

CONFIDENTIAL

RECEIVED

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

JAN 24 2003

Form ACO-1

September 1999

Form Must Be Typed

KCC WICHITA

CONFIDENTIAL

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: CIG
 Operator Contact Person: Vicki Carder
 Phone: (620) 629-4200
 Contractor: Name: Best Well Service
 License: 32564
 Wellsite Geologist: NA
 Designate Type of Completion:
 _____ New Well _____ Re-Entry _____ X Workover
 _____ Oil _____ SWD _____ SIOW _____ Temp. Abd.
 _____ X Gas _____ ENHR _____ SIGW
 _____ Dry _____ Other (Core, WSW, Expl, Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: American Gas Prod.
 Well Name: Interstate C-1

API No. 15 - 129-00116-0001
 County: Morton
 _____ - _____ - SW - NE Sec 8 Twp. 34 S. R. 42W
 1980 feet from S (N circle one) Line of Section
 1980 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) (NE) SE NW SW
 Lease Name: Interstate C Well #: 1
 Field Name: Greenwood
 Producing Formation: Topeka/Waubansee
 Elevation: Ground: _____ Kelly Bushing: 3429 RKB
 Total Depth: 3130 Plug Back Total Depth: 3057
 Amount of Surface Pipe Set and Cemented at 520 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 8.7. 12/03/03

(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.: _____

Original Comp. Date: 06/22/53 Original Total Depth: 3130
 _____ Deepening _____ X 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. _____
 11/18/02 12/13/02
 Date of START Date Reached TD Completion Date of
 OF WORKOVER WORKOVER

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: January 21, 2003
 Subscribed and sworn to before me this 21st day of Jan
 20 03
 Notary Public: Anita Peterson
 Date Commission Expires: Oct 1, 2005



ANITA PETERSON
 MY COMMISSION EXPIRES
 October 1, 2005

KCC Office Use Only

☒ Letter of Confidentiality Attached
 If Denied, Yes ☐ Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

Side Two

Operator Name: OXY USA Inc. Lease Name: Interstate C Well #: 1Sec. 8 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 ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☐ Yes ☒ No
(Submit Copy)List All E. Logs Run: **NONE**
☐ 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					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
3	2751-2755, 2578-2584, 2538-2544	Acidize - 1120 Gals 15% HCL	
6	2510-2516	Frac - 4MGals 20# Linear Gel, 5 MLbs 100# Sand	
	Set RBP @ 2662'	16.5 MGals 75% N2 Foam, 14.5 MLbs 16/30 Sand	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	2607		☐ Yes ☒ No

Date of First, Resumed Production, SWD or Enhr. 12/16/03	Producing Method ☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain)			
Estimated Production Per 24 Hours	Oil BBLS	Gas Mcf 471	Water Bbls 4	Gas-Oil Ratio 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)