

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: N/AOperator Contact Person: Jerry LedlowPhone (405) 749-2309Contractor Name: Corrosion Specialists

License: _____

Wellsite Geologist: None

Designate Type of Completion

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

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SMD☐ Plug Back ☐ PBTD☐ Commingled ☐ Docket No. _____☐ Dual Completion ☐ Docket No. _____☐ Other (SMD or Inj?) ☐ Docket No. _____9/30/94 10/1/94 10/1/949/30/94 10/1/94 10/1/949/30/94 10/1/94 10/1/94API NO. 055-21324County FinneyNW NE NE - SW Sec. 8 Twp. 25S Rge. 33 E150 S of C Feet from S/N (circle one) Line of Section400 W of C Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name Spratt C Well # 1Field Name NAProducing Formation NAElevation: Ground 2940 KB _____Total Depth 125 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 3-25-97
(Data must be collected from the Reserve Pit)Chloride content _____ ppm Fluid volume 12 bblsDewatering method used _____ Evaporation ☒

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. 3

____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-106, 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 [Signature]Title Staff Analyst Date 2/2/96Subscribed and sworn to before me this 7th day of February, 1996Notary Public Cari AllenDate Commission Expires 5-14-99

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received

Distribution

☒ KCC ☐ SMD/REP ☐ NGPA
☒ KGS ☐ Plug ☐ Other
(Specify)

Operator Name OXY USA Inc.Lease Name Spratt CWell # 1☐ EastCounty FinneySec. 8 Twp. 25 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
<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 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj.			Producing Method				<input 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	Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: METHOD OF COMPLETION

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

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

Production Interval