

**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: PEPL
Operator Contact Person: Vicki Carder
Phone: (316) 629-4200

Contractor: Name: Key Energy SERVICES
License: 32393
Wellsite Geologist: NA

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: Tucker C-1

Original Comp. Date: 01/22/56 Original Total Depth: 5010
 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. _____
05/09/01 05/09/01 05/17/01
Date of **START** Date Reached TD Completion Date of

OF WORKOVER

WORKOVER

API No. 15 - 129-10375-0001
County: Morton
- - C - SW/4 Sec 14 Twp. 34 S. R 42W
1320 feet from (S) N (circle one) Line of Section
1320 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)

Lease Name: Tucker C Well #: 1
Field Name: Greenwood

Producing Formation: Topeka

Elevation: Ground: 3476 Kelly Bushing: 3483

Total Depth: 5010 Plug Back Total Depth: 3233

Amount of Surface Pipe Set and Cemented at 1343 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 REWORK 9/2 10/1/01
(Data must be collected from the Reserve Pit)
Chloride content NA ppm Fluid volume NA bbls
Dewatering method used NA
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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 August 22, 2001

Subscribed and sworn to before me this 22nd day of August

20 01
Notary Public: Anta 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

Operator Name: OXY USA, Inc. Lease Name: Tucker C Well #: 1

Sec. 14 Twp. 34 S. R. 42W 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/CCL Log

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		9 5/8		1343	C	650	Pozmix
Production		5 1/2		4950	C	470	Pozmix

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
2	2944-2949, 2924-2929, 2906-2912, 2832-2837, 2768-2784, 2731-2736, 2720-2724	5050 Gals 17% HCL Acid	

TUBING RECORD	Size 2 3/8	Set At 3229	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------	---------------	----------------	-----------	--

Date of First, Resumed Production, SWD or Enhr. 05/20/01	Producing Method <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 90	Water Bbls 13	Gas-Oil Ratio	Gravity
-----------------------------------	----------	---------------	------------------	---------------	---------

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____

(If vented, Submit ACO-18) Other (Specify) _____

METHOD OF COMPLETION Production Interval