

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM**

Form ACO-1

September 1999

Form Must Be Typed

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # \_\_\_\_\_ 5447 \_\_\_\_\_

Name: \_\_\_\_\_ OXY USA, Inc. \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box 2528 \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Liberal, KS 67905 \_\_\_\_\_

Purchaser: \_\_\_\_\_ Pending \_\_\_\_\_

Operator Contact Person: \_\_\_\_\_ Vicki Carder \_\_\_\_\_

Phone: \_\_\_\_\_ (316) 629-4200 \_\_\_\_\_

Contractor: Name: \_\_\_\_\_ Cheyenne Drilling Inc. \_\_\_\_\_

License: \_\_\_\_\_ 5382 \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_ Tom Heflin \_\_\_\_\_

Designate Type of Completion: \_\_\_\_\_

New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover \_\_\_\_\_

\_\_\_\_\_ Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW \_\_\_\_\_

\_\_\_\_\_ 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. \_\_\_\_\_

\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_

\_\_\_\_\_ Other (SWD or Enhr.?) \_\_\_\_\_ Docket No. \_\_\_\_\_

\_\_\_\_\_ 3/17/01 \_\_\_\_\_ 3/25/01 \_\_\_\_\_ T&A \_\_\_\_\_

Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or  
Recompletion Date \_\_\_\_\_ Recompletion Date \_\_\_\_\_

API No. 15 - 081-21382-0000 \_\_\_\_\_

County: \_\_\_\_\_ Haskell \_\_\_\_\_

\_\_\_\_\_ - W/2 - SW - NW Sec 30 Twp. 27 S. R. 33W \_\_\_\_\_

\_\_\_\_\_ 2034 \_\_\_\_\_ feet from S (N) (circle one) Line of Section

\_\_\_\_\_ 441 \_\_\_\_\_ feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) SW

Lease Name: \_\_\_\_\_ Ward F \_\_\_\_\_ Well #: \_\_\_\_\_ 1 \_\_\_\_\_

Field Name: \_\_\_\_\_ Wildcat \_\_\_\_\_

Producing Formation: \_\_\_\_\_ NA \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ 3015 \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_ 3028 \_\_\_\_\_

Total Depth: \_\_\_\_\_ 5500 \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_ 3191 \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at \_\_\_\_\_ 1755 \_\_\_\_\_ feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set \_\_\_\_\_

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 \_\_\_\_\_ 1700 \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ 1500 \_\_\_\_\_ 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.: \_\_\_\_\_

RELEASED

JUN 10 2002

FROM CONFIDENTIAL

RECEIVED

KANSAS CORPORATION COMMISSION

MAY 29 2001

CONSERVATION DIVISION

MAY 29 5:30 PM '02

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 May 25, 2001

Subscribed and sworn to before me this 25<sup>th</sup> day of May

20 01

Notary Public: Anita Peterson

Date Commission Expires: Oct. 1, 2001

**KCC Office Use Only**

Yes Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

\_\_\_\_\_ UIC Distribution

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

Sec. 30 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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run:      Sonic                      Microlog    Induction                  Neutron                  Geological Report</p>	<p><input checked="" type="checkbox"/> Log      Formation (Top), Depth and Datum      <input type="checkbox"/> Sample</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Winfield</td> <td>2721</td> <td>+307</td> </tr> <tr> <td>Council Grove</td> <td>2913</td> <td>+115</td> </tr> <tr> <td>Heebner</td> <td>4049</td> <td>-1021</td> </tr> <tr> <td>Toronto</td> <td>4063</td> <td>-1035</td> </tr> <tr> <td>Lansing</td> <td>4135</td> <td>-1107</td> </tr> <tr> <td>Marmaton</td> <td>4702</td> <td>-1674</td> </tr> <tr> <td>Cherokee</td> <td>4930</td> <td>-1902</td> </tr> </table> <p>(See Third Page)</p>	Name	Top	Datum	Winfield	2721	+307	Council Grove	2913	+115	Heebner	4049	-1021	Toronto	4063	-1035	Lansing	4135	-1107	Marmaton	4702	-1674	Cherokee	4930	-1902
Name	Top	Datum																							
Winfield	2721	+307																							
Council Grove	2913	+115																							
Heebner	4049	-1021																							
Toronto	4063	-1035																							
Lansing	4135	-1107																							
Marmaton	4702	-1674																							
Cherokee	4930	-1902																							

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	1752	C	550	2% CC, 1/8# PolyFlake
Production	17 1/2	5 1/2	15.5	3239	C	185	4# 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	-			Calculate Top of Cement @ 2500'
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> Plug off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

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

Disposition of Gas      METHOD OF COMPLETION      Production Interval

Vented  Sold  Used on Lease       Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_

*(If vented, Submit ACO-18)*       Other (Specify) Dry Hole-Recomplete to Council Grove (Renamed to Frey A-3)

LOG

FORMATION TOP DEPTH AND DATUM

NAME

TOP

DATUM

Morrow

5137

-2109

Chester

5265

-2237

St. Louis

5360

-2332