

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
RECOMPLETION FORM
ACO-2 AMENDMENT TO WELL HISTORY

Operator: License # 5447
Name: OXY USA, Inc.
Address: P.O. BOX 26100
City/State/Zip: OKLA. CITY, OK 73126-0100

Purchaser: Citgo

Operator Contact Person: Raymond Hui
Phone: (405) 749-2471

Designate Type of Original Completion
 New Well Re-Entry Workover

Date of Original Completion 6/29/65

Name of Original Operator OXY USA INC.

Original Well Name Moore D #4

Date of Recompletion:
7/16/91 8/8/91
 Commenced Completed

Re-entry Workover

Designate Type of Recompletion/Workover:
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)
 Deepening Re-perforation
 Plug Back PBD
 Conversion to Injection/Disposal

Is recompleted production:
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (Disposal or Injection?)
Docket No. _____

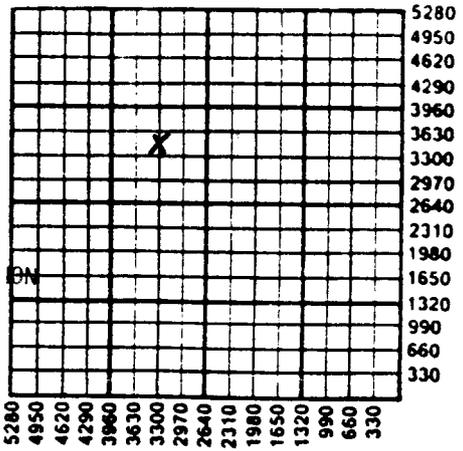
API NO. 15- Not assigned: well was completed on 6/29/65

County Ness
APPROX. N/2 SE/4 NW/4 Sec. 30 Twp. 19S Rge. 21 East West
3450' Ft. North from Southeast Corner of Section
3300' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Moore D Well # 4
Field Name Schaben

Producing Formation Mississippi

Elevation: Ground 2294' KB 2301'



K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution

KCC SWD/Rep NGPA
 KGS Plug Other
(Specify) J.S.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-141 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 any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACO-4 or ACO-5 prior to or with this form for approval of commingling or dual completions. Submit CP-1 with all plugged wells. Submit CP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection must receive approval before use; submit form U-1.

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 Vic Tumlinson title Operations Drilling Manager Date _____

Subscribed and sworn to before me this 11th day of September 19 91

Notary Public Kay Ann Kilmer Date Commission Expires 4-16-94

SIDE TWO

Operator Name OXY USA, Inc. Lease Name Moore D Well # 4
 Sec. 30 Twp. 19S Rge. 21 East West
 County Neosho

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name Mississippi TD PBTB	Top 4404'	Bottom 4424' 4436' 4429'
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ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input checked="" type="checkbox"/> Perforate	4404'	4424'	No new add'	1 work	
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input type="checkbox"/> Plug Off Zone					

Shots Per Foot	PERFORATION RECORD	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
4	4404' - 4424'	Pmpd 1300 gals of 15% FE acid.

PBTB 4429' Plug Type Cement plug.

TUBING RECORD

Size 2 3/4" Set At 4424' Packer At _____ Was Liner Run Y N
 Date of Resumed Production, Disposal or Injection 8/8/91
 Estimated Production Per 24 Hours Oil 18 Bbls. Water 242 Bbls. Gas-Oil-Ratio _____
 Gas _____ Mcf
 Disposition of Gas:
 Vented Sold Used on Lease (If vented, submit ACO-18.)