

**CONFIDENTIAL**

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

AUG 29 2002

Form ACO-1  
September 1999

KCC WICHITA Form Must Be Typed

**COPY**

Operator: License # 5447  
Name: OXY USA Inc.  
Address: P.O. Box 2528  
City/State/Zip: Liberal, KS 67905  
Purchaser: El Paso Pipeline Co  
Operator Contact Person: Vicki Carder  
Phone: (620) 629-4200  
Contractor: Name: Best Well Service  
License: NA  
Wellsite Geologist: NA  
Designate Type of Completion:  
     New Well      Re-Entry   X   Workover  
     Oil      SWD      SIOW      Temp. Abd.  
  X   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: Ward G-1

API No. 15 - 081-21385-0001  
County: Haskell  
     - N/2 - NW - SW Sec 28 Twp. 27 S. R. 34W  
2216 feet from (S) N (circle one) Line of Section  
558 feet from E / (W) (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW (SW)  
Lease Name: Alexander F Well #: 4  
Field Name:       
Producing Formation: Council Grove  
Elevation: Ground: 3042 Kelly Bushing: 3054  
Total Depth: 5725 Plug Back Total Depth: 2920  
Amount of Surface Pipe Set and Cemented at 1743 feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 2242  
If Alternate II completion, cement circulated from       
feet depth to      w/      sx cmt.

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**SEP 05 2002**  
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Original Comp. Date: 05/30/01 Original Total Depth: 5725  
     Deepening      Re-perf.      Conv. To Enhr./SWD  
  X   Plug Back 2920 Plug Back Total Depth  
     Commingled      Docket No.       
     Dual Completion      Docket No.       
     Other (SWD or Enhr.?)      Docket No.       
05/31/02      06/11/02  
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan *Workover 8/19/02*  
(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.      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 Project Date August 26, 2002  
Subscribed and sworn o before me this 26th day of August  
20 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  
  No   Geologist Report Received  
     UIC Distribution  
**Release**  
**NOV 05 2003**  
**From**

Operator Name: OXY USA Inc. Lease Name: Alexander F Well # CONFIDENTIAL

Sec 28 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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run: <u>Cement Bond Log</u></p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name _____ Top _____ Datum _____</p>
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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
<input type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	2305-2928	C	50	Circulating Cmt Sqz., perf 2928 & 2830, Cmt. Retainer @ 2920
<input type="checkbox"/> Plug Back TD				
<input 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	2874-2892	Acidize - 48 bbls 17% HCL	
		Frac - 786 bbls 20# Linear Gel, 730,000# 12/20 Brady	
		Sand, 576,840 mscf N2	

TUBING RECORD	Size 2 3/8	Set At 2896	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 06/28/02	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLs 0	Gas Mcf 293	Water Bbls 9	Gas-Oil Ratio	Gravity
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Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_

*(If vented, Submit ACO-18)*

METHOD OF COMPLETION

Production Interval \_\_\_\_\_

Other (Specify) \_\_\_\_\_