

FORM MUST BE TYPED

SIDE ONE

COPY
18-31-33 W *True*

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 175-202040002
County Seward
____ - C - NW - SW Sec. 18 Twp. 31S Rge. 33 X W

Operator: License # 5447

1980 Feet from XX (circle one) Line of Section

Name: OXY USA Inc.

4620 Feet from EW (circle one) Line of Section

Address P. O. Box 26100

Footages Calculated from Nearest Outside Section Corner:
XX, EW, NW or SW (circle one)

City/State/Zip Oklahoma City, Ok 73126-0100

Lease Name Adams E Well # 3

Purchaser: Northern Natural

Field Name Hugoton

Operator Contact Person: Jerry Ledlow

Producing Formation Chase

Phone (405) 749-2309

Elevation: Ground 2902 KB 2910

Contractor: Name: _____

Total Depth 5810 PBDT 5400

License: _____

Amount of Surface Pipe Set and Cemented at _____ Feet

Wellsite Geologist: _____

Multiple Stage Cementing Collar Used? _____ Yes X No

Designate Type of Completion
____ New Well ____ Re-Entry X Workover

If yes, show depth set _____ Feet

____ Oil ____ SWD ____ SLOW ____ Temp. Abd.
X Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

If Workover:

Drilling Fluid Management Plan REWORK 09/10-12-95
(Data must be collected from the Reserve Pit)

Operator: OXY USA Inc

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: Adams E #3

Dewatering method used Evaporation

Comp. Date 10/16/91 Old Total Depth 5810

Location of fluid disposal if hauled offsite: _____

____ Deepening X Re-perf. ____ Conv. to Inj/SWD
X Plug Back 5400 PBDT
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Inj?) Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

WO 11/2/94 WO 1/19/95
~~Start~~ Date of **START** Date Reached TD Completion Date of **WORKOVER**
OF WORKOVER **WORKOVER**

____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

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 67202, 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 Jerry Ledlow
Title Staff Analyst Date 2/24/95

Subscribed and sworn to before me this 24th day of February 19 95.

Notary Public Danny L Padilla

Notary Commission Expires 8-21-96

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received

Distribution
 KCC
 KGS
 SWD/Rep
 Plug
 Other (Specify) _____

MAR 24 1995
STATE CORPORATION COMMISSION

Form ACO-1 (7-91)

SIDE TWO

Operator Name OXY USA Inc. Lease Name Adams_E Well # 3

Sec. 18 Twp. 31S Rge. 33 East West
 County Seward

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run:	<input type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datums Name Top Datum
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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
Surface	12 1/4"	8 5/8"	24	1697	C		
Production	7 3/4"	5 1/2"	14,15.5	5806	C		

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	5400		2sks	CIBP @ 5400
<input checked="" 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	
		2	2704-08, 2654-58, 2612-16, 2578-82
		Frac w/ 55,900 gal gel wtr.,	
		231,660# 10/20 Brady Sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 12/3/94			Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas 375	Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 2578-2708

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____