

**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: CIG
 Operator Contact Person: Vicki Carder
 Phone: (316) 629-4200 **RELEASED**
 Contractor: Name: Key Energy SERVICES
 License: 32393 JUL 25 2002

API No. 15 - 129-10290-0001
 County: Morton
- SW - SW - NE Sec 5 Twp. 33 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: Light B Well #: 1
 Field Name: Greenwood

Designate Type of Completion: **FROM CONFIDENTIAL**
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)

Producing Formation: Topeka
 Elevation: Ground: 3637 Kelly Bushing: 3350 3642
 Total Depth: 3350 Plug Back Total Depth: 3140
 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.

If Workover/Re-entry: Old Well Info as follows:
 Operator: OXY USA, Inc.
 Well Name: Light B-1
 Original Comp. Date: 11/06/53 Original Total Depth: 3350
 Deepening Re-perf. Conv. To Enh./SWD
 Plug Back Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enh.?) Docket No. _____
12/13/00 12/13/00 12/28/00
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan ALT 1 DW 7-25-02
 (Data to be collected from the Reserve Pit)
 Chloride content NA ppm Fluid volume NA bbls
 Desulfurizing 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.:

RECEIVED
 KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
 WICHITA, KANSAS
 APR - 3 2001

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 04/02/01
 Subscribed and sworn to before me this 2nd day of April
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

CONFIDENTIAL

Operator Name: OXY USA, Inc. Lease Name: Light B Well #: 1

Sec. 5 Twp. 33 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 RAY/CASING COLLAR

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	300	
Production	7 7/8	5 1/2	14	3348	C	450	

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
4	2724-2729	1000 Gal 17% HCL	
2	2812-2816, 2825-2830, 2847-2852, 2857-2862		
	2898-2904	3000 Gal 17% HCL	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	2935		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
03/15/01	<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	2	33	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)

JAIT