

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: N/A

Operator Contact Person: KENNY L. ANDREWS

Phone (316) 629-4232

Contractor: Name: BEST WELL SERVICE

License: _____

Wellsite Geologist: N/A

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:

Operator: OXY USA INC.

Well Name: Pleasant Prairie Chester Unit #601W

Comp. Date 8/27/01 Old Total Depth 5350

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBTB

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. E-27,880

8/24/01 8/27/01 8/27/01

Spud Date Date Reached TD Completion Date

API NO. 15-081-21322-0001

County HASKELL

- NE - SW - NE Sec. 27 Twp. 27S Rge. 34W

1342 Feet from the North Line of the Section

3660 Feet from the West Line of the Section

Footages Calculated from Nearest Outside Section Corner:

NE, SE, NW or SW (circle one)

Lease Name PLEASANT PRAIRIE UNIT Well # 601W

(Formerly Kells D # '1)

Field Name PLEASANT PRAIRIE

Producing Formation CHESTER

Elevation: Ground 3038 KB 3051

Total Depth 5350 PBTB 5280

Amount of Surface Pipe Set and Cemented at 1769 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3690 Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sxcmt.

_____ Drilling Fluid Management Plan

(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. _____ 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 Kenny Andrews

Title ENGINEERING TECHNICIAN Date 10/19/01

Subscribed and sworn to before me this 19th day of October, 2001.

Notary Public Anita Peterson

Date Commission Expires Oct. 1, 2005

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

RECEIVED

Operator Name OXY USA, Inc.

Lease Name Pleasant Prairie Unit Well # 601W

Sec. 27 Twp. 27S Rge. 34W

County HASKELL

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.

<p>Drill Stem Tests Take <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.)</p> <p>Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)</p> <p>List All E.Logs Run: RESOLUTION NEUTRON SONIC GEO. REPORT</p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>WINFIELD</td> <td>2696</td> <td>+355</td> </tr> <tr> <td>COUNCIL GROVE</td> <td>2882</td> <td>+165</td> </tr> <tr> <td>HEBNER</td> <td>3996</td> <td>-945</td> </tr> <tr> <td>TORONTO</td> <td>4012</td> <td>-961</td> </tr> <tr> <td>LANSING</td> <td>4094</td> <td>-1043</td> </tr> <tr> <td>MARMATON</td> <td>4626</td> <td>-1575</td> </tr> <tr> <td>CHEROKEE</td> <td>4866</td> <td>-1815</td> </tr> <tr> <td>MORROW</td> <td>5080</td> <td>-2029</td> </tr> <tr> <td>ST. GEN</td> <td>5300</td> <td>-2249</td> </tr> </tbody> </table>	Name	Top	Datum	WINFIELD	2696	+355	COUNCIL GROVE	2882	+165	HEBNER	3996	-945	TORONTO	4012	-961	LANSING	4094	-1043	MARMATON	4626	-1575	CHEROKEE	4866	-1815	MORROW	5080	-2029	ST. GEN	5300	-2249
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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	1769	C	425	3% CC, 1/2 # FLO 1# FW
Intermediate					C		
Production	7 7/8	5 1/2	15.50	5337	C	150	5# GO; 4# CACS 5#H322 10# SALT

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	5155	5155	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method		
10/15/01		<input type="checkbox"/> Flowing <input 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
	N/A	N/A	N/A	

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

(If vented, submit ACO-18.)

Other (Specify) Water Injection Well