

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

Form ACP-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: N/A
 Operator Contact Person: Kenny Andrews
 Phone: (316) 629-4232

Contractor: Name: Cheyenne Drig Inc.
 License: 5382
 Wellsite Geologist: _____

Designate Type of Completion:
 _____ 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: OXY USA, Inc.
 Well Name: GARDEN CITY H # 9

Original Comp. Date: 12/1/97 Original Total Depth: 4850
 _____ Deepening _____ Re-perf. _____ Conv. To Enhr./SWD
 Plug Back 4666 Plug Back Total Depth
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____
7/19/01 7/19/01 7/27/01
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 055-21584-0001
 County: FINNEY
SW - NW - SW Sec 23 Twp. 23 S. R. 34W
1650 feet from (S) N (circle one) Line of Section
4950 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: SEQUOYAH MORROW UNIT Well #: 104S
 Field Name: SEQUOYAH
 Producing Formation: LANSING
 Elevation: Ground: 2937 Kelly Bushing: 2947
 Total Depth: 4850 Plug Back Total Depth: 4800
 Amount of Surface Pipe Set and Cemented at 1753 feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 3023
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx crnt.

Workover EU 9.30.01
 Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 1400 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: Kenny Andrews
 Title: ENGINEERING TECHNICIAN Date 8/31/01
 Subscribed and sworn o before me this 31st day of August
20 01
 Notary Public: Anita Peterson
 Date Commission Expires: Oct 1, 2001

KCC Office Use Only

NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 NO Geologist Report Received
 _____ UIC Distribution

Operator Name: OXY USA, Inc. Lease Name: SEQUOYAH MORROW Well #: 104 S

Sec. 23 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: CAST V / CBL BHC SONIC GAMMA
MICOLOG GAMMA RAY, COMP NEURTON LITHO-DENSITY,
ARRAY INDUCTION MICO-RESISTIVITY/GR

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
WINFIELD	2514	428
COUNCIL GROVE	2738	204
LANSING	3810	-868
CHEROKEE	4414	-1472

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
Conductor					C		
Surface	12-1/4	8-5/8	24	1753	C	560	CC & 1/4 PPS FLOCELE
Production	7-7/8	5-1/2 DV	14	4838	C	190 240	2% CC 1/4 PPS FLOCELE 2% CC 1/4 PPS FLOCELE

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	-			
<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
4	4693-4700	1500 GAL 7-1/2% FE	
	CIBP @ 4680 W/ 2 SX CMT		4680
4	4100-40, 4090-93, 3630-56	3400 GALS 15% HCL	

TUBING RECORD Size 2-3/8" Set At 3769 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 8/10/01 Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours Oil BBLs N/A Gas Mcf N/A Water Bbls 1340 Gas-Oil Ratio N/A Gravity N/A

Disposition of Gas

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, Submit ACO-18) Other (Specify) _____