

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5447
Name: OXY USA, Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: Pending
Operator Contact Person: Jerry Hunt
Phone: (316) 629-4200

Contractor: Name: CHEYENNE DRILLING INC.
License: 5382
Wellsite Geologist: TOM HEDRICK

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Aid.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: OXY USA INC
Well Name: GARDEN CITY D #4

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. _____
07-27-00 08-02-00 09-28-00
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 055-216880000
County: FINNEY
W/2 - NE - SE Sec. 28 Twp. 23 S. R. 34W
1998 feet from (S) N (circle one) Line of Section
971 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: GARDEN CITY U Well #: 1
Field Name: UN - NAMED
Producing Formation: MORROW
Elevation: Ground: 2960 Kelly Bushing: 2973
Total Depth: 5003 Plug Back Total Depth: 4915
Amount of Surface Pipe Set and Cemented at 1800 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3292
If Alternate II completion, cement circulated from 3292'
feet depth to surf w/ 200 sx cmt.

Drilling Fluid Management Plan *ALT 1 DPW 3-18-02*
(Data must be collected from the Reserve Pit)
Chloride content 5600 ppm Fluid volume 1500 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 and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 6702, 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: [Signature]
Title: Capital Project Date: 10-04-00
Subscribed and sworn o before me this 4th day of October
20 00
Notary Public: Anita Peterson
Date Commission Expires: Oct. 1, 2001

KCC Office Use Only

Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

IOG

Operator Name: OXY USA, Inc. Lease Name: GARDEN CITY U Well #: 1

Sec. 28 Twp. 23 S. R. 34W East West County: FINNEY

Instructions: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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: GEO. REPORT SONIC LOG
 INDUCTION LOG MICROLOG

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
WINFIELD	2540	+433
COUNCIL GROVE	2753	+220
HEEBNER	3758	-785
LANSING	3810	-837
MARMATON	4294	-1321
CHEROKEE	4420	-1447

PLEASE SEE THIRD PAGE

CASING RECORD <input checked="" 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
Conductor					C		
Surface	12 1/4	8 5/8	24	1800	C	480	3% CC 1/2# FLOCELE
Production	7 7/8	5 1/2	15.50	5003	C	225	4% CALSEAL 5# GILSONITE 10% SALT .5% HALAD 322

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	2250-3292	C	115	2% CC 1/4# FLOCELE (PORT COLLAR)
<input type="checkbox"/> Plug Back TD				
<input checked="" 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)	
		Amount and Kind of Material Used	Depth
2	4677 - 4692 4694 - 4700	2000 7.5 % FE - MAC ACID 25,000 GALS 20# WATERFRAC	
		30,000 GAL 20# DETLA GEL AND 32,000#	
		20/40 OTTAWA SAND	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	4758		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			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 BBLs	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
	81.83	TSTM	28		

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____

(If vented, Submit ACO-18)

METHOD OF COMPLETION Other (Specify) _____

Production Interval _____

<u>LOG</u>	<u>FORMATION (TOP)</u>	<u>DEPTH AND DATUM</u>	<u>SAMPLE</u>
<u>MORROW</u>	<u>4625</u>	<u>-1652</u>	
<u>ST. GENEVIEVE</u>	<u>4703</u>	<u>-1730</u>	
<u>ST. LOUIS</u>	<u>4731</u>	<u>-1758</u>	