

**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  
 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:

Operator: OXY USA, Inc.  
 Well Name: Allen B-1

API No. 15 - 129-10017-000  
 County: Morton  
       -        - SW - NW Sec 34 Twp. 32 S. R. 43W  
1980 feet from S  (circle one) Line of Section  
1320 feet from E  (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE  NW SW

Lease Name: Allen B Well #: 1  
 Field Name: Greenwood

Producing Formation: Topeka  
 Elevation: Ground: 3588 Kelly Bushing: 3593  
 Total Depth: 3275 Plug Back Total Depth: 3241  
 Amount of Surface Pipe Set and Cemented at 600 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: 11/25/55 Original Total Depth: 3275  
 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. \_\_\_\_\_  
03/28/01    03/28/01    04/09/01  
 Date of **START**    Date Reached TD    Completion Date of  
**OF WORKOVER**    **WORKOVER**

Drilling Fluid Management Plan *REWORK JH 10/31/01*  
(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 7-16-01  
 Subscribed and sworn to before me this 16<sup>th</sup> day of July  
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

**RECEIVED**  
 KANSAS CORPORATION COMMISSION  
**JUL 18 2001**

Operator Name: AT&T/OXY USA, Inc. Lease Name: Allen B Well #: 1

Sec. 34 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/CCL Log

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

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	22.7	600	C	450	2% Gel, 1/4# Flocele
Production	7 7/8	5 1/2	14	3268	C	200 100	Poz w/1/4# Flocele Com w/1/4# Flocele

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
2	2884-2889, 2850-2854, 2840-2844	1300 Gals 17% HCL Acid	
2	2682-2686, 2752-2755	1000 Gals 17% HCL Acid	

TUBING RECORD	Size 2 3/8	Set At 3095	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. 04/07/01	Producing Method <input checked="" type="checkbox"/> Flowing <input 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 46	Water Bbls 0	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)*

METHOD OF COMPLETION  Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_