

ORIGINAL

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

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: Vicki Carder  
Phone: (316) 629-4200  
Contractor: Name: Key Energy  
License: NA  
Wellsite Geologist: NA

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: Harman A-1

Original Comp. Date: 01/18/53 Original Total Depth: 3444  
 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. \_\_\_\_\_  
01/18/01 01/18/01 01/31/01  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 129-00109-0001  
County: Morton  
- NW - NW - SE Sec 13 Twp. 33 S. R. 43W  
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: Harman A Well #: 1  
Field Name: Greenwood  
Producing Formation: Topeka  
Elevation: Ground: 3567 Kelly Bushing: \_\_\_\_\_  
Total Depth: 3444 Plug Back Total Depth: 3242  
Amount of Surface Pipe Set and Cemented at 332 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  
(Data must be collected from the Reserve Pit)  
Chloride content NA ppm Fluid volume NA bbis  
Dewatering method used NA  
Location of fluid disposal if hauled offsite:  
Operator Name: NA  
Lease Name: NA License No.: NA  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp, \_\_\_\_\_ S. R.  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

MAY 24 2001

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 Projects Date May 21, 2001  
Subscribed and sworn to before me this 21st day of May  
20 01  
Notary Public: Anita Peterson  
Date Commission Expires: Oct 1, 2001

KCC Office Use Only  
~~Deny~~ Letter of Confidentiality Attached DPW  
If Denied, Yes  Date: 05.30.01 (C)  
\_\_\_\_ Wireline Log Received  
\_\_\_\_ Geologist Report Received  
\_\_\_\_ UIC Distribution

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

Side Two

Operator Name: OXY USA, Inc. Lease Name: Harman A Well #: 1

Sec. 13 Twp. 33 S. R. 43W  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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>Gamma/Collar</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <span style="float:right">Top Datum</span>
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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	17.8	332	C	400	Common, 200# CACL2
Production	7 7/8	5 1/2	17	3340	C	650	4% Gel, 1/4# Flocele

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
2	2660-2666, 2668-2675, 2805-2814, 2854-2862	3000 Gals 17% FE-HCL Acid	

TUBING RECORD	Size 2 3/8	Set At 3223	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 02/01/01		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil BBLs	Gas Mcf 559	Water Bbls	Gas-Oil Ratio Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____