

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

Form ACO-1

September 1999.

Form Must Be Typed

*CORRECTED 09/30/02

WELL HISTORY - DESCRIPTION OF WELL & LEASE

5447

Operator: License # _____
Name: _____ OXY USA Inc.
Address: _____ P.O. Box 2528
City/State/Zip: _____ Liberal, KS 67905
Purchaser: _____ EOTT
Operator Contact Person: _____ Vicki Carder
Phone: _____ (620) 629-4200
Contractor: Name: _____ Duke Drilling Co., Inc.
License: _____ 5929
Wellsite Geologist: _____ Vernon C. Schrag
Designate Type of Completion:
☒ New Well ☐ Re-Entry ☐ Workover
☒ Oil ☐ SWD ☐ SOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl, Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: _____ OXY USA, Inc.
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
☐ Deepening ☐ Re-perf. ☐ Conv. To Enhr./SWD
☐ Plug Back ☐ Plug Back Total Depth
☒ Commingled ☐ Docket No. *020206
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Enhr.?) ☐ Docket No. _____
☐ 10/30/01 ☐ 11/11/01 ☐ 12/12/01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 081-21430-0000
County: _____ Haskell
_____ - SE - NE - NW Sec 31 Twp. 27 S. R. 33W
_____ 905 feet from S (N)(circle one) Line of Section
_____ 2284 feet from E (V)(circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: _____ Ward H Well #: _____ 1
Field Name: _____
Producing Formation: _____ *Chester & Lower Morrow
Elevation: Ground: _____ 3002 Kelly Bushing: _____ 3015
Total Depth: _____ 5609 Plug Back Total Depth: _____ 5516
Amount of Surface Pipe Set and Cemented at _____ 1741 feet
Multiple Stage Cementing Collar Used: ☒ Yes ☐ No
If yes, show depth set _____ 3160 _____ 2000
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content _____ 7600 ppm Fluid volume _____ 900 bbls
Dewatering method used _____ Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☒ West
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 6702, 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 of 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: _____ Vicki Carder
Title: _____ Capital Projects Date: September 30, 2002
Subscribed and sworn to before me this _____ 30th day of _____ Sept.
20 _____ 02
Notary Public: _____ Anita Peterson
Date Commission Expires: _____ Oct 1, 2005

KCC Office Use Only

_____ Letter of Confidentiality Attached
If Denied, Yes ☐ Date: _____
_____ Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

Operator Name: OXY USA Inc. Lease Name: Ward H Well #: 1

Sec. 31 Twp. 27 S. R. 33W ☐ East ☐ West County: Haskell

Instructions: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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 Datum	<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	Winfield	2750	+265
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Council Grove	2938	+77
List All E. Logs Run:	Sonic Microlog	Heebner	4086	-1071
Neutron Induction Geologist Rpt.		Toronto	4104	-1089
		Lansing	4144	-1129
		Marmaton	4737	-1722
		Cherokee	4960	-1945
(SEE SIDE THREE)				

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
Conductor					C		
Surface	12 1/4	8 5/8	24	1741	C	550	2% CC, 1/8# Polyflake
Production	7 7/8	5 1/2	15.5	5606	C	115 100	1/8# Polyflake 5# CalSeal, 5# Gilsonite, 10% Salt, .5% Halad-322

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	2450-3160	C	60	2% CC (Port Collar)
<input type="checkbox"/> Plug Back TD				
<input checked="" 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
3	5362-5370	1000 Gals 7 1/2% FE Acid	
		4500 Gals 25# Linear Gel, 2000# 20/40 Sand	
*3	*5270-5278	*Acid - 1000 Gals 7 1/2% FE Acid	
		*Frac - 4600 Gals 25# Linear Gel, 1500# 20/40 Sand	

TUBING RECORD			Liner Run	
Size 2 7/8	Set At 5414	Packer At	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 01/03/02		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil BBLs 37.16	Gas Mcf TSTM	Water Bbls 58	Gas-Oil Ratio Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	
	<input type="checkbox"/> Other (Specify)	

Operator Name: OXY USA Inc. Lease Name: Ward H Well #:

Sec. 31 Twp. 27 S. R. 33W ☐ East ☐ West County: Haskell

<u>Name</u>	<u>Top</u>	<u>Datum</u>
Morrow	5178	-2163
Chester	5295	-2280
Meramec	5446	-2431