

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
RECOMPLETION FORM  
ACO-2 AMENDMENT TO WELL HISTORY

Operator: License # 5447

Name: OXY USA, Inc.

Address: P.O. BOX 26100

City/State/Zip: OKLA. CITY, OK 73126-0100

Purchaser: No applicable: Injection well

Operator Contact Person: Raymond Hui  
Phone: (405) 749-2471

Designate Type of Original Completion  
 New Well  Re-Entry  Workover

Date of Original Completion 3-14-1984

Name of Original Operator coastal

Original Well Name Hubbard 4-29V

Date of Recompletion: 1-26-1990 3-7-1990

Commenced  Re-entry  Workover  Completed

Designate Type of Recompletion/Workover:  
 Oil  Gas  Dry  SWD'  Inj  Other (Core, Water Supply, etc.)  
 Temp. Abd.  Delayed Comp.

Deepening  Plug Back  Conversion to Injection/Disposal  
 Re-perforation  PBDT

Is recompleted production:  
 Commingled  Dual Completion  Other (Disposal or Injection?)  
Docket No. E-25776

API NO. 15- 153-205380001

County Rawlins

CE/2 NE/4 NE/4 Sec. 29 Twp. 3S Rge. 36  East  West

4620 Ft. North from Southeast Corner of Section

330 Ft. West from Southeast Corner of Section

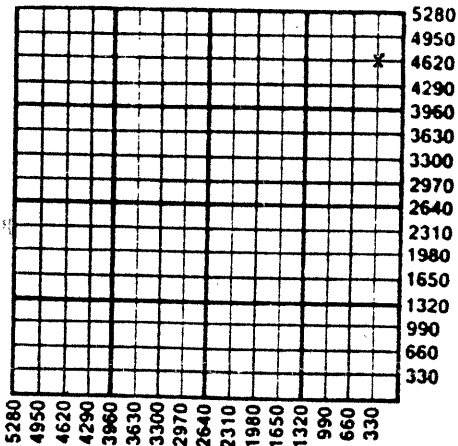
(NOTE: Locate well in section plat below.)

Lease Name Celia South Unit Well # B 4W

Field Name Celia South

Producing Formation Cherokee

Elevation: Ground 3300 KB 3305'



RECEIVED  
APR 6 1990  
04-06-90  
CONSERVATION DIVISION  
WICHITA, KANSAS

**K.C.C. OFFICE USE ONLY**

F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Drillers Timelog Received

**Distribution**

KCC  SWD/Rep  NGPA  
 KGS  Plug  Other  
(Specify)

**INSTRUCTIONS:** This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-141 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 any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACO-4 or ACO-5 prior to or with this form for approval of commingling or dual completions. Submit CP-1 with all plugged wells. Submit CP-111 with all temporarily abandoned wells. **NOTE: Conversion of wells to either disposal or injection must receive approval before use; submit form U-1.**

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 Vic Tumlinson title Operations Drilling Manager Date 4-5-1990

Subscribed and sworn to before me this 5th day of April 19 90

Notary Public Dorothy Kay Mathis Date Commission Expires 3/24/94

ORIGINAL

SIDE TWO

Operator Name OXY USA, Inc. Lease Name Celia South Unit Well # B 4W  
 Sec. 29 Twp. 3S Rge. 36  East  West  
 County Rawlins

RECOMPLETION FORMATION DESCRIPTION

Log  Sample  
 Name Cherokee No new elec. logs have been run.  
 Top 4661 Bottom 4668

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input type="checkbox"/> Plug Off Zone					
<input checked="" type="checkbox"/> Convert to Inj.	No additional cementing/squeeze record.				

Shots Per Foot	PERFORATION RECORD	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
4	Cherokee 4661-4668'	800 gal 15% FE acid

PBTD 4695 Plug Type Cement Plug

TUBING RECORD

Size 2 3/8" Set At 4645' Packer At 4645' Was Liner Run Y X N  
 Date of Resumed Production, Disposal or Injection 3-7-1990

Estimated Production Per 24 Hours Oil - Bbls. Water - Bbls. Gas-Oil-Ratio -

Disposition of Gas:

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