KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY – DESCRIPTION OF WELL & LEASE

Operator: License # 5447
Name: OXY USA Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: CIG
Operator Contact Person: Vicki Carder
Phone: (620) 629-4200
Contractor: Name: Best Well Service
License: NA
Wellsite Geologist:

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: Hall K #9

Original Comp. Date: 10/28/87 Original Total Depth: 5650
_____ Deepening _____ Re-perf. _____ Conv. To Enhr./SWD
_____ Plug Back _____ Plug Back Total Depth
__X__ Commingled Docket No. 01012
_____ Dual Completion Docket No.
_____ Other (SWD or Enhr.?) Docket No.

09/11/01	09/11/01	09/24/01
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 081-20459-0002
County: Haskell
_____ - N/2 - SW - NE Sec 5 Twp. 29 S. R 34W
1830 feet from S (N) *(circle one)* Line of Section
1980 feet from (E) W *(circle one)* Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Hall K Well #: 9
Field Name: Eubanks
Producing Formation: Marmaton/Lansing
Elevation: Ground: 3007 Kelly Bushing: 3018
Total Depth: 5650 Plug Back Total Depth: 5200
Amount of Surface Pipe Set and Cemented at 1849 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.

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 an 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 CEMENTINGTICKETS 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 January 8, 2002
Subscribed and sworn o before me this 8th day of January
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
_____ Geologist Report Received
_____ UIC Distribution

Side Two

Operator Name: OXY USA Inc. Lease Name: Hall K Well #: 9

Sec. 5 Twp. 29 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 copyof all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets) ☐ Yes ☐ No

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run (Submit Copy) ☐ Yes ☐ No

List All E. Logs Run:

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum

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
Conductor					C		
Surface					C		
Production					C		

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	CIBP @ 5200' w/2sxs cmt		
3	4761-4767	600 Gals 17% HCL Acid	
3	4668-4674	1000 Gals 17% HCL Acid	
3	4470-4476	1000 Gals 17% HCL Acid	
3	4294-4297	500 Gals 17% HCL Acid (SEE SIDE THREE)	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	4803		☐ Yes ☒ No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
10/10/01	☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil BBLS	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
	0	96	20		.720

Disposition of Gas

☐ Vented ☒ Sold ☐ Used on Lease
(If vented, Submit ACO-18)

METHOD OF COMPLETION

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☒ Commingled

☐ Other (Specify) _____

Production Interval

4668-4767

4120-4294

Side Three

Operator Name: OXY USA Inc. Lease Name: Hall K Well #: 9

Sec. 5 Twp. 29S. R. 34W County: Haskell

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	4120-4130	1000 Gals 17% HCL Acid	