

**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

Operator: License # 5447
 Name: OXY USA, Inc.
 Address: P.O. Box 2528
 City/State/Zip: Liberal, KS 67905
 Purchaser: Anadarko
 Operator Contact Person: Vicki Carder
 Phone: (316) 629-4200
 Contractor: Name: Best Well Service
 License: 32564 ea NA
 Wellsite Geologist: _____

CONFIDENTIAL

API No. 15 - 129-21115-0001
 Company: Morton
SE - NE - NW Sec 8 Twp. 32 S. R. 39W

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: OXY USA, Inc.
 Well Name: Drew C-1

KCC
SEP 14 2001

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RELEASED
OCT 07 2002

716 feet from S (circle one) Line of Section
2035 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Drew C Well #: 1
 Field Name: E. Kinsler

Producing Formation: Keyes/Morrow S
 Elevation: Ground: 3270 Kelly Bushing: 3280
 Total Depth: 6008 Plug Back Total Depth: 5961
 Amount of Surface Pipe Set and Cemented at 1733 feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 3124
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Original Comp. Date: 04/16/92 Original Total Depth: 6008
 _____ 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. _____
06/12/01 06/12/01 07/11/01
 Spud Date or Date Reached TD Completion Date or Recompletion Date

FROM CONFIDENTIAL

WD 84 5.15.02

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content NA ppm Fluid volume NA bbls
 Dewatering method used NA
 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 September 14, 2001
 Subscribed and sworn to before me this 17th day of September
20 01
 Notary Public: Karl R. P... ..
 Date Commission Expires: September 15, 2002

KCC Office Use Only

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

Operator Name: OXY USA, Inc. Lease Name: Drew C Well #: 1

Sec. 8 Twp. 32 S. R. 39W East West County: Morton

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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run: <u>TracerScan</u></p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p>
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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
Conductor					C		
Surface					C		
Production					C		

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
3	5770-5780	2000 Gals 7 1/2% HCL Acid	
		Frac-22000 Gals 20# Delta 140, 36500# 20/40 Ottawa Sand	
3	5725-5729, 5702-5706, 5692-5696	1200 Gals 7 1/2% HCL Acid	
		Frac-34500 Gals 20# Delta 140, 65000# 20/40 Ottawa Sand.	

TUBING RECORD	Size 2 3/8	Set At 5573	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 07/12/01	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLS 0	Gas Mcf 132	Water Bbls 45	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease METHOD OF COMPLETION Production Interval

(If vented, Submit ACO-18) Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____