

**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: Pending
 Operator Contact Person: Vicki Carder
 Phone: (316) 629-4200

Contractor: Name: Key Energy SERVICES
 License: 32393
 Wellsite Geologist: NA

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: APR 26 2001
 Operator: OXY USA, Inc.
 Well Name: Witcher B-1

Original Comp. Date: 11/11/54 Original Total Depth: 3325
 Deepening Re-perf. Conv. To E...
 Plug Back Plug Back Total Dep...
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
01/05/01 01/05/01 01/18/01
 Spud Date of **START** Date Reached TD Completion Date
OF WORKOVER **WORKOVER**

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API No. 15 - ^{10,009}129-97730-0001
 County: Morton
 - NW - NW - SE Sec. 28 Twp. 32 S. R. 43W
 2310 feet from (S) N (circle one) Line of Section
 2310 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Witcher B Well #: 1
 Field Name: Greenwood
 Producing Formation: Topeka
 Elevation: Ground: 3591 Kelly Bushing: _____
 Total Depth: 3325 Plug Back Total Depth: 3295
 Amount of Surface Pipe Set and Cemented at 608 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 ACT 1 DAW 7-10-02
 (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: NA
 Lease Name: NA License No.: NA
 Quarter Sec. Twp. S. R. East West
 County Docket No.: _____

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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 April 27, 2001
 Subscribed and sworn to before me this 27 day of April
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

Operator Name: COXY USA, Inc. Lease Name: Witcher B Well #: 1

Sec. 28 Twp. 32 S. R. 43W 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run: Gamma Collar Log

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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		608	C	500	4% Gel, 1/4# Flocele
Production	7 7/8	5 1/2	14	3319	C	200 150	4% Gel, 1/4# Flocele Com.

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing	-			
Plug Back TD				
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
2	2676-2682, 2688-2694, 2748-2754	1800 Gals 17% HCL-FE Acid	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	3289		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
2/10/01		<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
	NA	75	1	NA	NA

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____