

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

Operator: License # 5447
Name: OXY USA Inc.
Address P.O. Box 26100

City/State/Zip Oklahoma City, OK 73126-0100
Purchaser: W/A
Operator Contact Person: Jerry Ledlow
Phone (405) 749-2309
C actor: Name: Corrosion Specialists
License:
Wellsite Geologist: None

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☒ Other (XXXXXXXXXXXXXXXXX Cathodic, XXX)

If Workover:

Operator:
Well Name:
Comp. Date Old Total Depth
☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD
☐ Plug Back ☐ PBSD
☐ Commingled ☐ Docket No.
☐ Dual Completion ☐ Docket No.
☐ Other (SWD or Inj?) ☐ Docket No.

9/29/94 10/1/94 10/1/94
Sp Date Date Reached TD Completion Date

API NO. 055-21322County FinneySec. 3 Twp. 25 Rge. 33 E
XW2640 FSL Feet from SW (circle one) Line of Section4030 FEL Feet from SW (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SW, NW or SW (circle one)Lease Name Tait B Well # 3Field Name NAProducing Formation NAElevation: Ground 2902 KB Total Depth 110 PBSD 3Amount of Surface Pipe Set and Cemented at FeetMultiple Stage Cementing Collar Used? Yes NoIf yes, show depth set FeetIf Alternate II completion, cement circulated from feet depth to w/ sx cmt.Drilling Fluid Management Plan ALT 3 J 3-25-97
(Data must be collected from the Reserve Pit)Chloride content 0 ppm Fluid volume 13 bblsDewatering method used EvaporationLocation of fluid disposal if hauled offsite: Operator Name Lease Name License No. Quarter Sec. Twp. S Rng. E/WCounty Docket No.

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, Rm 1078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-136, 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 Jerry Ledlow
Title Staff Analyst Date 2/27/96
Subscribed and sworn to before me this 27th day of February, 1996.
Notary Public Cari 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) IS

Operator Name OXY USA Inc.Lease Name Tait B Well # 3☐ EastCounty FinneySec. 3 Twp. 25S 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:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
☐ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ Plug Off Zone				

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: METHOD OF COMPLETION

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

 Production Interval
☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____