## Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

NOV 2 0 2002

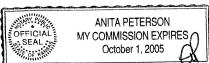
Form ACO-1

## **WELL COMPLETION FORM**

WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA Form Must Be Typed ORIGINAL

| Operator: License #5447                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | API No. 15 - <u>129-00062-0001</u>                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: OXY USA, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | County: MORTON                                                                                                                                                                                              |
| Address: P.O. Box 2528                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>NW - NW - SE</u> Sec <u>29</u> Twp. <u>34</u> S. R <u>41W</u>                                                                                                                                            |
| City/State/Zip: Liberal, KS 67905                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | feet from N (circle one) Line of Section                                                                                                                                                                    |
| Purchaser: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | feet from (E) W (circle one) Line of Section                                                                                                                                                                |
| Operator Contact Person: Kenny Andrews                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Footages Calculated from Nearest Outside Section Corner:                                                                                                                                                    |
| Phone: (620) 629-4232                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (circle one) NE (SE ) NW SW                                                                                                                                                                                 |
| Contractor: Name: Best Well Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Lease Name: WILBURTON MORROW SAND UNIT Well #: 201W                                                                                                                                                         |
| License:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Field Name: WILBURTON                                                                                                                                                                                       |
| Wellsite Geologist: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Producing Formation: MORROW                                                                                                                                                                                 |
| Designate Type of Completion:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Elevation: Ground: 3452 Kelly Bushing: 3462                                                                                                                                                                 |
| New Well Re-EntryX Workover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total Depth: 5334 Plug Back Total Depth: 4996                                                                                                                                                               |
| Oil SWD SIOW Temp. Abd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Amount of Surface Pipe Set and Cemented at1440feet                                                                                                                                                          |
| GasX_ ENHR SIGW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Multiple Stage Cementing Collar Used?   Yes No                                                                                                                                                              |
| Dry Other (Core, WSW, Expl, Cathodic, etc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | If yes, show depth set 3270                                                                                                                                                                                 |
| If Workover/Re-entry: Old Well Info as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If Alternate II completion, cement circulated from                                                                                                                                                          |
| Operator: OXÝ USA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | feet depth tow/sx cmt.                                                                                                                                                                                      |
| Well Name: WILBURTON MORROW SAND UNIT # 201 W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |
| Deepening Re-perf. X Conv. To Enhr./SWD Plug Back Piug Back Total Depth Commingled Docket No. Dual Completion Docket No. Other (SWD or Enhr.?) Docket No. E-12,571 01/15/02 01/15/02 11/01/02  Spud Date or Date Reached TD Completion Date or Recompletion Date INSTRUCTIONS: An original an two copies of this form shall be filed with the Kansas 6702, within 120 days of the spud date, recompletion, workover or co Information of side two of this form will be held confidential for a period of 12 recompletion to the spud date, recompletion of 12 recompletion of side two of this form will be held confidential for a period of 12 recompletion to the spud date, recompletion to the spud date to the spud date, recompletion to the spud date, recomplet | nversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply.  months if requested in writing and submitted with the form (see rule 82-3- and geologist well report shall be attached with this form. ALL |
| CEMENTINGTICKETS MUST BE ATTACHED. Submit CP-4 form with all plu-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                             |
| herein are complete and correct to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | KCC Office Use Only                                                                                                                                                                                         |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Latter of Cantidantiality Attacks                                                                                                                                                                           |
| Title: ENGINEERING TECHNICIAN Date 11/18/02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Letter of Confidentiality Attached                                                                                                                                                                          |
| Subscribed and sworn o before me this $\frac{184h}{1000}$ day of $\frac{NoV}{1000}$ .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | If Denied, Yes Date:                                                                                                                                                                                        |
| 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Wireline Log Received                                                                                                                                                                                       |
| 20_0 0 1 1)_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                             |
| Notary Public:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Geologist Report Received                                                                                                                                                                                   |
| Date Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>√ℓm</u> UIC Distrubution                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |



