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**CONFIDENTIAL**

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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**

JAN 14 2003

Form ACO-1  
September 1999  
Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

**COPY**

Operator: License # 5447  
 Name: OXY USA Inc.  
 Address: P.O. Box 2528  
 City/State/Zip: Liberal, KS 67905  
 Purchaser: NA  
 Operator Contact Person: Vicki Carder  
 Phone: (620) 629-4200  
 Contractor: Name: Murfin Drilling Company  
 License: 30606  
 Wellsite Geologist: Tom Heflin  
 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: \_\_\_\_\_

API No. 15 - 067-21490-0000  
 County: Grant  
 - SW - NE - SE Sec 26 Twp. 27 S. R. 35W  
1383 feet from (S) N (circle one) Line of Section  
1031 feet from (E) W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE (SE) NW SW  
 Lease Name: Rixon D Well #: 1  
 Field Name: Un-named  
 Producing Formation: NA  
 Elevation: Ground: 3052 Kelly Bushing: 3044  
 Total Depth: 5700 Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at 1775 feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_  
 If Alternate II completion, cement circulated from \_\_\_\_\_  
 feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**RELEASED**

MAR 15 2004

**FROM CONFIDENTIAL**

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening  Re-perf.  Conv. To Enhr./SWD  
 Plug Back  Plug Back Total Depth  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_  
09/24/02 10/02/02 10/03/02  
 Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan *PH 2 3-28-03*  
 (Data must be collected from the Reserve Pit)  
 Chloride content 1800 ppm Fluid volume 1600 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 Project Date January 13, 2003  
 Subscribed and sworn to before me this 13<sup>th</sup> day of Jan  
 20 03  
 Notary Public: Anita Peterson  
 Date Commission Expires: Oct. 1, 2005

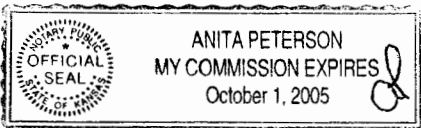
**KCC Office Use Only**

Letter of Confidentiality Attached  
 If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

\_\_\_\_\_ UIC Distribution



Side Two

Operator Name: OXY USA Inc. Lease Name: Rixon D Well #: 1  
 Sec. 26 Twp. 27 S. R. 35W  East  West County: Grant

**Instruction:** 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 <i>(Attach Additional Sheets)</i>	<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	Heebner	3992	-937
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	4005	-950
List All E. Logs Run:	Induction      Neutron	Lansing	4034	-979
Gamma	Geological Report	Marmaton	4642	-1587
		Cherokee	4819	-1764
		Atoka	5088	-2033
		Morrow	5160	-2105
		Chester	5365	-2310
		St. Genieve	5492	-2437
		St. Louis	5582	-2527

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	1775	C	690	35/65 POZ, Gel, Calcium Chloride, Florcele
Production					C		

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	-			
<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
	100 sxs @ 3050'		
	50 sxs @ 1800'		
	25 sxs @ 600'		
	10 sxs @ 40'		

TUBING RECORD	Size NA	Set At NA	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. NA	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <i>Dry Hole</i>			
Estimated Production Per 24 Hours	Oil BBLs NA	Gas Mcf NA	Water Bbls NA	Gas-Oil Ratio Gravity

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) P&A