

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5447
Name: OXY USA, Inc.
Address P.O. Box 2528

City/State/Zip Liberal, KS 67905
Purchaser: Pending
Operator Contact Person: JERRY ALLEN HUNT
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 SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. CbhV. To Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
05-09-00 05-16-00 06-23-00
Spud Date Date Reached TD Completion Date

API NO. 150812130600
County HASKELL
NE - NE - NW - Sec. 27 Twp. 27S Rge. 34W
105 920 663 Feet from the North Line of the Section
1095 2782 Feet from the East Line of the Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name SCHUH A Well # 1
Field Name PLEASANT PRAIRIE
Producing Formation CHESTER
Elevation: Ground 3026 KB 3039
Total Depth 5351 PBTD 5190
Amount of Surface Pipe Set and Cemented at 1774 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3130 Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALT 1 462-02 DFW
(Data must be collected from the Reserve Pit)

Chloride content 1700 ppm Fluid volume 1900 bbls
Dewatering method used EVAPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. W
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 67202, 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 [Signature]
Title Capital Project Date 07-05-00
Subscribed and sworn to before me this 5th day of July,
2000.
Notary Public Anita Peterson
Date Commission Expires Oct. 1, 2001

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGA
 KGS Plug Other
IDG (Specify)

SIDE TWO

Operator Name OXY USA, Inc.

Lease Name SCHUH A Well # 1
 County HASKELL

Sec. 27 Twp. 27S Rge. 34W

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Take (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: NEUTRON INDUCTION GAMMA RAY GEOLOGICAL REPORT	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr><td>WINFIELD</td><td>2684</td><td>+355</td></tr> <tr><td>COUNCIL GROVE</td><td>2866</td><td>+173</td></tr> <tr><td>HEEBNER</td><td>3986</td><td>-947</td></tr> <tr><td>TORONTO</td><td>4000</td><td>-961</td></tr> <tr><td>LANSING</td><td>4080</td><td>-1041</td></tr> <tr><td>MARMATON</td><td>4618</td><td>-1579</td></tr> <tr><td>CHEROKEE</td><td>4808</td><td>-1769</td></tr> <tr><td>MORROW</td><td>4992</td><td>-1953</td></tr> <tr><td>CHESTER</td><td>5124</td><td>-2085</td></tr> <tr><td>ST. LOUIS</td><td>5306</td><td>-2267</td></tr> </tbody> </table>	Name	Top	Datum	WINFIELD	2684	+355	COUNCIL GROVE	2866	+173	HEEBNER	3986	-947	TORONTO	4000	-961	LANSING	4080	-1041	MARMATON	4618	-1579	CHEROKEE	4808	-1769	MORROW	4992	-1953	CHESTER	5124	-2085	ST. LOUIS	5306	-2267
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CASING RECORD New 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
Surface	12 1/4	8 5/8	24	1774	C	425	3 1/2 #FLOCELE
Intermediate					C		
Production	7 7/8	5 1/2	15.50	5351	C	75	2 1/4 # 4 IOC

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top - Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<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	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
4	5197 ---- 5214		
2	5160 ---- 5128		

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>5199</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls. <u>105.21</u>	Gas Mcf <u>18.5</u>	Water Bbls.	Gas-Oil Ratio <u>176</u>	Gravity
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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) _____