

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

September 1999 Form Must Be Typed

Operator Contact Person: Vicki Carder

Contractor: Name: Murfin Drilling Co., Inc.

Wellsite Geologist: Marvin T. Harvey, Jr.

_____Oil _____SWD _____SIOW

X Gas ENHR SIGW

5447

OXY USA Inc.

P.O. Box 2528

ONEOK

___ Re-Entry

____ Dry ____ Other (Core, WSW, Expl, Cathodic, etc)

Liberal, KS 67905

Workover

_____ Temp. Abd.

Operator: License#

City/State/Zip:

Designate Type of Completion:

Phone: (620) 629-4200

Name:

Address:

Purchaser: __

License: ___

___X·__ New Well

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

		API No. 15
25		County: Seward
		<u>W/2 - W/2 - SE - SE Sec 24 Twp. 34 S.R 34W</u>
		660 feet from N (circle one) Line of Section
	2	feet from (E) W (circle one) Line of Section
5	Š	Footages Calculated from Nearest Outside Section Corner:
200 M	11/1	(circle one) NE (SE) NW SW
	5	Lease Name: Gleeson C Well #: 3
# 515 DV CO.C.		Field Name: Archer
		Producing Formation: Chester
-		Elevation: Ground: 2889 Kelly Bushing: 2900
		Total Depth: 6700 Plug Back Total Depth: 6633
		Amount of Surface Pipe Set and Cemented atfeet
		Multiple Stage Cementing Collar Used? ⊸ □ Yes ☒ No
		If yes, show depth set
		If Alternate II completion, cement circulated from
		feet depth tow/sx cmt.
		•
		Drilling Fluid Management Plan
		(Data must be collected from the Reserve Pit)
		Chloride content 1400 mg/l ppm Fluid volume 1800 bbls
		Dewatering method used <u>Evaporation</u>
		Location of fluid disposal if hauled offsite:
		Operator Name:
-		Lease Name:License No.:
		Quarter Sec Twp,S. R 🔲 East 🏻 West
		County:Docket No.:
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or 2 n 3 a	าver กัดท nd (nsas Corporation Commission, 130 S. Market – Room 2078, Wichita, sion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. this if requested in writing and submitted with the form (see rule 82-3-geologist well report shall be attached with this form. ALL d wells. Submit CP-111 form with all temporarily abandoned wells.
te	the	oil and gas industry have been fully complied with and the statements
		KCC Office Use Only
	1 /	Later of Confidentially All 1
	7	Letter of Confidentiality Attached If Denied, Yes Date:
	7	
·	<i>\frac{1}{-}</i>	If Denied, Yes Date:

If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from	
Operator:		
Well Name:		
Original Comp. Date:Original Total Depth: DeepeningRe-perfConv. To Enhr./SWD Plug BackPlug Back Total Depth CommingledDocket No Dual CompletionOther (SWD or Enhr.?)Oocket No O1/04/05O1/17/05O3/03/05 Spud Date orDate Reached TDCompletion Date or Recompletion Date	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content _1400 mg/l _ ppm Fluid volume1800 Dewatering method usedEvaporation Location of fluid disposal if hauled offsite: Operator Name:License No.: QuarterSecTwp,S. R East [County:Docket No.:	
Kansas 6702, within 120 days of the spud date, recompletion, workover or conformation of side two of this form will be held confidential for a period of 12 107 for confidentiality in excess of 12 months). One copy of all wireline logs CEMENTINGTICKETS MUST BE ATTACHED. Submit CP-4 form with all plant plants of the statutes, rules and regulations promulgated to regulate	months if requested in writing and submitted with the form (see rule and geologist well report shall be attached with this form. ALL ugged wells. Submit CP-111 form with all temporarily abandoned we	
herein are complete and correct to the best of my knowledge.		
Signature:	KCC Office Use Only	
Title: Capital Project Date May 2, 2005 Subscribed and sworn to before me this 2 day of May Notary Public: Capital Project Date May 2, 2005 Date Commission Expires: DALL DON	Letter of Confidentiality Attached If Denied, Yes Date: Wireline Log Received Geologist Report Received UIC Distribution	
ANITA PETERSON October 1, 2005		