

and

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

Operator: License # 5447

Name: OXY USA, Inc.

Address P.O. Box 2528

City/State/Zip Liberal, KS 67905

Purchaser: Pending

Operator Contact Person: JERRY ALLEN HUNT

Phone (316) 629-4200

Contractor: Name: DUKE DRILLING INC

License: 5926

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

02-27-00 03-06-00 05-26-00
Spud Date Date Reached TD Completion Date

API NO. 175217890000

County SEWARD

SW - SE - NE - Sec. 20 Twp. 31S Rge. 33W

2149 Feet from the North Line of the Section

841 Feet from the East Line of the Section

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

Lease Name WARNER A Well # 1

Field Name _____

Producing Formation CHESTER

Elevation: Ground 2888 KB 2901

Total Depth 5850. PBTD 5660

Amount of Surface Pipe Set and Cemented at 1723 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

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 2500 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 Rng. 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 _____

Title Capital Project Date 05-30-00

Subscribed and sworn to before me this 30th day of May, 2000.

Notary Public Anita Peterson

Date Commission Expires Oct. 1, 2001

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

RECEIVED
STATE CORPORATION COMMISSION

Form ACO-1 (7-91)

NOTARY PUBLIC, State of Kansas
ANITA PETERSON
My Appt. Exp. Oct. 1, 2001

MAY 31 2000

CONSERVATION DIVISION

Operator Name OXY USA, Inc.

Lease Name WARNER A Well # 1

County SEWARD

Sec. 20 Twp. 31S Rge. 33W

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.

<p>Drill Stem Tests Take <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.)</p> <p>Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)</p> <p>List All E.Logs Run: GEOLOGICAL REPORT GAMMA RAY NEUTRON LOG INDUCTION LOG</p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr><td>WINFIELD</td><td>2674</td><td>+226</td></tr> <tr><td>COUNCIL GROVE</td><td>2910</td><td>-10</td></tr> <tr><td>HEEBNER</td><td>4066</td><td>-1166</td></tr> <tr><td>TORONTO</td><td>4120</td><td>-1220</td></tr> <tr><td>LANSING</td><td>4212</td><td>-1312</td></tr> <tr><td>MARMATON</td><td>4842</td><td>-2426</td></tr> <tr><td>MORROW</td><td>5326</td><td>-2426</td></tr> <tr><td>CHESTER</td><td>5476</td><td>-2576</td></tr> <tr><td>ST. GEN</td><td>5624</td><td>-2724</td></tr> <tr><td>ST. LOUIS</td><td>5850</td><td>-2798</td></tr> </tbody> </table>	Name	Top	Datum	WINFIELD	2674	+226	COUNCIL GROVE	2910	-10	HEEBNER	4066	-1166	TORONTO	4120	-1220	LANSING	4212	-1312	MARMATON	4842	-2426	MORROW	5326	-2426	CHESTER	5476	-2576	ST. GEN	5624	-2724	ST. LOUIS	5850	-2798
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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
Surface	12 1/4	8 5/8	24	1723	C	420	3% CC 1/2# FLOCELE
Intermediate					C		
Production	7 7/8	5 /12	15.50	5860	C	210	5# GILSONITE 4# CALSEAL 5% HALAD 322 10% SALT

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top - Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" 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
1	5496 - 5408 5538 - 5544		
1	5554 - 5560		
	CIBP @ 5760 (#2)		
	CIBP @ 5700 (#1)		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	5559		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	25.05	189			

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)