

FORM MUST BE TYPED

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

Operator: License # 5447

Name: OXY USA Inc.

Address P. O. Box 26100

City/State/Zip Oklahoma City, Ok 73126-0100

Purchaser: _____

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Express Well Service

License: _____

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

<input type="checkbox"/> Oil	<input type="checkbox"/> SWD	<input type="checkbox"/> SLOW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> Gas	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW	
<input type="checkbox"/> Dry	<input type="checkbox"/> Other (Core, WSW, Expl., Cathodic, etc)		

If Workover:

Operator: OXY USA Inc.

Well Name: Colliver A

Comp. Date 9-1-39 Old Total Depth 2967

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to Inj/SWD
<input type="checkbox"/> Plug Back		<input type="checkbox"/> PBTD
<input type="checkbox"/> Commingled		<input type="checkbox"/> Docket No. _____
<input type="checkbox"/> Dual Completion		<input type="checkbox"/> Docket No. _____
<input checked="" type="checkbox"/> Other (SWD or <u>Inj</u>)		<input type="checkbox"/> Docket No. <u>E-5781</u>

6/8/93 WO Date 6/9/93 Date Reached TD 6/10/93 Completion Date

SIDE ONE

No API Well Completion Date

API NO. 15- 9-1-39

County Russell E

NE NE SW Sec. 28 Twp. 14S Rge. 13 W

2310 Feet from S/N (circle one) Line of Section

2340 Feet from E/W (circle one) Line of Section

2940-1CC Footages Calculated from Nearest Outside Section Corner:

NE, SE, NW or SW (circle one)

Lease Name Colliver A Well # 4W

Field Name Hall-Gurney

Producing Formation Plattsmouth

Elevation: Ground 1727 KB _____

Total Depth 2867-1CC 2967 PBTD 2860

Amount of Surface Pipe Set and Cemented at 297 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/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License No. _____

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

County: _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 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 Gregory C. Rowe Greg Rowe _____

Title Facilities Engineer Date JUNE 16, 1993

Subscribed and sworn to before me this 16 day of June 1993.

Notary Public James L. Padilla

Date Commission Expires August 21, 1996

K.C.C. OFFICE USE ONLY
 F Letter of Confidentiality Attached
 C Wireline Log Received
 C Geologist Report Received

Distribution
 KCC SWD/Rep
 KGS Plug NGPA
 Other
 (Specify)

STATE CORPORATION COMMISSION

Form ACO-1 (7-91) 18 1993

CONSERVATION DIVISION
Wichita, Kansas

SIDE TWO

Operator Name OXY USA Inc.Lease Name Colliver A Well # 4WSec. 28 Twp. 14S Rge. 13 East WestCounty Russell

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Douglas 2830 - 2840
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Toronto 2813 - 2809
List All E.Logs Run:		Oread 2750 - 2738
		Topeka B 2572 - 2578
		Topeka A 2550 - 2558

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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		13"		297	200		
Production		6 5/8"		2876	100		

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	

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
4	2711 - 16	Acidized W/ 1500 gal 15% NE W/300# Salt	2711- 16
4	2731 - 45		2731- 45
4	2750 - 60		2750- 60
	CIBP @ 2860; TOC @ 2548		

TUBING RECORD	Size 2 3/8"	Set At	Packer At 2670	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj.	Producing Method	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Injection Well <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: METHOD OF COMPLETION

<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>Injection Well</u>	Production Interval 2711 - 2760
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