

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**

Form ACO-1  
September 1999

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form Must Be Typed

**\*CORRECTED 11/25/02**

Operator: License # 5447  
Name: OXY USA, Inc.  
Address: P.O. Box 2528  
City/State/Zip: Liberal, KS 67905  
Purchaser: CIG  
Operator Contact Person: Vicki Carder  
Phone: (316) 629-4242

Contractor: Name: \*Key Energy  
License: NA  
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: HENTSCHEL A-1

Original Comp. Date: 10/24/53 Original Total Depth: 3315  
☐ 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. ☐  
11/14/00 11/14/00 12/09/00  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 129-10275-0001  
County: MORTON  
- NW - NW - SE Sec. 22 Twp. 33 S. R. 42W  
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: HENTSCHEL A Well #: 1

Field Name: GREENWOOD

Producing Formation: TOPEKA

Elevation: Ground: 3501 Kelly Bushing: 3511

Total Depth: 3315 Plug Back Total Depth: 3277

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 cmft.

**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: NA

Lease Name: NA License No.: NA

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

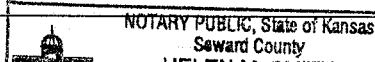
Title: CAPITAL PROJECTS Date November 23, 2002

Subscribed and sworn to before me this 23rd day of November

20 02

Notary Public: John R. L.

Date Commission Expires: \_\_\_\_\_



**KCC Office Use Only**

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

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

## Side Two

Operator Name: OXY USA, Inc. Lease Name: HENTSCHELA Well #: 1Sec. 22 Twp. 33 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 ☐ Yes ☒ No

(Attach Additional Sheets)

Samples Sent to Geological Survey ☒ Yes ☐ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No

(Submit Copy)

List All E. Logs Run:

\*Gamma Correlation

☒ 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		600'	C	300	4% GEL, 1/4# FLOCELE
Production	7 7/8	5 1/2	14	3313'	C	450	4% GEL., 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
	2924-40, 2948-56, 2962-70, 2982-92, 3010-14,		
	3054-82, 3086-92, 3128-32, 3136-42, 3146-54,		
	* 3182-96, 3205-28, 3232-38, 3244-52 CIBP @ 2919		
2	2687-93, 2698-2702, 2705-08, 2724-32, 2755-62	2500 GALS 17% HCL, 2500 GALS 17% HCL	
	2800-07, 2896-2902		
TUBING RECORD		Liner Run	
Size	Set At	Packer At	
2 3/8	2890		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. *12/12/2000		Producing Method	
		<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
		595	72
			Gas-Oil Ratio
			NA
			Gravity
			NA

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled

(If vented, Submit ACO-18)

☐ Other (Specify) \_\_\_\_\_