: 30096
Wellsite Geologist: Marvin T. Harvey, Jr.
Designate Type of Completion: X New Well  _______ Re-Entry  _______ Workover
______ Oil  _______ SWD  _______ SIOW  _______ Temp. Abd.
______ 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. ____________
09/09/05  _______ 09/20/05  _______ 10/20/05
Spud Date or Recompletion Date  Date Reached TD  Completion Date or Recompletion Date

API No. 15 - 175-21996 - 06-06
County: Seward
______ NW  _______ SW  Sec. 20  Twp. 34  S. R. 33 W
1990 feet from N (circle one) Line of Section
660 feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE  SE  NW  SW
Lease Name: Steveson A  Well #: 6
Field Name:いた
Producing Formation: Chester
Elevation: Ground: 2870  Kelly Bushing: 2881
Total Depth: 6740  Plug Back Total Depth: 6380
Amount of Surface Pipe Set and Cemented at _______ feet
Multiple Stage Cementing Collar Used? □ Yes X No
If yes, show depth set _______ feet
If Alternate II completion, cement circulated from _______ feet depth to _______ w/ _______ sxmnt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 2000 mg/l ppm  Fluid volume 1650 bbls
Dewatering method used  Evaporation
Location of fluid disposal if hauled offsite:
Operator Name: ____________________________
Lease Name: ____________________________
License No.: ____________________________
Quarter Sec. _______ W  _______ S  _______ R.  _______ East X West
County: ____________________________
Docket No.: ____________________________

INSTRUCTIONS: An original or 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: ____________
Title: Capital Project  Date 12/28/05
Subscribed and sworn to before me this 28 day of Dec
Notary Public: ____________
Date Commission Expires: ___________

KCC Office Use Only

Date 12/28/05

Letter of Confidentiality Attached
If Denied, Yes □ Date: ____________
______ Wireline Log Received
______ Geologist Report Received
______ UIC Distribution