

**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

RELEASED

Contractor: Name: Murfin Drilling

License: 30606

MAY 09 2002

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 Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

FROM CONFIDENTIAL

CONSERVATION

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: Mow / 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

(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 or two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market – Room 2078, Wichita, Kansas 67002, 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 on 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

2001

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

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

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#	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# Foseal, .5% Halad

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	
				2% CC, 1/4# FLocele (Port Collar)	
Perforate	0-3120	C	500		
Protect Casing					
Plug Back TD					
X 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	Size <u>2 7/8</u>	Set At <u>5435</u>	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. <u>04/19/01</u>	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 <u>94</u>	Gas Mcf <u>334</u>	Water Bbls <u>63</u>	Gas-Oil Ratio <u>3553</u>	Gravity
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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) _____