

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: 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 ☒ 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: Brinkman C-2

Original Comp. Date: 02/11/00 Original Total Depth: 5320  
☐ Deepening ☐ Re-perf. ☐ Conv. To Enhr./SWD  
☒ Plug Back 5000 Plug Back Total Depth  
☐ Commingled Docket No. \_\_\_\_\_  
☐ Dual Completion Docket No. \_\_\_\_\_  
☐ Other (SWD or Enhr.?) Docket No. \_\_\_\_\_  
05/30/02 06/11/02  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 081-21262-0001  
County: Haskell  
NE - NE - NE Sec. 23 Twp. 27 S. R. 34W  
521 feet from S (N) (circle one) Line of Section  
424 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) (NE) SE NW SW

Lease Name: Brinkman A Well #: 3  
Field Name: \_\_\_\_\_

Producing Formation: Council Grove  
Elevation: Ground: 3000 Kelly Bushing: 3013  
Total Depth: 5320 Plug Back Total Depth: 5000  
Amount of Surface Pipe Set and Cemented at 1756 feet  
Multiple Stage Cementing Collar Used? ☒ Yes ☐ No  
If yes, show depth set 3160

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 \_\_\_\_\_ 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 CarderTitle: Captial Project Date August 27, 2002Subscribed and sworn o before me this 27<sup>th</sup> day of August20 02Notary Public: Anita PetersonDate 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

CONFIDENTIAL

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:	Tracer Scan Log			

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		

Purpose:	Depth	Type of	#Sacks Used	Type and Percent Additives
_____ Perforate	Top Bottom	Cement		
_____ Protect Casing	-			
_____ Plug Back TD				
_____ 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
	CIBP @ 5000' w/2 sxs cmt				
3	2840-2858		Acid - 48 bbls 17% HCL		
			Frac - 334 bbls 20# Linear Gel, 5 ppg 100 Mesh Sand,		
			51 Mgal 70% N2, 6 ppg 12/20 sand		
TUBING RECORD			Liner Run		
Size	Set At	Packer At			
2 3/8	2894		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumed Production, SWD or Enhr. 07/01/02		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
	0	150	29		

**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) \_\_\_\_\_