

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND ~~LEASE~~

Operator: License # 5447

Name: OXY USA, Inc.

Address P.O. Box 2528

City/State/Zip Liberal, KS 67905

Purchaser: CIG

Operator Contact Person: Kenny L. Andrews

Phone (316) 629-4232

Contractor: Name: N/A

License: N/A

Wellsite Geologist: N/A

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:

Operator: OXY USA, Inc.

Well Name: HART A # 1

Comp. Date 3/17/53 Old Total Depth 3425

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBTB

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

8/1/00 8/14/00 8/14/00

START Date of WORKOVER Date Reached TD Completion Date of

START WORKOVER WORKOVER
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, 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 on 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.

API NO. 15-129-00112 - 0001

County MORTON

C - SW - SW - NE Sec. 22 Twp. 33S Rge. 43W

2310 Feet from the North Line of the Section

2310 Feet from the East Line of the Section

Footages Calculated from Nearest Outside Section Corner:

NE SE, NW or SW (circle one)

Lease Name HART A Well # 1

Field Name GREENWOOD

Producing Formation TOPEKA

Elevation: Ground ? KB ?

Total Depth 3425 PBTB 3393

Amount of Surface Pipe Set and Cemented at 332 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK GH 12-29-00
(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume N/A bbls

Dewatering method used N/A

Location of fluid disposal if hauled offsite:
N/A

Operator Name N/A

Lease Name N/A License No. N/A

Quarter Sec. FROM CONFIDENTIAL

County _____ Docket No. _____

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 Kenny Andrews

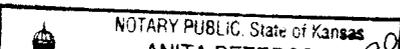
Title ENGINEERING TECHNICIAN Date 10/18/00

Subscribed and sworn to before me this 18th day of October

7/2000
Notary Public Anita Peterson

Date Commission Expires Oct. 1, 2001

| K.C.C. OFFICE USE ONLY | | |
|--------------------------|-------------------------------------|---|
| F | <input checked="" type="checkbox"/> | Letter of Confidentiality Attached |
| C | <input type="checkbox"/> | Wireline Log Received |
| C | <input type="checkbox"/> | Geologist Report Received |
| Distribution | | |
| <input type="checkbox"/> | KCC | <input type="checkbox"/> SWD/Rep <input type="checkbox"/> YGSA |
| <input type="checkbox"/> | KGS | <input type="checkbox"/> Plug <input checked="" type="checkbox"/> Other |
| (Specify) <u>ICG</u> | | |



Operator Name OXY USA, Inc.

Lease Name HART A Well # 1

Sec. 22 Twp. 33S Rge. 43W

County MORTON

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Take 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:

Log Formation (Top), Depth and Datums 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 |
|-------------------|-------------------|---------------------------|-----------------|---------------|----------------|--------------|----------------------------|
| Surface | 12-1/4 | 8-5/8" | 17.8 | 332 | C | 200 | |
| Intermediate | | | | | C | | |
| Production | 7-7/8" | 5-1/2" | 17 | 3416 | C | 600 | |

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 |
|----------------|--|--|-------|
| 5 | CEMENT RET @ 3146 | | |
| 5 | 3030-50, 3016-20, 2990-96, 2970-32, 2950-60, 2930-42, 2906-18 CIBP @ 2900 | | |
| 2 | 2833-39, 2700-06 | 2000 Gals 17% HCL | |

TUBING RECORD Size 2-3/8" Set At 2880 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 8/12/00 Producing Method Flowing Pumping Gas Lift Other (Explain)

| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | N/A | 120 | 9 | N/A | N/A |

Disposition of Gas:

METHOD OF COMPLETION

Production Interval 2700-2839

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

(If vented, submit ACO-18.)

Other (Specify) _____