

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 September 1999

Form Must Be Typed

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

Operator: License #	5447		API No. 15 - <u>055-21120-0002</u>								
Name:	OXY USA	Inc.	County: Finney								
Address:	P.O. Box 2	2528	_C - W/2	<u>NE</u>	- <u>SW</u> Se	ec <u>27</u> Twp. <u>·</u>	22_S. R34W_				
City/State/Zip:	Liberal, KS	67905					ne) Line of Section				
Purchaser:	EOTT	•	36	30	feet from	W (circle o	ne) Line of Section				
Operator Contact Person:	Vicki Car	der	Footages Cald	culated from	m Nearest C	Outside Section	Corner:				
Phone:	(620) 629-4200	TEUEIVED	(0	circle one)	NE 🤇	SE) NW :	SW				
Contractor: Name:	Best Well Service	— <u>CED 0 2 200</u> 2	Lease Name:		Bailey C	Well #	#: <u>         2                           </u>				
License:		SEP 0 2 2003	1								
Wellsite Geologist:		KCC WICHITA	1				ouis				
Designate Type of Compl	etion:	1700 11101111	1				ng:2957				
New Well	Re-Entry	X Workover					4755				
S\	NDslow	Temp. Abd.				•	1970 feet				
Gas El	NHR SIGW	,	Multiple Stage				☐ Yes☐ No				
	ther (Core, WSW, Expl, C	athodic. etc)			_						
If Workover/Re-entry: Old	• • • • • • • • • • • • • • • • • • • •	,									
Operator:			1				sx cmt.				
Well Name:							SA OIIIC.				
			Drilling Fluid N	//anademe	nt Plan						
Original Comp. Date: 10	)/03/92 Original Total F	)enth: 4800	(Data must be colle								
Deepening		-			•	Etuid values	bbls				
	•	-									
	Plug Ba	·									
X Commingled		070306	Location of flu	•							
Dual Completion			1								
Other (SWD or E	nhr.?) Docket No		Lease Name:	·		License No.	•				
03/23/03	<del></del>	04/24/03	Quarter	_ Sec	Twp,	S. R	East 🔲 West				
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date	County:	***************************************	Docke	et No.:					
INSTRUCTIONS: An orig Kansas 6702, within 120 of Information of side two of 107 for confidentiality in e CEMENTINGTICKETS M	days of the spud date, rec this form will be held conf xcess of 12 months). One	ompletion, workover or co idential for a period of 12 e copy of all wireline logs :	nversion of a well. months if requeste and geologist well i	Rule 82-3 d in writing report shal	3-130, 82-3- g and submit I be attache	106 and 82-3-1 tted with the for d with this form	107 apply. rm (see rule 82-3-				
All requirements of the sta	atutes, rules and regulation	ns promulgated to regulate	e the oil and gas in	dustry hav	e been fully	complied with	and the statements				
herein are complete and o	correct to the best of my ki	nowledge.									
Signature: Didici	Jaroh	Time-	,	KCC	COffice U	se Only					
			DENY Letter	r of Confide	entiality Atta	oched >					
Title: Capital Proj	ect	_ Date August 29, 2003_			Date: 204		Dus (				
Subscribed and sworn to I	pefore me this <u>AH</u>	_day of <u>UuS</u> .		,							
20 03	$\cap$	J	Wirel	ine Log Re	eceived						
	+		Geolo	aist Reno	rt Received						
Notary Public:	wy ellice										
Date Commission Expires	: Uct-1, 6	2005	UIC [	Distribution	l						
		PETERSON SSION EXPIRES									

