

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form AGO-1
September 1996
Form Must Be Typed

Operator: License # 5447
 Name: OXY USA, Inc
 Address: P.O. Box 2528
 City/State/Zip: Liberal, KS 67905
 Purchaser: Pending
 Operator Contact Person: Jerry Hunt
 Phone: (316) 629-4200
 Contractor: Name: DUKE DRILLING INC
 License: 5929
 Wellsite Geologist: TIM HEDRICK
 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/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. To Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr ?) _____ Docket No. _____
09-21-00 10-03-00 11-14-00
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date _____

API No. 15 - 189-223470000
 County: STEVENS
N/2 - SW - SE Sec. 31 Twp. 31 S. R. 38W
1090 feet from (S) N (circle one) Line of Section
2097 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: MLP CAVNER F Well #: 1
 Field Name: CIMMARRON BEND
 Producing Formation: ST LOUIS
 Elevation: Ground: 3131 Kelly Bushing: 3143
 Total Depth: 6220 Plug Back Total Depth: 6132
 Amount of Surface Pipe Set and Cemented at 1859 feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 3045
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Date must be collected from the Reserve File)

Chloride content 800 ppm Fluid volume 1700 bbls
 Dewatering method used EVAPORATION
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: RELEASED License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. East West
 County: MAR 18 2002

INSTRUCTIONS. An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 6702, 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 of 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: Capital Project Date: 11/29/01
 Subscribed and sworn to before me this 29th day of November
 20 00
 Notary Public: [Signature]
 Date Commission Expires Oct. 1, 2001

KCC Office Use Only

YES Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution IOG

Side Two

Operator Name: QXY USA, Inc. Lease Name: MLP CAVNER F Well #: 1
 Sec. 31 Twp. 31 S. R. 38W East West County: STEVENS

Instructions: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<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	TOPEKA	3366 -223
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HEEBNER	3896 -753
List All E. Logs Run:	GEO. REPORT MICROLOG	LANSING	4006 -863
	INDUCTION LOG SONIC LOG NEUTRON LOG	MARMATON	4680 -1537
		CHEROKEE	4894 -1751
		MORROW	5412 -2289
		PLEASE SEE THIRD PAGE	

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
Conductor	17 1/2	13 3/8	48	1085	C	780	2% CC 1/4# FLOCELE
Surface	12 1/4	8 5/8	24	1859	C	515	2% CC 1/4# FLOCELE
Production	7 7/8	5 1/2	15.50	6195	C	170	5# GILSONITE 5# CAL SEAL 5% HALAD 322 10% SALT

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	2300-3045	C	70	3% CC 1/2# FLOCELE (PORT COLLAR)
<input type="checkbox"/> Plug Back TD				
<input checked="" 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
4	6080 - 6084	ACID FRAC ST. LOUIS W/3000 GAL 17% HCL AND 2000 GAL GELLED WATER @ 7 BPM	

TUBING RECORD	Size 2 7/8	Set At 6113	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First. Resumed Production, SWD or Enhr.		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 7	Gas Mcf TSTM	Water Bbls 109	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) _____

Production Interval _____

03-28-2002 10:58am From-OXY USA LIBERAL KS

3166247014

T-613 P.005/005 F-354

MLP'CAVNER.F #1 THRID PAGE

LOG

FORMATION (TOP) DEPTH AND DATUM

CHESTER

5851

-2708

STE. GENEVIEVE

5972

-2829

ST. LOUIS

6056

-2913