

CONFIDENTIAL

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

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5447
Name: OXY USA, Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: CIG
Operator Contact Person: Kenny Andrews
Phone: (316) 629-4232
Contractor: Name: N/A
License: N/A
Wellsite Geologist: N/A

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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: GODDARD D # 1

Original Comp. Date: 12-9-53 Original Total Depth: 3300
 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. _____
10/2/00 11/13/00 11/13/00
Date of START Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-129-10261-0001
County: MORTON
SE - SE - NW Sec 27 Twp. 33 S. R. 42W
2310 feet from S (N) (circle one) Line of Section
2310 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: GODDARD D Well #: 1
Field Name: GREENWOOD
Producing Formation: TOPEKA
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 3300 Plug Back Total Depth: 3290
Amount of Surface Pipe Set and Cemented at 600 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 gfr 12-29-00
(Data must be collected from the Reserve Pit)
Chloride content N/A ppm Fluid volume N/A bbls
Deaerating method used N/A
Location of fluid disposal if hauled offsite: _____
Operator Name: N/A
Lease Name: RELEASED License No.: N/A
Quarter _____ Sec _____ Twp. _____ S. R. East West
County: JAN 0 1 2001 Docket No.: _____

RECEIVED
KANSAS CORPORATION COMMISSION
WICHITA
DEC 26 2000

FROM CONFIDENTIAL

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: [Signature]
Title: ENGINEERING TECHNICIAN Date 12/21/00
Subscribed and sworn o before me this 21st day of December
20 00
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

NOTARY PUBLIC, State of Kansas
ANITA PETERSON
My Appt. Exp. Oct-1, 2001

X

Operator Name: OXY USA, Inc. Lease Name: GODDARD 1
 Sec. 27 Twp. 33 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 No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

CASING RECORD <input checked="" 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	12-1/4"	8-5/8"	22.7	600	C	300	
Production	7-7/8"	5-1/2"	14	3299	C	200	

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
5	3270-90 sqd, CMT RET @ 3254, 3048-90, 2982-88.		
5	2966-74, 2954-60, 2930-44		
2	3220-30, 3194-3206, 3134-46, 2902-10, 2986-90, 2875-80		
2	2866-70, 2706-16, 2694-2701	All 2 SPF treated w/ 7900 gals 17%	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	3240		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method			
11/13/00	<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
	N/A	150	30	N/A
				Gravity
				N/A

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) _____