

## Kansas Corporation Commission Oil & Gas Conservation Division

September 1999
Form Must Be Typed

Form ACO-1

## WELL COMPLETION FORM WELL HISTORY – DESCRIPTION OF WELL & LEASE

Operator: License #	5447	API No. 15 - <u>081-20964-0001</u>					
Name:	OXY USA Inc.		County: Haskell				
Address:	P.O. Box	2528	<u></u>	<u>NW</u>	- <u>NW</u> Sec_		9 S. R <u>34W</u>
City/State/Zip:	Liberal, KS	67905	66	. 06	feet from S	Micircle on	e) Line of Section
Purchaser:	Plains/Oil – Pioneer	Resource/Gas	66	30	feet from E	/Wcircle on	e) Line of Section
Operator Contact Person: Vicki Carder			Footages Calculated from Nearest Outside Section Corner:				
Phone:	(620) 629-4200		.(	circle one)	NE SE	QVVD S'	W
Contractor: Name	Best Well Service	-	1				1
License:		RECEIVE					
Wellsite Geologist:	NA NA		T Producing For				
Designate Type of Comp	pletion:	MAY - 9 200	ملع				g:
New Well	Re-Entry	X Workover	Total Depth:	5520	Plug Back T	Total Denth:	5200
XOilS	SWD SIOW	KGC, WICH	Amount of Su	rface Pipe S	Set and Ceme	nted at	1765 feet
Gas E	ENHRSIGW		Multiple Stage				Yes No
Dry C	Other (Core, WSW, Expl, C	athodic, etc)	If yes, show d	epth set	3054		
If Workover/Re-entry: O	If Alternate II completion, cement circulated from						
Operator: H	ugoton Energy Corporation	<u>i                                     </u>	1				sx cmt.
Well Name:	MLP Pickens 1-15						
Deepening Plug Back Commingled Dual Completion Other (SWD or E 02/01/05 Spud Date or Recompletion Date	n Docket No Enhr.?) Docket No ————————————————————————————————————	Conv. To Enhr./SWD ack Total Depth	Dewatering me Location of flu Operator Nam Lease Name: Quarter County:	entethod used id disposal e: _ Sec	ppm Flu if hauled offsit  Twp,  Docket N	te: License No.: _ _S. R No.:	bbls East ⊠ West
Kansas 6702, within 120 Information of side two of 107 for confidentiality in a	iginal an two copies of this days of the spud date, red f this form will be held cont excess of 12 months). On MUST BE ATTACHED. Su	completion, workover or co fidential for a period of 12 e copy of all wireline logs :	nversion of a well. months if requested and geologist well r	Rule 82-3- d in writing eport shall	-130, 82-3-106 and submitted be attached w	and 82-3-10 with the form of this form	7 apply. n (see rule 82-3-
	tatutes, rules and regulation		e the oil and gas inc	dustry have	been fully co	mplied with ar	nd the statements
herein are complete and correct to the best of my knowledge.  Signature:			. KCC Office Use Only				
Title: Capital Pro	Letter of Confidentiality Attached  If Denied, Yes  Date:						
0 E	Colore the titls	_day of _ 1 1 did	\/\/ireli	ne Log Rec	eived		
20.00	,	-					
Notary Public:	Geolo	gist Report	Received				
Date Commission Expires	UIC Distribution						

