

and
RECEIVED

FEB 17 2004

KCC WICHITA

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

ORIGINAL

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: _____
Operator Contact Person: Vicki Carder
Phone: (620) 629-4200
Contractor: Name: Best Well Service
License: NA
Wellsite Geologist: _____
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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: Israel B-2

Original Comp. Date: 10/13/88 Original Total Depth: 6050
 Deepening Re-perf. Conv. To Enhr./SWD
 Plug Back 5875 Plug Back Total Depth
 Comminged Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
09/30/03 10/30/03
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 129-20930-0001
County: Morton
- NW - NW - SW Sec 4 Twp. 32 S. R. 39W
2310 feet from (S) N (circle one) Line of Section
330 feet from E / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Israel A Well #: 11
Field Name: East Kinsler
Producing Formation: Morrow
Elevation: Ground: 3253 Kelly Bushing: 3264
Total Depth: 6050 Plug Back Total Depth: 5875
Amount of Surface Pipe Set and Cemented at 1732 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

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 or 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 Project Date February 13, 2004

Subscribed and sworn to before me this 13th day of Feb.

2004

Notary Public: Anita Peterson

Date Commission Expires: Oct. 1, 2005

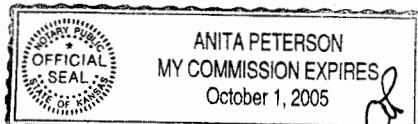
KCC Office Use Only

Deny Letter of Confidentiality Attached
If Denied, Yes Date: 02-25-04 DPW ay

____ Wireline Log Received

____ Geologist Report Received

____ UIC Distribution



Side Two

Operator Name: OXY USA Inc. Lease Name: Israel A Well #: 11
 Sec. 4 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.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No		Datum
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

CASING RECORD <input 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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input checked="" type="checkbox"/> Plug off Zone	Depth	Type of Cement	#Sacks Used	Type and Percent Additives
	Top			
	5498-5518	H	50	Cement Squeeze - See attached cmt tkt for additives
	-			

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	5880-5891			1400 gls 7 1/2% HCL	
3	5825-5832, 5839-5857			3000 gls 7 1/2% HCL	
	CIBP @ 5875			15240 gls 65Q WF130 N2, 32375# 20/40 Sand	
TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8	5857		
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)			
10/30/03					
Estimated Production Per 24 Hours	Oil BBLS		Gas Mcf	Water Bbls	Gas-Oil Ratio
	2		62	50	31000
Disposition of Gas		METHOD OF COMPLETION			Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18)		<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____ <input type="checkbox"/> Other (Specify) _____			

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