October 1, 2005

#### Side Two

Operator Name:	OX'	Y USA Inc.			_ Lease Name:	Baile Baile	y C	Well #:	2			
Sec. <u>27</u> 1	Гwp. <u>22</u> S.	R. <u>34W</u>	_	ast 🔲 West	County:		Finney					
Instructions: Show time tool open and fluid recovery, and Wireline Logs surve	closed, flowing and flow rates if gas to	d shut-in pr surface tes	essures, v t, along w	whether shut-in vith final chart(s)	oressure reach	ed static level, l	hydrostatic pre	essures, bottom	hole temperature			
Drill Stem Tests Ta (Attach Additional S	heets)	Yes	□ No		☐ Log Name	Formation (Top	,	Depth and Datum				
Samples Sent to Go	eological Survey	☐ Yes	☐ No									
Electric Log Run (Submit Copy) List All E. Logs Rur	n:	☐ Yes	∐ No									
		Repor		SING RECORD set-conductor, su	☐ New ☐		·.					
Purpose of String	Size Hole Drilled	Size Ca Set(in. 0	sing	VVeight L.bs./ft.	Setting Depth	Type of Cement	# Sacks Used		e and Percent Additives			
Conductor						С						
Surface						С						
Production						С						
			ADDITIO <b>I</b>	NAL CEMENTIN	IG / SQUEEZE	RECORD						
Purpose:	Depth Top Bottom		e of nent	#Sacks Used	Type and Percent Additives							
Protect Casing Plug Back TD	3921-4073		<u> </u>	75	Premium Neat, .5% FLA-322							
X Plug off Zone	-											
Shots Per Foot	PERFORATION Specify Foo	N RECORD -				Acid, Fractur	e, Shot, Cement at and Kind of Ma	t Squeeze Record	Depth			
3		4710-47			23500 gls 0 gls 15% FE	Cross Linked G						
3		4380-43	390		1000 gls 15% FENE							
4	41	84-4190, 4	176-4178		1000 gls 15% HCL							
3		4040-40	050		1000 gls 15% FENE							
FUBING RECORD	Size 2 3/8	Set At 4713	Pad	cker At	Treat 4284-4291 w/1000 gls 15% FENE  Liner Run  ☐ Yes							
Date of First, Resume	d Production, SWD o	or Enhr.	Producing	g Method	wing 🛭 Pun			ther <i>(Explain)</i>				
04/2	<del></del>	s	(	Gas Mcf		er Bbls		Pil Ratio	Gravity			
	Oil BBL:	_		^								
Estimated Production Per 24 Hours	Oil BBLs		THOD O	0 E COMPLETION	<u> </u>	41	D 1					
Estimated Production	22			0 F COMPLETION Den F	١		Comp. 🛛 Co		0-4050, 4176-419 1390,4710-4717			

	Ţ.	INVOICE NO.	Subje	oct to Correction	FIEL	FIELD ORDER 54					
		Date 4/-/5-03	Lease BAI	LEY	Well #	2 Legal $27$	2-225-34 ERAL				
SER	VICES,	Customer ID	Finne	/	State K S	Station LTBE	RAL				
	024	USA Inc	40 40	Formation  LA/  Casing Depth	NSING H	2 Shoe donk					
H A R			Casing 51/7		10	Job Type Squeez SHAUN FR	e (as well)				
G E			Customer Repre	NO RICE	ırea	SHAUN FR	EBERKK				
AFE Number		PO Number	Materials Received by	X	anid ERic	,					
Product Code	QUANTITY	MATERIAL, EQUIPMENT and S	ERVICES USED	UNIT PRICE	AMOUNT	ACC CORRECTION	OUNTING				
D100	7554	PREMIUM		E/	MATERIAL CONTRACTOR CO						
C195	12 lb	FLA-322		V		R	ECEIVED				
						SE					
			A STATE OF THE STA			Kec	WICHITA				
			-								
			<u></u>								
<u> </u>	7/ 11	0									
E 107	75 sh	UNITS   MILES	Charge 70								
E100 E104	249 TM_	TONS C MILES	70	0,-							
R309	lea	EA. 4 hrs PUMP CH									
		Discounted-	TOTAL								
		PLUS	TAX				2587.54				
102// NE I	liway 61 . P O	   Box 8613 - Pratt. KS 67124-	8613 . Phone (6	/ 20) 672-1201 . F	ax (620) 672-538	TOTAL	<u> </u>				

