

FORM MUST BE TYPED

AMENDED REPORT *
SIDE ONE18-31-34W
CONFIDENTIALSTATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASEOperator: License # 5447Name: OXY USA Inc.Address P. O. Box 26100City/State/Zip Oklahoma City, Ok 73126-0100Purchaser: * Northern NaturalOperator Contact Person: Jerry LedlowPhone (405) 749-2309Contractor: Name: BeredcoLicense: 5147

Wellsite Geologist: _____

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover☒ Oil ☐ SWD ☐ SOW ☐ 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. _____2/5/94 2/17/94 * 6/3/94

Spud Date Date Reached TD Completion Date

API NO. 175-21374County SewardC - NE - NE - NE Sec. 18 Twp. 31s Rge. 34 X330 Feet from (S)X (circle one) Line of Section330 Feet from (E)X (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

XX, (SE) XX or XX (circle one)Lease Name MLP Baughman B Well # 1Field Name CutterProducing Formation Chester C-2Elevation: Ground 2883 KB 2894Total Depth 5650 PBTD 5765Amount of Surface Pipe Set and Cemented at 1674 FeetMultiple Stage Cementing Collar Used? ☒ Yes ☐ NoIf yes, show depth set DV Tool @ 3182 Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ SX cm.

Drilling Fluid Management Plan ALT 1 JH 12-5-94

(Data must be collected from the Reserve Pit)

Chloride content 10,800 ppm Fluid volume 6,000 bblsDewatering method used EvaporationLocation RELEASED if hauled offsite:Operator Name JOHN 2 8 1995Lease Name KCC License No. _____FROM CONFIDENTIAL QUARTER SEC. WD. MAY 24 3 RING E/WCounty _____ Docket No. CONFIDENTIAL

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 _____Subscribed and sworn to before me this 11th day of July19 94Notary Public Sammy L PadillaDate Commission Expires 8-21-96

K.C.C. OFFICE USE ONLY
☒ Letter of Confidentiality Attached
☒ Wireline Log Received
☐ Geologist Report Received

Distribution
☒ KCC ☐ SWD/Rep ☐ NGPA
☒ KGS ☐ Plug ☐ Other (Specify) 1093

SIDE TWO

Operator Name OXY USA Inc. Lease Name MLP Baughman B Well # 1Sec. 18 Twp. 31S Rge. 34
☐ East
☒ WestCounty 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Attached Sheet	<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	Winfield	2582	+ 311
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Council Grove	2804	+ 89
List All Logs Run:		Heebner	3980	- 1087
Compensated Neutron Lith-Density		Toronto	4000	- 1107
Phasor Induction-SFL		Lansing	4058	- 1165
Microlog		Marmaton	4734	- 1841
Borehole Compensated Sonic Log		Cherokee	4906	- 2013
		Morrow	5242	- 2349
		Chester	5308	- 2505
		C-2 sand	5542	- 2649
		St. Louis	5630	- 2737

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	1674	See 1* Below		
Production	7 7/8"	5 1/2"	14	5855	See 2* Below		

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	1* 500sx 65/35 Class C w/ 6% gel, 2% CC, 1/4# PPS D-2, followed by 125sx Class C w/ 2% CC, 1/4PPS D-2 2* 1st Stage Cmt'd 120sx 65/35 Class H w/ 6% gel, 1/P PPS Flocel, followed by 500 sx Class H 50/50 w/ 2% gel, 12% salt, .5% Halad, Opened DV tool & circ through tool 4 hrs. 2nd stage 500sx Class C 65/35 w/ 6% gel, 1/4 PPS Flocel.			

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
4	5542-5562	Acidized w/ 2000 gal 7.5% FE acid	5542-62
		Frac w/ 30,000 gal CO2 foam &	
		44,100# 20/40 sand	
TUBING RECORD		Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Size	Set At	Packer At	
2 3/8	5488	5498	
Date of First, Resumed Production, SMD or Inj.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
6/3/94			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity
		735	

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 5542-5562

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