

COPY *And*

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 051-24960
County Ellis
NW-NW-SW - Sec. 25 Twp. 11S Rge. 17 X^E_W

Operator: License # 5447

2310 Feet from S(circle one) Line of Section

Name: OXY USA INC.

400 Feet from E(circle one) Line of Section

Address P.O. Box D

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW(circle one)

City/State/Zip Plainville, KS 67663

Lease Name Colahan B Well # 28

Purchaser: _____

Field Name Bemis - Shutts

Operator Contact Person: J.D. Hininger

Producing Formation Arbuckle

Phone (785) 434-7681

Elevation: Ground 1998' KB 2007'

Contractor: Name: Duke Drilling

Total Depth _____ PBDT _____

License: _____

Amount of Surface Pipe Set and Cemented at 324' Feet

Wellsite Geologist: Harold Trapp

Multiple Stage Cementing Collar Used? _____ Yes X No

Designate Type of Completion
 New Well _____ Re-Entry _____ Workover

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 3479'

Oil _____ SWD _____ SLOW _____ Temp. Abd.

feet depth to surface w/ 570 sx' cmt.

_____ Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan A/H. 2, 2-20-98 U.C.
(Data must be collected from the Reserve Pit)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Chloride content 1700 ppm Fluid volume 1,000 bbls

Well Name: _____

Dewatering method used Haul off free water on sit

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite: _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBDT

Operator Name _____

_____ Commingled _____ Docket No. _____

Lease Name _____ License No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Inj?) _____ Docket No. _____

_____ Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

4-9-97 4-14-97 5-17-97
Spud Date Date Reached TD Completion Date

County _____ Docket No. _____

INSTRUCTIONS: An original and 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 on 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 ST 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 J.D. Hininger J.D. Hininger

Title Production Coordinator Date 8-11-97

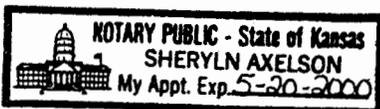
Subscribed and sworn to before me this 11th day of August, 1997.

Notary Public Sheryln Axelson Sheryln Axelson

Date Commission Expires 5-20-2000

| K.C.C. OFFICE USE ONLY | | |
|-------------------------------------|-------------------------------------|--|
| F | <input checked="" type="checkbox"/> | Letter of Confidentiality Attached |
| C | <input checked="" type="checkbox"/> | Wireline Log Received |
| C | <input type="checkbox"/> | Geologist Report Received |
| | | Distribution |
| <input checked="" type="checkbox"/> | KCC | <input type="checkbox"/> SWD/Rep |
| <input type="checkbox"/> | KGS | <input type="checkbox"/> Plug |
| | | <input checked="" type="checkbox"/> NGPA |
| | | <input type="checkbox"/> Other (Specify) |

IS



Operator Name OXY USA INC. Lease Name Colahan B 28

Sec. 25 Twp. 11S Rge. 17 East West County Ellis

COPY

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:
 MRI, Spectral Dens Neutron,
 Microlog, Caliper

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

See attached Log.

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs./Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
|-------------------|-------------------|---------------------------|-----------------|---------------|----------------|--------------|----------------------------|
| Surface | 12-1/4 | 8-5/8" | 24 | 324 | Class A | 250 | 3%CC 1/4#/sk floc. |
| Production | 7-7/8 | 5-1/2" | 14# | 3479 | Class A/ | 570 | See Ticket |

ADDITIONAL CEMENTING/SQUEEZE RECORD

Mid con2

| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
|--|------------------|----------------|-------------|----------------------------|
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth |
|----------------|--|--|
| | Arbuckle OH 3479' - 3522' | |
| | | Acid 950 gal 15% |

| | | | |
|---|---------------------|--|---|
| TUBING RECORD | | Size <u>2-7/8"</u> Set At <u>3470'</u> Packer At <u>0</u> | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Inj. <u>5/17/97</u> | | Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | |
| Estimated Production Per 24 Hours | Oil <u>21</u> Bbls. | Gas <u>2</u> Mcf | Water <u>2</u> Bbls. Gas-Oil Ratio Gravity |

Disposition of Gas: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____

METHOD OF COMPLETION

Production Interval