

CONFIDENTIAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED

DEC 13 2002

Form ACO-1

September 1999

Form Must Be Typed

CONFIDENTIAL

KCC PROPERTY

COPY

Operator: License # 5447  
Name: OXY USA Inc.  
Address: P.O. Box 2528  
City/State/Zip: Liberal, KS 67905  
Purchaser: NCRA  
Operator Contact Person: Vicki Carder  
Phone: (620) 629-4200  
Contractor: Name: Murfin Drilling Company  
License: 30606  
Wellsite Geologist: Tom Heflin

API No. 15 - 081-21458-0000  
County: \_\_\_\_\_  
\_\_\_\_\_ - NW - NW - SE Sec 18 Twp. 27 S. R. 33W  
2414 feet from (S) N (circle one) Line of Section  
2221 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Frey I Well #: 2

Field Name: \_\_\_\_\_  
Producing Formation: Chester  
Elevation: Ground: 2962 Kelly Bushing: 2973

Total Depth: 5400 Plug Back Total Depth: 5340  
Amount of Surface Pipe Set and Cemented at 1775 feet  
Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set 3130  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Designate Type of Completion: **CONFIDENTIAL**  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  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. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_  
08/22/02 08/27/02 09/16/02

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

Drilling Fluid Management Plan All 1 See 3-28-03  
(Data must be collected from the Reserve Pit)

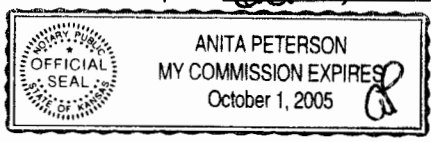
Chloride content 2400 ppm Fluid volume 1500 bbls  
Dewatering method used Evaporation  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp, \_\_\_\_\_ S. R.  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

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 Project Date December 12, 2002  
Subscribed and sworn to before me this 12th day of Dec  
20 02  
Notary Public: Anita Peterson  
Date Commission Expires: Oct. 1, 2005

KCC Office Use Only  
yes Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
yes Wireline Log Received  
yes Geologist Report Received  
\_\_\_\_\_ UIC Distribution



6728.5

Side Two

Operator Name: OXY USA Inc. Lease Name: Frey I Well #: 2

Sec. 18 Twp. 33W East West Haskel

Instructions: Show important 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  Yes  No  Log Formation (Top), Depth and Datum  Sample

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No

List All E. Logs Run: Neutron Gamma Ray  
Cement Bond Sonic Log Induction  
Geological Report

Name	Top	Datum
Heebner	3977	-1004
Toronto	3992	-1019
Lansing	4021	-1048
Marmaton	4635	-1662
Cherokee	4854	-1881
Atoka	5001	-2028
Morrow	5052	-2079
Chester	5165	-2192
St. Genieve	5296	-2323

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	1775	C	670	6% Gel, 2% Cal Chloride, 1/4# Flocele
Production	7 7/8	4 1/2		5400	H	240	2% Gel, 5# Gilsonite, 3% KCL, .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 checked="" type="checkbox"/> Protect Casing	2500-3130		135	50/50 POZ, 2% Gel, 5# Gilsonite, 3% KCL, .5% Halad 322 (Port Collar)
<input type="checkbox"/> Plug Back TD				
<input 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)	
4	5214-5226		Acidize - 52 bbls 7.5% MCA	
			Frac - 10,000 gals 25# x-linked gel, 9500# 20/40 Sand	

TUBING RECORD	Size 2 3/8	Set At 5246	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 09/20/02	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLs 20	Gas Mcf	Water Bbls 60	Gas-Oil Ratio	Gravity
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Disposition of Gas  Vented  Sold  Used on Lease (If vented, Submit ACO-18)

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify)

Production Interval