

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5447
 Name: OXY USA Inc.
 Address: P.O. Box 2528
 City/State/Zip: Liberal, KS 67905
 Purchaser: CIG
 Operator Contact Person: Vicki Carder
 Phone: (620) 629-4200

Contractor: Name: Best Well Service
 License: 32564 NA
 Wellsite Geologist: NA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
 Operator: Cities Service Petroleum Co.
 Well Name: Cook C #1

Original Comp. Date: 10/22/47 Original Total Depth: 2854
 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. _____
09/26/01 09/26/01 10/03/01
DATE OF START **Date Reached TD** **Completion Date OF**
OF WORKOVER **WORKOVER**

API No. 15 - 081-00302-0001
 County: Haskell
 _____ Sec 26 Twp. 27 S. R. 34W
100 feet from (S) N Center Line of Section
100 feet from E (W) Center Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: Cook C Well #: 1

Field Name: _____
 Producing Formation: Chase
 Elevation: Ground: 3031 Kelly Bushing: _____
 Total Depth: 2854 Plug Back Total Depth: 2822
 Amount of Surface Pipe Set and Cemented at 800 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 REWORK JH 6/20/02
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter Sec on 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 January 16, 2002
 Subscribed and sworn o before me this 16th day of January
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: Ox USA Inc. Lease Name: Cook C

Sec. 26 Twp. 27 S. R. 34W 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 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: Gamma Ray/CCL

Log Formation (Top), Depth and Datum Sample

Name Top Datum

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					C		
Production					C		

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing	-			
Plug Back TD				
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	2614-2620	Acidize - 500 Gals 15% HCL Acid Frac - 650,000 SCF N2	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	2816		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method				
10/12/01	<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	Gas Mcf	Water BBls	Gas-Oil Ratio	Gravity
		270	29		

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____

METHOD OF COMPLETION Other (Specify) _____

Production Interval _____

(If vented, Submit ACO-18)