## TREATMENT REPORT

· 0	<u>.</u>											TRE	AT	MENT	R	EPOR	U				
<u>a</u>							Cu	stomer i	D		- ^ 2		T	Date				**********			
								Customer $\mathcal{O}\mathcal{X}\mathcal{Y}$						4-15-03							
SERVICES.LLC								ise R.	+ ILE	EV			- 1	Lease No.			Well #	7			
Field Order #									Cas	ing 1	/2 Depth		1	County	200	.,			ate KS		
Type Job 🏑				CKH		n .	wei	$\overline{\Lambda}$		<u> </u>	Formation	ANS /	~/ <i>[</i>	<i>"H</i> '		Legal Desc	ription	34			
	900 PE DATA			PE	RFORA						UID USED		Ť		TR	REATMEN					
Casing Size		bing S	ize	Shots/F	it				Aoid		r PRSM	<i>U/</i>		RA	TE	PRESS	ISIP		<del></del>		
Depth		Pth 9 / 9		E	4040	To	40	50	Pro-Pa	φ. •	5% FLA	:327	Mex	x			5 Min.				
Volume		Jume			70 10	To	70	<u> </u>	Pad	554	PREM A	Seat	Min				10 Min	•	·		
Max Press	Ma	х Ргея	35	From		To			Frac		, , , , , , , , , , , , , , , , , , , ,	<i>-</i>	Avç				15 Min				
Well Connect Q 7/8		DOX Pulses	Vol.	From		To							нн	P Used			Annulu	s Pre	ssure		
Plug Depth	Pad	cker D	)epth	From		To	,		Flush		ATER		Gas	s Volume			Total Load				
Customer Penreceptative				_	ice	Ä	Statio	n Manag	POT		c mor	L	Treater	5	HAUN	FREDE	21	ch			
Service Units					24		Lo	Q	7	1	38				T						
Time	Casin	_		ibing ssure	Bbis.	Pump			Rate			<b></b>	Service Log								
1430							ON LOCATION														
1435														SAFETY MESTING							
1440											PIC 38 7.T.										
1516			20	$\infty$							PSI TEST										
1521	9	<u> </u>			()	<u> </u>		3			LOAD BACK Side										
1534	500	נ					-				50 BBLS IN LOADED / TAKE TO SOOP										
1535	-		9	5	18	2		2.5			INJection TEST										
1539			.90	00			2,5			12,7 BBIS IN LOAD TUBING											
540			<i>7s</i>	Ò,	_			2.5			ESTABLISH ONDER + ION RATE										
1545			20	B	L	e_					PUMP 25 SK PREM W/ FLA-322 P/5#										
1548			50	XOOX	10	.5			2		RMP SO SH PREM E 15.8#										
15-52					_						_	N/ WASH LINES TO PIT									
1558			Ø		21				<u>2,5</u>		PUMP DISP										
1663				-0					1		11.7 BBIS IN CATCH CONT /SLOW PATE										
1607			/36 -	/000				A	25		21 BBIS IN WALK PAR PSZ UP 21 BBIS IN /SHUT DOWN WAIT SMIT										
1623						$\widehat{}$								•		_		UT	8m11		
1624			100					1 6	25		WALK								1		
lleau				<u></u>					25		RECEAS						JA BA	ch	/ShuTz		
1628			10	<u></u>				(			WALK			,							
1643			(es	<u> </u>	***************************************						Shot On.						1. 1-1	<del>, _</del>	751		
102	AA NE	Hiv		أعديه بيرين	O Boy	, ae	120	Drati	. Ke	67/16	RSLEA 4-86130										

### TREATMENT REPORT

G.						Customer	· ID				1	Date							
						Customer													
SER	VICES	. L	LC			Lease						ease No.		Well					
Field Order #	Statio	ж					Casing		Depth		1	County			S	State			
Type Job								Form	ation				Legal Desci	ription					
PIP	E DATA	PE	RFORA	DATA	F	LUID L	JSED			ТІ	REATMEN	T RES	SUME						
Casing Size	Tubing S	Tubing Size Shots/Ft					Acid					RATE PRESS			ISIP				
Depth	Depth	Depth From To					Pre Pad		М					5 Min.					
Volume	Volume	<del></del>	From		То		Pad		Min					10	Min.				
Max Press	Max Pre	56	From		To		Frac		***		Avg			15	Min.				
Well Connecti	on Annulus	Vol.	From		То						HHE	Used	Annulus Pre			essure			
Plug Depth	Packer [	Depth	From		То		Flush				Gas Volume			Total Load					
Customer Rep	presentative					Station Man	ager					Treater							
Service Units																			
Time	Casing Pressure		ubing essure	Bbis.	Pumpe	d	Rate					Servic	e Log						
								,	10B	Lot	, S	CON 7	TINUS	d					
1644		10	200		_		,25			JP			o Pa						
1645								Shot Down (WART											
1646		1	000		_		125	4	ALK	<u></u>	2	1000	oo PSI						
1647								<u>ح</u>	HVT	Doc	<u> ر</u>	J		<b></b>					
1649								R	ELEH	15 €		PRESS	ure						
1655		10	200				25	u	ALK	<u> ۹</u>		10 10		SI					
1658								5	hot	D	دب	سلہ		-					
1717												RESSU	21/9	elec	<u>- د</u>	PKR			
1722	500			ري)	<u>ပ</u>		2.5	P	ever	Se_	U	UT							
1747								Pc	JLL		5.3	STAND	5	·					
1805		5	00		L		, 25	PRESSURE TOO 500 PST											
1806								Sh	WT_	D	يد	ر		****					
1830		<u> </u>					,	J	2B_	Co	m	PLET	٤						
		ļ																	
		<u> </u>					HIM.												
							<b></b>												
		<u> </u>																	
							0							· <del>1/21</del> -2					
				·															
				المراجع المراجع												-006			
102	44 NE Hiv	way	61 • P.	O. Box	k 861	3 • Pra	tt, KS 67	124-86	513 • Ph	one	(62	0) 672-12	U1 • Fax	(620)	672	-5383			