

ORIGINAL

SIDE ONE

15-147-19100-00-01

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

API NO. 15- Not assigned: well was completed in 12-16-52

County Phillips
NE SW SE Sec. 25 Twp. 4 Rge. 20 East West

Operator: License # 5447

Name: OXY USA Inc.

Address: P. O. Box 26100

City/State/Zip: Oklahoma City, OK 73126-0100

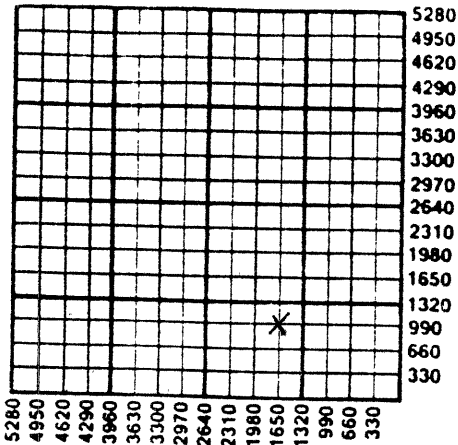
990 Ft. North from Southeast Corner of Section
1650 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Slinker Unit Well # 202 W

Field Name Slinker
Inj.

~~Production~~ Formation LKC

Elevation: Ground Unknown KB 1968'



Purchaser: None (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 12-16-52

Name of Original Operator OXY USA, Inc.

Original Well Name Slinker Unit #202

Date of Recompletion:
8-28-90 10-20-90
Commenced Completed

Re-entry Workover

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

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

Is recompleted production:
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (Disposal or Injection?)
Docket No. E-13,967

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 Bryan Humphries Bryard Humphries Title Manager Engineering Date 10-29-90

Subscribed and sworn to before me this 29th day of October 1990

Notary Public Kay Ann Kilmer Date Commission Expires 4-16-94

SIDE TWO

Operator Name OXY USA Inc. Lease Name Slinker Unit Well # 202W

Sec. 25 Twp. 4S Rge. 20
 East
 West

County Phillips

RECOMPLETION FORMATION DESCRIPTION

No new elec. logs were run

Log Sample

<u>Name</u>	<u>Top</u>	<u>Bottom</u>
LKC "D"	3175	3180'
LKC "F"	3200	3206'

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
	3175	3206	Set 5 1/2" CIBP at 3237'		set packer at 3073'. Pumped 200 sx
			60/40 Poz.		Squeezed perf. w/1000 psi. Set packer at 3045'.
			Pumped 50 sx Cl.A & 100	100 sx Cl.A	Tagged cmt at 3047'.

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	Top	Bottom	
4	LKC "D"	3175-3180'	Acidized w/800 gal of 15% NE/FE
	LKC "F"	3200-3206'	

PBTD 3218' Plug Type Cement plug

TUBING RECORD

Size 2 3/8" Set At 3200' Packer At 3200' Was Liner Run Y X N

Date of Resumed Production, Disposal or Injection 10-20-90
 Inj.

Estimated ~~Production~~ ~~Per~~ 24 Hours Oil - Bbls. Water 75 BPD Bbls. - Gas-Oil-Ratio

Gas - Mcf

Disposition of Gas:

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

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

ORIGINAL

Operator: License # 09012

Name: OXY USA INC.

Address: P.O. BOX 26100

City/State/Zip OKLAHOMA CITY, OK 73126-0100

Purchaser: _____

Operator Contact Person: RAYMOND HUI

Phone (405) 749-2471

Contractor: Name: _____

License: _____

Wellsite Geologist: Bill Keller

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD S10W 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: Slinker Unit 202W

Comp. Date 12/16/52 Old Total Depth 3300'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

8/20/90 10/19/90 10/19/90
~~SPUD~~ Date Date Reached TD Completion Date

W.O.

API NO. 15- _____

County Phillips

NE - SW - SE Sec. 25 Twp. 4 Rge. 20 E W

990' Feet from S (circle one) Line of Section

1650' Feet from E (circle one) Line of Section

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

Lease Name Slinker Unit Well # 202W

Field Name Slinker

Inj. XXXXXXXXXX
Producing Formation LKC

Elevation: Ground Undetermined KB 1968'

Total Depth 3300' PSTD 3218'

Amount of Surface Pipe Set and Cemented at 206' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cnt.

Drilling Fluid Management Plan Not applicable
(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 Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, 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 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 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 VH TUMLINSON
VIC
Title DRILLING OPERATIONS MANAGER Date 2/12/92

Subscribed and sworn to before me this 12th day of February, 1992.

Notary Public Kelly D. Andrews
Date Commission Expires 8/19/95

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
RECEIVED
STATE CORPORATION COMMISSION
KGS
FEB 17 1992
Distribution
SWD/Rep _____ NGPA _____
Plug _____ Other _____
(Specify)

Operator Name OXY USA INC. Lease Name Slinker Unit Well # 202W
 Sec. 25 Twp. 4 Rge. 20 East County Phillips
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LKC "D"	3175'	3180'
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LKC "K"	3200'	3206'
List All E.Logs Run:		PBTD		3218'
Submitted on 10/29/90		TD		3300'

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface	unknown	10 3/4"	-	206'		150 sx	
Production	7 7/8"	5 1/2"	-	3246'		150 sx	

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3107-3300	Set 5 1/2" CIBP @ 3237'; set packer at 3073'. Squeezed perf. w/1000 psi; set packer at 3045'. & 100 sx CI. A. Tagged cmt @ 3047'.		Pmpd 200 sx 60/40 poz. Pmpd 50 sx CI. A.

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	
	4	LKC "D" 3175'-3180'	LKC "F" 3200'-3206'	Acidized w/800 gal of 15% NE
			FE Acid.	

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>3089'</u>	Packer At <u>3089'</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u>10/19/90</u>			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water Bbls. Inj. rate 75
		Gas-Oil Ratio		Gravity	

Disposition of Gas:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION:	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Conmingled <input checked="" type="checkbox"/> Other (Specify) <u>converted to inj. well.</u>	Production Interval	<u>3175'-3206'</u>
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