

CONFIDENTIAL

RELEASED

JAN 04 2005

RECEIVED

MAR 14 2003

KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

FROM CONFIDENTIAL

Form ACO-1

September 1999

Form Must Be Typed

ORIGINAL

Operator: License # 5447  
Name: OXY USA Inc.  
Address: P.O. Box 2528  
City/State/Zip: Liberal, KS 67905  
Purchaser: CIG  
Operator Contact Person: Vicki Carder  
Phone: (620) 629-4200  
Contractor: Name: Best Well Service  
License: 32564 NA  
Wellsite Geologist: NA

API No. 15 - 081-00409-0001  
County: Haskell  
- - SE - ~~NW~~ Sec 8 Twp. 29 S. R. 33W  
3300 feet from S (N) Line of Section  
2740 feet from E (W) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Huitt A Well #: 1

Field Name: Hugoton  
Producing Formation: Hugoton Chase

Elevation: Ground: 2959 Kelly Bushing: 2964  
Total Depth: 2785 Plug Back Total Depth: 2751

Amount of Surface Pipe Set and Cemented at 740 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.

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: Cities Service Petroleum Co.  
Well Name: Huitt #1

Original Comp. Date: 07/27/46 Original Total Depth: 2785  
 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. \_\_\_\_\_  
11/16/02 11/26/02

Spud Date or Recompletion Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or Recompletion Date \_\_\_\_\_

Drilling Fluid Management Plan Workover EN 3-18-03

(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 March 11, 2003  
Subscribed and sworn to before me this 11 day of March  
20 03  
Notary Public: Anita Peterson  
Date Commission Expires: Oct. 1, 2005

KCC Office Use Only  
 Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
100 Wireline Log Received  
100 Geologist Report Received  
\_\_\_\_ UIC Distribution

OFFICIAL SEAL  
ANITA PETERSON  
MY COMMISSION EXPIRES  
October 1 2005

X

Side Two

Operator Name: OXY USA Inc. Lease Name: Huitt A Well #: 1  
 Sec. 8 Twp. 29 S. R. 33W  East  West County: Haskell

**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<br><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<br><i>(Submit Copy)</i>                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |                                 |
| List All E. Logs Run:                                       | TracerScan Analysis   |   |                                 |

| 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 |
|---|------------------|----------------|-------------|----------------------------|
| <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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| 4              | 2622-2632   | Acidize - 36 bbls 15% FE  |       |
|                |   | Frac - 15,000 gals 80Q N2 w/1 ppg 12/20 Sand,                                     |       |
|                |   | 20,000 gals 80Q N2 w/2 ppg Sand   |       |

|               |               |                |           |  |
|---------------|---------------|----------------|-----------|--|
| TUBING RECORD | Size<br>2 3/8 | Set At<br>2709 | Packer At | Liner Run<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------|---------------|----------------|-----------|--|

|   |   |
|---|---|
| Date of First, Resumed Production, SWD or Enhr.<br>12/03/02 | Producing Method<br><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<br>0 | Gas Mcf<br>439 | Water Bbls<br>2 | Gas-Oil Ratio | Gravity |
|-----------------------------------|---------------|----------------|-----------------|---------------|---------|

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, Submit ACO-18)

METHOD OF COMPLETION:  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval: \_\_\_\_\_