

**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: El Paso Natural Gas **KCC**  
 Operator Contact Person: Vicki Carder  
 Phone: (316) 629-4200 **SEP 0 2001**  
 Contractor: Name: Key Energy SERVICES **CONFIDENTIAL**  
 License: 32393  
 Wellsite Geologist: NA

API No. 15 - 129-10025-0001  
 County: Morton  
NE - SW - SE Sec 19 Twp. 32 S. R. 42W  
1250 feet from (S) N (circle one) Line of Section  
1390 feet from (E) W (circle one) Line of Section

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. **SEP 0 7 2001**  
 Well Name: Matzen A-1 **KCC WICHITA**

Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE (SE) NW SW  
 Lease Name: Matzen A Well #: 1  
 Field Name: Greenwood  
 Producing Formation: Topeka  
 Elevation: Ground: 3557 Kelly Bushing: 3565  
 Total Depth: 3280 Plug Back Total Depth: 3247  
 Amount of Surface Pipe Set and Cemented at 598 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.

Original Comp. Date: 12/23/60 Original Total Depth: 3280  
 Deepening     Re-perf.     Conv. To Enhr./SWD  
 Plug Back     Plug Back Total Depth  
 Commingled    **XXX OTHER CEMENT SQUEEZE**  
 Dual Completion    Docket No. \_\_\_\_\_  
 Other (SWD or Enhr. ?)    Docket No. \_\_\_\_\_  
06/04/01    06/04/01    07/26/01  
**OF WORKOVER**    Date of **START**    Date Reached TD    Completion Date of **WORKOVER**

Drilling Fluid Management Plan **REWORK JH 9/8/02**  
 (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 6, 2001  
 Subscribed and sworn to before me this 6<sup>th</sup> day of Sept.  
 20 01  
 Notary Public: Anita Peterson  
 Date Commission Expires: Oct. 1, 2001

**KCC Office Use Only**

Letter of Confidentiality Attached  
 If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

**RELEASED**

**OCT 01 2002**

Operator Name: OXY USA, Inc. Lease Name: Matzen A Well #: 1

Sec. 19 Twp. 32 S. R. 42W  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 <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			
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:	Gamma/CCL			

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	12 1/4	8 5/8	24	598	C	325	
Production	7 7/8	4 1/2	9.5	3279	C	225	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	2026-2035	C	150	CMT SQZ (Still Leaked)
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug off Zone	1795 - 2026	H	100	CMT SQZ - 50 sxs Thixo H & 50 sxs Class H

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
3	2942-2950	Acidized 2912-2950 w/1450 Gals 17% HCL Acid	
		Acidized 2721-2778 w/1600 Gals 17% HCL Acid	

TUBING RECORD	Size 2 3/8	Set At 3224	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. 08/04/01	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	Gas Mcf 280	Water Bbls 15	Gas-Oil Ratio	Gravity
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Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_

*(If vented, Submit ACO-18)*  Other (Specify) \_\_\_\_\_

METHOD OF COMPLETION

Production Interval