

**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: (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 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. _____
11/15/01 11/24/01 12/20/01
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 081-21431-0000

County: Haskell
 _____ - W/2 - NE Sec. 31 Twp. 27 S. R. 34W
1285 feet from S N (circle one) Line of Section
1822 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Magnolia A Well #: 1

Field Name: _____
 Producing Formation: St. Louis
 Elevation: Ground: 3047 Kelly Bushing: 3060
 Total Depth: 5680 Plug Back Total Depth: 5357
 Amount of Surface Pipe Set and Cemented at 1615 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 6600 ppm Fluid volume 2000 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 or 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 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: Vicki Carder

Title: Capital Projects Date February 8, 2002

Subscribed and sworn to before me this 8th day of February

2002

Notary Public: Christy 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: Magnolia A Well #: 1
 Sec. 31 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 (Attach Additional Sheets)	<input checked="" type="checkbox"/> Yes <input 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 <u>Heebner</u>	Top <u>4014</u> Datum <u>-954</u>
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Toronto</u>	<u>4032</u>
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Lansing</u>	<u>4062</u>
List All E. Logs Run:	Neutron	Microlod	<u>Marmaton</u> <u>4718</u>
Induction	Sonic	Geological Report	<u>Cherokee</u> <u>4958</u>
			<u>Morrow</u> <u>5182</u>
			<u>Chester</u> <u>5354</u>
			<u>Meramec</u> <u>5460</u>
			<u>-2400</u>

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	1615	C	550	2% CC, 1/8# PolyFlake
Production	7 7/8	5 1/2	15.5	5400	C	140	4# Calseal, 5# Gilsonite, 10% Salt, .5% Halad 9

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate Protect Casing Plug Back TD Plug off Zone	Depth	Type of Cement	#Sacks Used	Type and Percent Additives
	Top			
	Bottom			
	-			

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	5240-5248, 5252-5254, 5256-5262	1st Acid Job-2000 Gals 17% HCL Acid	
		2nd Acid Job-4500 Gals 17% HCL Acid,	
		2000 Gals Linear Gel	
		3rd Acid Job - 4500 Gals 17% HCL Acid,	
		2000 Gals Linear Gel	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	2 3/8	5295				

Date of First, Resumed Production, SWD or Enhr.	Producing Method	<input type="checkbox"/> Flowing	<input checked="" type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
01/03/02					

Estimated Production Per 24 Hours	Oil BBLS	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
	15.03	TSTM	6.68		

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) _____	