

FORM MUST BE TYPED
*AMENDED REPORT

SIDE ONE

COPY

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

Operator: License # 5447
Name: OXY USA Inc.
Address P. O. Box 26100

CONFIDENTIAL

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

Purchaser: Northern Natural

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Cheyenne

License: 5382

CONFIDENTIAL

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:

RELEASED

Operator: _____

Well Name: _____

Comp. Date FROM CONFIDENTIAL

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

3/15/95 3/18/95 *5/9/95
Spud Date Date Reached TD Completion Date

API NO. 15- 175-21445
County Seward
SE NW NW Sec. 11 Twp. 31S Rge. 34 X W
4030 Feet from S/X (circle one) Line of Section
4030 Feet from E/W (circle one) Line of Section

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

Lease Name Swink A Well # 2

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 2938 KB 2949

Total Depth 2935 PBTB 2887

Amount of Surface Pipe Set and Cemented at 607 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from surface _____

feet depth to 607 w/ 265 sx cmt.

Drilling Fluid Management Plan ALT 1 5-15-2013
(Data must be collected from the Reserve Pit)

Chloride content 12,300 ppm Fluid volume 2350 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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 _____
Title Staff Analyst Date 3/21/96

Subscribed and sworn to before me this 21st day of March, 19 96

Notary Public Karen Anne Wells
Date Commission Expires 9-22-97

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

Form ACD-1 (7-91)

Operator Name OXY USA Inc. Lease Name Swink A Well # 2

Sec. 11 Twp. 31S Rge. 34 East West
 County Seward

INSTRUCTIONS: Show important tops and base of formations penetrated. Report all drill stem tests during interval tested, time tool open and closed, flowing and shut-in pressures, 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	<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	Hollenberg	2593	354
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Herrington	2618	329
List All E.Logs Run: Dual Spaced Neutron		Krider	2644	303
		Winfield	2696	251
		Towanda	2739	208
		Ft Riley	2794	153

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	607	Midcon-3	265	2%cc
Production	7 3/4"	5 1/2"	14	2920	Midcon-2	435	

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				
<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
2	2598-2600, 2624-28, 2648-52, 2700-04, 2748-52.	Acidize w/ 2000 gal 7.5% HCL	
		Frac w/ 51,233 gal gel wtr.,	
		217,000 # 10/20 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. *5/9/95		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.	Gas 501 Mcf	Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 2598-2752

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____