

COPY ORIGINAL

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: N/A
Operator Contact Person: Jerry Ledlow
Phone (405) 749-2309

Contractor: Name: Corrosion Specialists
License: _____
Wellsite Geologist: None

Complete Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW 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/SWD
 Plug Back _____ PBDT _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____
9/29/94 9/30/94 9/30/94
Date Date Reached TD Completion Date

API NO. 055-21323
County Finney
____ - ____ Sec. 10 Twn. 25 Rge. 33 E
XW
2570 FSL Feet from Q/X (circle one) Line of Section
3440 FEL Feet from Q/X (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SB, NW or SW (circle one)
Lease Name Tait A Well # 3
Field Name _____ NA
Producing Formation _____ NA
Elevation: Ground 2917 KB _____
Total Depth 120 PBDT 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 82 3-25-97
(Data must be collected from the Reserve Pit)
Chloride content 0 ppm Fluid volume 13.5 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, 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 [Signature]
Title Staff Analyst Date 2/27/94
Subscribed and sworn to before me this 27th day of February, 1994.
Notary Public Care 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)

Operator Name OXY USA Inc.

Lease Name Tait A Well # 3

East

County Finney

Sec. 10 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.)

Log Formation (Top), Depth and Datums Sample

Samples Sent to Geological Survey Yes No

Name Top Datum

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:

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 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) _____