

CONFIDENTIAL

SIDE ONE

8-25-33W

COPY

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

Operator: License # 5447Name: OXY USA Inc.Address P. O. Box 26100City/State/Zip Oklahoma City, Ok 73126-0100Purchaser: Northern NaturalOperator Contact Person: Jerry LedlowPhone (405) 749-2309Contractor: Name: CheyenneLicense: 5382

Wellsite Geologist: _____

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ SWD ☐ SLOW ☐ Temp. Abd.
☒ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

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. _____

2/17/95 2/20/95 4/8/95
Spud Date Date Reached TD Completion Date

API NO. 15- 055-21382County Finney- SE - NW - NW Sec. 8 Twp. 25S Rge. 33 X W4030 Feet from S/X (circle one) Line of Section4030 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
XX, SE, NW or SW (circle one)Lease Name Spratt C Well # 4Field Name HugotonProducing Formation ChaseElevation: Ground 2933 KB 2942Total Depth 2866 PBTD 2810Amount of Surface Pipe Set and Cemented at 602 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from surfacefeet depth to 602 w/ 240 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 20,000 ppm Fluid volume 2500 bblsDewatering method used Evaporation

Location of fluid disposal if hauled offsite _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. _____

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 5/12/95

Subscribed and sworn to before me this 12th day of May,
19 95.

Notary Public Kay Ann KilmerDate Commission Expires 5-2-98

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) FI

MAY 1 1995

Form ACO-1 (7-91)

CONFIDENTIAL
WICHITA, KANSAS

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WES-22-8

SIDE TWO

Operator Name OXY USA Inc. Lease Name Spratt C Well # 4

Sec. 8 Twp. 25S Rge. 33 ☐ East ☒ West County Finney

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 checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hollenberg	2526	416
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Herington	2550	392
List All E.Logs Run: Dual Spaced Neutron		Krider	2572	370
		Winfield	2600	342
		Towanda	2666	276
		Ft Riley	2726	216

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
Surface	12 1/4"	8 5/8"	24	602	Midcon Prem Plus	240 265	2%cc
Production	7 3/4"	5 1/2"	14	2865	Midcon 50/50 Pozmix	485	2%cc

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	
2	2528-32, 2558-62, 2584-88, 2602-04, 2618-22,	Acidize w/ 2000 gal 7.5% HCL	
	2672-74, 2688-90.	Frac w/ 54590 gal gel wtr.,	
		217,000# 10/20 sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 3/27/95		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas 225	Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 2528-2690

☐ Vented ☒ Sold ☐ Used on Lease ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled

(If vented, submit ACO-18.) ☐ Other (Specify) _____