

CONFIDENTIAL**CONFIDENTIAL**

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

COPYOperator: License # 5447Name: OXY USA Inc.Address: P.O. Box 2528**KCC**City/State/Zip: Liberal, KS 67905Purchaser: Enron **FEB 19 2003**Operator Contact Person: Vicki CarderPhone: (620) 629-4200**CONFIDENTIAL**Contractor: Name: Best Well ServiceLicense: NAWellsite Geologist: NA

Designate Type of Completion:

New Well Re-Entry Workover **RELEASED**
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)

MAR 15 2004

If Workover/Re-entry: Old Well Info as follows:

Operator: OXY USA, Inc.Well Name: Farris A-1Original Comp. Date: 12/06/00 Original Total Depth: 5900

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. _____

10/30/02 11/01/02

Spud Date or Date Reached TD Completion Date or Recompletion Date

INSTRUCTIONS: An original or 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 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.

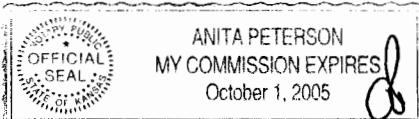
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Vicki CarderTitle: Capital Project Date February 19, 2003Subscribed and sworn to before me this 19th day of Feb20 03 Anita Peterson
Notary Public:Date Commission Expires: Oct. 1, 2005

KCC Office Use Only

 Letter of Confidentiality AttachedIf Denied, Yes Date: _____NO Wireline Log ReceivedNO Geologist Report Received

UIC Distribution



FEB 21 2003

KCC WICHITA

Side Two

Operator Name: OXY USA Inc. Lease Name: Farris A Well #: 1Sec. 22 Twp. 34 S. R. 41W 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:	Tracer Scan		

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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					C		
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	-			

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	
6	2956-2960			1000 Gals 15% HCL	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	3046			
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
11/01/02		<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
	0		125	18	Gravity

Disposition of Gas

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease
(If vented, Submit ACO-18)

Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____