

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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Form ACO-1
September 1999

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WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed

ORIGINAL

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: (620) 629-4200
Contractor: Name: Best Well Service
License: 32564
Wellsite Geologist: N/A
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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: Wonder C-3

API No. 15 - 189-22376-0001
County: Stevens
W/2 - NE - SW Sec 28 Twp. 34 S. R. 35W
1868 feet from (S) N (circle one) Line of Section
1756 feet from E (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Wonder C Well #: 3
Field Name: _____
Producing Formation: Morrow
Elevation: Ground: 2962 Kelly Bushing: 2994
Total Depth: 6850 Plug Back Total Depth: 6295
Amount of Surface Pipe Set and Cemented at 1742 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3296
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

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Original Comp. Date: 06/07/01 Original Total Depth: 6850
 Deepening Re-perf. Conv. To Enhr./SWD
 Plug Back 6295 Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
10/24/02 11/07/02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

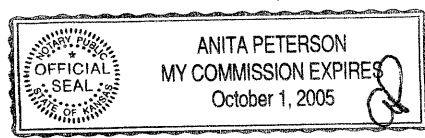
Drilling Fluid Management Plan Wonder C-3 3-31-03
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp, _____ S. R. East West
County: _____ Docket No.: _____

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 December 17, 2002
Subscribed and sworn to before me this 17th day of Dec.
20 02
Notary Public: Anita Peterson
Date Commission Expires: Oct. 1, 2005

KCC Office Use Only
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
N/D Wireline Log Received
N/D Geologist Report Received
____ UIC Distribution



X

Side Two

Operator Name: OXY USA Inc. Lease Name: Wonder C Well #: 3
 Sec. 28 Twp. 34 S. R. 35W East West County: Stevens

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input 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
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	6233-6242, 6194-6202	Acidize - 1500 Gals 15% HCL	
	RBP @ 6295	Frac - 36,981 gals 20# XL Gel,	
		39,043# 20/40 Sand	

TUBING RECORD	Size 2 3/8	Set At 6510	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 11/11/02	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLs 0	Gas Mcf 360	Water Bbls 0	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____