

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

Form ACO-1

September 1999

Form Must Be Typed

*correction to original ACO-1

Operator: License # 5447
 Name: OXY USA Inc.
 Address: P.O. Box 2528
 City/State/Zip: Liberal, KS 67905
 Purchaser: NRCA
 Operator Contact Person: Vicki Carder
 Phone: (620) 629-4200
 Contractor: Name: Best Well Service
 License: _____
 Wellsite Geologist: NA

Designate Type of Completion:
 _____ New Well _____ Re-Entry X Workover
X Oil _____ SWD _____ SIOW
 _____ Gas _____ ENHR _____ SIGW
 _____ Dry _____ Other (Core, WSW, Expl, Cathodic etc)

If Workover/Re-entry: Old Well Info as follows:
 Operator: OXY USA, Inc.
 Well Name: MLP Cavern B-1

Original Comp. Date: 09/03/99 Original Total Depth: *6269
 _____ 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. _____
06/07/02 _____ 06/17/02
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date _____

API No. 15 - 189-22310-0001
 County: Stevens
NE - SE - SW - SW Sec. 32 Twp. 31 S. R. 38W
 _____ 503 feet from (S) N (circle one) Line of Section
 _____ 1092 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 Cavern B Well #: 1
 Field Name: Unnamed
 Producing Formation: St. Louis
 Elevation: Ground: 3185 Kelly Bushing: 3196
 Total Depth: 6269 Plug Back Total Depth: 6162
 Amount of Surface Pipe Set and Cemented at *1709 feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 3130
 If Alternate II completion, cement circulated from _____
~~set~~ depth to (W) _____ sx cmt.

Workover B-1 B-7-02

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 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 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: Vicki Carder
 Title: Capital Projects Date July 2, 2002
 Subscribed and sworn o before me this 2nd day of July
20 02
 Notary Public: Anita Peterson
 Date Commission Expires: Oct. 1, 2005

KCC Office Use Only

Yes Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 _____ Wireline Log Received
No Geologist Report Received
 _____ UIC Distribution

Operator Name: OXYUSA Inc. Lease Name: MLP Cayner B Well #: 1

Sec 32 Twp. 31 S. R. 38W East West County: REVENUE

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 type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
Conductor					C		
Surface	12 1/4	8 5/8	24	*1709	C	465	
Production	7 7/8	5 1/2	15.5	6268	C	210	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	2500-3130		200	*(08/01/99) 2% CC, 1/4# Floseal (Port Collar)
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD	5814-5823	H	100	Neat
<input checked="" type="checkbox"/> Plug off Zone	5844-5867			

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
(08/12/99) 4SPF	6138-6140	250 Gals 17% FE Acid, 250 Gals 17% HCL	
	CIBP @ 5950		
4	5844-5867	2000 Gals 7 1/2% FE	
4	5814-5823	1000 Gals 7.5% FE. Frac-85 Tons CO2, 59,100# 20/40 Sand	
(06/04/02)	Knocked out CIBP		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8	6140		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
06/19/02	<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 Mcf	Water Bbls	Gas-Oil Ratio	Gravity
	3		10		

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) Sqz Morrow Zone Off _____