FORM MUST BE TYPED

SIDE ONE

COPY ORIGINAL

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

API NO. 055-21321

County Finney

__ __ __ - __ Sec. 33 Twn. 24 Rge. 33 E/W

2640 FSL Feet from S/X (circle one) Line of Section

1720 FEL Feet from E/X (circle one) Line of Section

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

Operator: License # 5447

Name: OXY USA Inc.

Address P.O. Box 26100

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

Purchaser: N/A

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Corrosion Specialists

License:

Wellsite Geologist: None

Designate Type of Completion
X New Well ____ Re-Entry ____ Workover

____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry X Other (XXXXXXXXXXXXXXXXX Cathodic, XXX)

If Workover:

Operator:

Well Name:

Comp. Date ____ Old Total Depth ____

____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD
____ Plug Back ____ PBTD
____ Commingled Docket No.
____ Dual Completion Docket No.
____ Other (SWD or Inj?) Docket No.

10/1/94 Spud Date
10/3/94 Date Reached TD
10/3/94 Completion Date

Lease Name McWilliams B Well # 3

Field Name NA

Producing Formation NA

Elevation: Ground 2923 KB

Total Depth 120 PBTD 3

Amount of Surface Pipe Set and Cemented at ____ Feet

Multiple Stage Cementing Collar Used? ____ Yes ____ No

If yes, show depth set ____ Feet

If Alternate II completion, cement circulated from ____

feet depth to ____ w/ ____ sx cmt.

Drilling Fluid Management Plan ALT 3 JH 3-25-97
(Data must be collected from the Reserve Pit)

Chloride content 0 ppm Fluid volume 13 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, 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 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

Title Staff Analyst Date 2/27/96

Subscribed and sworn to before me this 27th day of February, 1996.

Notary Public Cara Allen

Date Commission Expires 7-14-99

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

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

Form ACO-1 (7-91)
C:\DATA\WP\KCCCOMP\WCCPMB.3

SIDE TWO

Operator Name OXY USA Inc. Lease Name McWilliams B Well # 3

☐ East County Finney

Sec. 33 Twp. 24S Rge. 33 ☒ West

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:

☐ Log Formation (Top), Depth and Datums ☐ Sample

Name Top Datum

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

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 Specified Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Materials Used)	Depth

TUBING RECORD Size Set At Packer At | Liner Run ☐ Yes No ☐

Date of First, Resumed Production, SWD or Inj. | Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: ☐ Vented ☐ Sold ☐ Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled

☐ Other (Specify) _____

Production Interval _____