

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

COPY *one*

API NO. 15- 175-21457-0000
County Seward
E/2-SE Sec. 25 Twp. 31S Rge. 34 X W
1250 Feet from S/X (circle one) Line of Section
660 Feet from E/W (circle one) Line of Section

Operator: License # 5447
Name: OXY USA Inc.
Address P. O. Box 26100
City/State/Zip Oklahoma City, Ok 73126-0100

Footages Calculated from Nearest Outside Section Corner:
XX, SE, NW or SW (circle one)
Lease Name Beaty B Well # 2
Field Name Unnamed

Purchaser: _____
Operator Contact Person: Jerry Ledlow **KCC**
Phone (405) 749-2309

Producing Formation Dry
Elevation: Ground 2860 KB 2871
Total Depth 5850 PBDT _____

Contractor: Name: Cheyenne **JUN 15 1998**
License: 5382 **CONFIDENTIAL**

Amount of Surface Pipe Set and Cemented at 1775 Feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set _____ Feet

Wellsite Geologist: _____

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd. *
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan ALT 1 S-4-2001 SC
(Data must be collected from the Reserve Pit)

If Workover: *** CONVERTED TO A HUGOTON INFILL WELL**

Chloride content 2200 ppm Fluid volume 2400 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Operator Name **RELEASED**

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

Lease Name _____ License No. _____
JUN 25 1998
Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

3/23/95 4/2/95 4/2/95
Spud Date Date Reached TD Completion Date

County **FROM CONFIDENTIAL**

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 [Signature]
Title Staff Analyst Date 6/14/95
Subscribed and sworn to before me this 14th day of June, 1995.
Notary Public Cari Allen
Date Commission Expires 7-14-95

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

JUN 1 1995

SIDE TWO

Operator Name OXY USA Inc. Lease Name Beaty B Well # 2

Sec. 25 Twp. 31S Rge. 34 East West County Seward

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests during 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: Dual Induction Laterlog Spectral Density Dual Spaced Neutron II Log Microlog	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table border="0" style="width:100%"> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Winfield</td> <td>2654</td> <td>+ 217</td> </tr> <tr> <td>Council Grove</td> <td>2882</td> <td>- 11</td> </tr> <tr> <td>Heebner</td> <td>4074</td> <td>- 1203</td> </tr> <tr> <td>Toronto</td> <td>4094</td> <td>- 1223</td> </tr> <tr> <td>Lansing</td> <td>4180</td> <td>- 1309</td> </tr> <tr> <td>Marmarton</td> <td>4823</td> <td>- 1952</td> </tr> <tr> <td>Cherokee</td> <td>5008</td> <td>- 2137</td> </tr> <tr> <td>Morrow</td> <td>5337</td> <td>- 2466</td> </tr> <tr> <td>Chester</td> <td>5468</td> <td>- 2597</td> </tr> <tr> <td>St Johns</td> <td>5604</td> <td>- 2733</td> </tr> <tr> <td>St Louis</td> <td>5729</td> <td>- 2858</td> </tr> </table>	Name	Top	Datum	Winfield	2654	+ 217	Council Grove	2882	- 11	Heebner	4074	- 1203	Toronto	4094	- 1223	Lansing	4180	- 1309	Marmarton	4823	- 1952	Cherokee	5008	- 2137	Morrow	5337	- 2466	Chester	5468	- 2597	St Johns	5604	- 2733	St Louis	5729	- 2858
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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	1775	Midcon	510	2%cc
Production	7 3/4"	5 1/2"	14	2904	Midcon	330	2%cc

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2956-3173	H	100	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.			Producing Method <input 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 Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) Dry

Production Interval _____