

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: Jayhawk Pipeline

Operator Contact Person: Vicki Carder

Phone: (316) 629-4200

Contractor: Name: Cheyenne Drilling Inc.

License: 5382

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. ☐ Confr. Enh. SWD

☐ Plug Back ☐ Plug Back Total Depth _____

☐ Commingled ☐ Docket No. _____

☐ Dual Completion ☐ Docket No. _____

☐ Other (SWD or Enh.?) ☐ Docket No. _____

06/11/01 06/18/01 07/18/01

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 081-21380-0000

County: Haskell

N/2 - NE - SE Sec 27 Twp. 27 S. R. 34W

2316 feet from (S) N (circle one) Line of Section

712 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Kells D Well #: 2

Field Name: _____

Producing Formation: Chester

Elevation: Ground: 3034 Kelly Bushing: 3047

Total Depth: 5400 Plug Back Total Depth: 5192

Amount of Surface Pipe Set and Cemented at 1754 feet

Multiple Stage Cementing Collar Used? ☒ Yes ☐ No

If yes, show depth set 3196

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 1800 ppm Fluid volume 1400 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 Projects Date September 7, 2001

Subscribed and sworn to before me this 7th day of Sept

20 01

Notary Public: Ante Peterson

Date Commission Expires: Oct 1, 2001

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: Kells D Well #: 2
 Sec. 27 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 type="checkbox"/> Yes <input checked="" 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	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Winfield	2704	+343
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Council Grove	2886	+161
List All E. Logs Run:	Microlog Induction	Heebner	4000	-953
Sonic Neutron Cement Bond		Toronto	4016	-969
Geological Report		Lansing	4097	-1050
		Marmaton	4633	-1586
		Cherokee	4860	-1813
		(See Third Page)		

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	1751	C	565	2% CC, 1/8# PolyFlake
Production	7 7/8	5 1/2	15.5	5396	C	160	4# CalSeal, 5# Gilsontite, 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	2500 -3196	C	130	5# Gilsontite, 4# CalSeal, 10% Salt, .5% Halad-322 (Port Collar)
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> 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	5223-5225	500 Gals 17% FE Acid	
	CIBP @ 5200' w/1 sx cmt		
3	5177-5183, 5166-5169, 5130-5132	1000 Gals 7.5 % FE Acid, 16000 Gals	
		Delta 140, 225 sxs 20/40 Ottawa Sand	
TUBING RECORD	Size Set At Packer At	Liner Run	
	2 3/8 5035	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. 7/19/01	Producing Method		
	<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
	43.42	20	5 460.62

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) _____

<u>Name</u>	<u>Top</u>	<u>Datum</u>
Morrow	5064	-2017
Lower Morrow	5164	-2177
Chester	5191	-2144