

**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: NA
 Operator Contact Person: Vicki Carder
 Phone: (620) 629-4200
 Contractor: Name: Abercrombie RTD, Inc.
 License: 30684
 Wellsite Geologist: Tom Heflin
 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: _____

Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. To Enhr./SWD
 Plug Back Plug Back Total Depth
 Cummiled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
12/08/01 12/20/01 P&A
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

INSTRUCTIONS: An original an 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: Vickie Carder

Title: Capital Projects Date March 4, 2002

Subscribed and sworn to before me this 4th day of March

2002

Notary Public: Anta Peterson

Date Commission Expires: Oct 1, 2005

API No. 15 - 189-22408-0000

County: Stevens

NE - SE - NW Sec 21 Twp 34 S. R. 35W

1828-1830 feet from S (circle one) Line of Section

2638 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Stockstill A Well #: 3

Field Name: _____

Producing Formation: Dry Hole

Elevation: Ground: 3008 Kelly Bushing: 3021

Total Depth: 6840 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 1704 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

(Data must be collected from the Reserve Pit)

Chloride content 1100 ppm Fluid volume 1800 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter Sec. Twp. S. R. East West

County: _____ Docket No.: _____

KCC Office Use Only

Letter of Confidentiality Attached
 If Denied, Yes Date: _____

Wireline Log Received
 Geologist Report Received

UIC Distribution

Release

Operator Name: OXY USA Inc. Lease Name: Stockstill A Well #: 3Sec. 21 Twp. 34 S. R. 35W East West County: Stevens

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name <u>Heebner</u>	Top <u>4324</u> Datum <u>-1303</u>
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name <u>Lansing</u>	Top <u>4449</u> Datum <u>-1428</u>
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name <u>Marmaton</u>	Top <u>4874</u> Datum <u>-1853</u>
List All E. Logs Run:	Induction	Cherokee	Top <u>5489</u> Datum <u>-2468</u>
Microlog	Sonic	Morrow	Top <u>5889</u> Datum <u>-2868</u>
		Chester	Top <u>6268</u> Datum <u>-3247</u>
		Ste. Genevieve	Top <u>6517</u> Datum <u>-3496</u>
		St. Louis	Top <u>6610</u> Datum <u>-3589</u>

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	24	1704	C	700	2% CC, 1/4# PolyFlake
Production					C		

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	-			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
	100 sxs @ 3200'	40/60 POZ H - 6% Gel, 1/4# Poly Flake	
	50 sxs @ 1720'		
	50 sxs @ 800'		
	10 sxs @ 40'		

TUBING RECORD	Size NA	Set At NA	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. NA	Producing Method	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input checked="" type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLS NA	Gas Mcf NA	Water Bbls NA	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION			Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18)	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Commingled _____
	<input checked="" type="checkbox"/> Other (Specify) _____	P&A _____		