

**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: Pending

Operator Contact Person: Vicki Carder

Phone: (316) 629-4200

Contractor: Name: Murfin Drilling

License: 30606

Wellsite Geologist: Karl Osterbuhr

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover

☒ Oil ☐ SWD ☐ SLOW ☐ 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: \_\_\_\_\_

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. \_\_\_\_\_

03/12/01 03/21/01 04/10/01

Spud Date or  
Recompletion Date      Date Reached TD      Completion Date or  
Recompletion Date

API No. 15 - 081-21393-0000

County: Haskell

W/2 - NE - NW Sec 15 Twp. 29 S. R. 34W

895 feet from S (N) (circle one) Line of Section

1728 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) SW

Lease Name: MLP Pickens A Well #: 7

Field Name: Eubank

Producing Formation: (VWV) / Chester

Elevation: Ground: 2980 Kelly Bushing: 2989

Total Depth: 5550 Plug Back Total Depth: 5380

Amount of Surface Pipe Set and Cemented at 1854 feet

Multiple Stage Cementing Collar Used? ☒ Yes ☐ No

If yes, show depth set 3120

If Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan See 1. add 5.15.02

(Data must be collected from the Reserve Pit)

Chloride content 700 ppm Fluid volume 300 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 Projects Date May 9, 2001

Subscribed and sworn to before me this 9th day of May

01

Notary Public: Anita Peterson

Date Commission Expires: Oct. 1, 2001

**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: MLP Pickens A Well #: 7Sec. 15 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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<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	3994	-1005
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4040	-1051
List All E. Logs Run:	Neutron Induction	Marmaton	4660	-1671
Microlog Cement Bond Geological Report		Cherokee	4822	-1833
		Morrow	5174	-2185
		Chester	5294	-2305
		Ste. Genevieve	5462	-2473

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	12 1/4	8 5/8	24#	1854	C	700	2% CC, 1/4# Flocele
Production	7 7/8	5 1/2	15.5#	5550	H	300	2% CC, 6# Calseal, 1/4# Floseal, .5% Halad

## 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	0-3120	C	500	2% CC, 1/4# FLocele (Port Collar)
<input type="checkbox"/> Plug Back TD				
<input checked="" 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
2	5383-5394	1000 Gals 7.5% Acid, 112,000# 20/40 Sand	
1	5331-5345	1197 BBLS 25# X-link Gel	
2	5312-5316		
2	5242-5249	Morrow not treated	
TUBING RECORD		Liner Run	
Size 2 7/8	Set At 5435	Packer At	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 04/19/01		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 94	Gas Mcf 334	Water Bbls 63
			Gas-Oil Ratio 3553
			Gravity

Disposition of Gas

METHOD OF COMPLETION

Production Interval

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

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

☐ Other (Specify)