

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM**

Form ACO-1
September 1999

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed

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: (316) 629-4200

API No. 15 - 129-10257-0001
 County: Morton
SW - SW - NE Sec. 6 Twp. 36 S. R. 41W
1995 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: Fulkerson B Well #: 1

Contractor: Name: Key Energy SERVICE RECEIVED
 License: 32393
 Wellsite Geologist: NA

Field Name: Greenwood
 Producing Formation: Topeka
 Elevation: Ground: 3508 Kelly Bushing: 3516

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)

Total Depth: 5390 Plug Back Total Depth: 3299
 Amount of Surface Pipe Set and Cemented at 1482 feet
 Multiple Stage Cementing Collar Used? Yes No

If Workover/Re-entry: Old Well Info as follows:
 Operator: OXY USA, Inc.
 Well Name: Fulkerson B-1

yes, show depth set _____
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Original Comp. Date: 11-15-60 Original Total Depth: 5390
 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. _____
02/06/01 02/06/01 02/22/01
 Date of START Date Reached TD Completion Date of

Drilling Fluid Management Plan REWORK 9/21 6/26/03
 (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 this 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 June 18, 2001
 Subscribed and sworn to before me this 18th day of June
 20 01
 Notary Public: Anita 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: Fulkerson B Well #: 1

Sec. 8 Twp. 35 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 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-Ray Correlation

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	12 1/4	8 5/8	24	1482	C	500 150	2% Gel, 1/4# Flocele Com 75# Flocele
Production	7 7/8	4 1/2	9.5	3454	C	250	POZ 65# Flocele

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	2880-2884, 2926-2930, 3052-3056	1700 Gals 17% HCL Acid	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	3273		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
02/23/01	<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	Gravity
		150	24		

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) _____