

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

Form ACO-1

September 1999

Form Must Be Typed

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WELL HISTORY - DESCRIPTION OF WELL & LEASE

COPY

Operator: License # 5447

Name: OXY USA Inc.

Address: P.O. Box 2528

City/State/Zip: Liberal, KS 67905

Purchaser: Enron

Operator Contact Person: Vicki Carder

Phone: (620) 629-4200

Contractor: Name: Best Well Service

License: NA

Wellsite Geologist: NA

Designate Type of Completion:

New Well Re-Entry Workover

Oil SWD SIOW Temp. Adv.

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: Farris A-1

Original 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

API No. 15 - 129-21616-0001

County: Morton

NE - SE - SW Sec 22 Twp. 34 S. R. 41W

1261 feet from S (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: Farris A Well #: 1

Field Name: _____

Producing Formation: Wabunsee

Elevation: Ground: 3428 Kelly Bushing: 3441

Total Depth: 5900 Plug Back Total Depth: 3192

Amount of Surface Pipe Set and Cemented at 1664 feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3808

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 _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp, _____ S. R. East West

County: _____ Docket No.: _____

Workover EU 3.31.03

KCC

FEB 19 2003

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RELEASED

MAR 15 2004

FROM CONFIDENTIAL

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 Project Date February 19, 2003

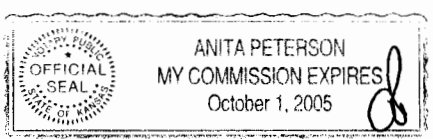
Subscribed and sworn to before me this 19th day of Feb

20 03

Notary Public: Anita Peterson

Date Commission Expires: Oct. 1, 2005

KCC Office Use Only
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
NO Wireline Log Received
NO Geologist Report Received
____ UIC Distribution



Side Two

Operator Name: OXY USA Inc. Lease Name: Farris A Well #: 1
 Sec. 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(Attach Additional Sheets)</small> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Submit Copy)</small> List All E. Logs Run: <u>Tracer Scan</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
<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
6	2956-2960	1000 Gals 15% HCL	

TUBING RECORD	Size 2 3/8	Set At 3046	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. 11/01/02	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLs 0	Gas Mcf 125	Water Bbls 18	Gas-Oil Ratio	Gravity
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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) _____