## Side Two

| Operator Name:                             | O                                                                                         | (Y USA, Inc.                   |                                                                                                  | Lease Nar        | ne: <u>WILBURT</u>                                                                    | ON MORROW SAN         | ND UNIT             | _ Well #:       | 201W     |  |
|--------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------|----------|--|
| LA/III                                     |                                                                                           |                                | _                                                                                                | t County: _      |                                                                                       | MORTON                |                     | ,               |          |  |
| time tool open and                         | d closed, nowing a<br>d flow rates if gas t                                               | na snut-in pr<br>o surface tes | ormations penetrated.<br>essures, whether shut<br>st, along with final char<br>well site report. | -In nressure res | ched static lave                                                                      | d hydroctatic area    | auroo ballam        | بينينية بالمطام |          |  |
|                                            | rill Stem Tests Taken Yes No (Attach Additional Sheets)                                   |                                | □ Log                                                                                            | Formation (T     | op), Depth and Da                                                                     | Depth and Datum       |                     | le              |          |  |
| Samples Sent to Geological Survey X Yes No |                                                                                           |                                |                                                                                                  | Name             | Name Top Datum                                                                        |                       |                     |                 |          |  |
| Cores Taken                                | Cores Taken                                                                               |                                |                                                                                                  | ON PREV          | ON PREVIOUS ACO-1                                                                     |                       |                     |                 |          |  |
| Electric Log Run<br>(Submit Copy)          |                                                                                           | ⊠ Yes                          | ☐ No                                                                                             |                  |                                                                                       |                       |                     |                 |          |  |
| List All E. Logs Ru<br>Same as previous    |                                                                                           |                                |                                                                                                  |                  |                                                                                       |                       |                     |                 |          |  |
|                                            |                                                                                           |                                | CASING RECOR                                                                                     | D 🛭 New [        | ☐ Used                                                                                |                       |                     |                 |          |  |
| Purpose of String                          | Size Hole                                                                                 | Size Cas                       |                                                                                                  | Setting          | Type of                                                                               | tc.<br># Sacks        | Туре                | and Percent     |          |  |
| Conductor                                  | Drilled                                                                                   | Set(in. O.                     | .D.) Lbs./ft,                                                                                    | Depth            | Cement                                                                                | Used                  | A                   | dditives        |          |  |
| Surface .                                  | 12-1/4"                                                                                   | 8-5/8"                         | . 24                                                                                             | 1440             | С                                                                                     | 500                   | 1                   |                 |          |  |
| Production                                 | 7-7/8"                                                                                    | 5-1/2"                         | 14                                                                                               | 5060             | С                                                                                     | .250                  |                     |                 |          |  |
|                                            |                                                                                           | А                              | DDITIONAL CEMENT                                                                                 | ING / SQUEEZ     | E RECORD                                                                              |                       |                     |                 |          |  |
| Purpose: Perforate                         | Depth<br>Top Bottom                                                                       | Type<br>Cem                    |                                                                                                  | ed               | Type and Percent Additives                                                            |                       |                     |                 |          |  |
| X Protect Casing                           | 1438-1439                                                                                 | Н                              | 275                                                                                              |                  |                                                                                       |                       |                     |                 |          |  |
| Plug Back TD 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 (Amount and Kind of Material Used)  Depth |                       |                     |                 |          |  |
| 4                                          | Орескіў і ос                                                                              | 4802-22                        |                                                                                                  |                  | (Amou                                                                                 | nt and Kind of Materi | ai Used)            | Dept            | <u>n</u> |  |
|                                            |                                                                                           |                                |                                                                                                  |                  |                                                                                       |                       |                     |                 |          |  |
|                                            |                                                                                           |                                |                                                                                                  |                  |                                                                                       |                       |                     |                 |          |  |
| TURNO PEOOPP                               | 0:                                                                                        | 0-141                          |                                                                                                  |                  |                                                                                       |                       |                     |                 |          |  |
| TUBING RECORD                              | Size<br>2-7/8"                                                                            | Set At<br>4757'                | Packer At<br>N/A'                                                                                | Liner Run        | Yes                                                                                   | ⊠ No                  |                     |                 |          |  |
| Date of First, Resumed 11/11/02            | d Production, SWD o                                                                       | r Enhr. F                      | Producing Method                                                                                 | lowing 🔲 Pui     | mping 🔲 G                                                                             | Sas Lift X Other      | (Explain)           | Injection Well  |          |  |
| Estimated Production                       | Oil BBLS                                                                                  | ;                              | Gas Mcf                                                                                          |                  | er Bbls                                                                               | Gas-Oil Ra            |                     | Gravity         |          |  |
| Per 24 Hours                               | N/A                                                                                       |                                | N/A                                                                                              | 1                | \/A .                                                                                 | N/A                   |                     | N/A             |          |  |
| Disposition of Gas                         |                                                                                           | MET                            | HOD OF COMPLETIC                                                                                 | N                |                                                                                       | Production            | Interval            |                 |          |  |
| ☐ Vented                                   | ☐ Sold ☑<br>ted, Submit ACO-1                                                             | Used on Lea                    | se 🗌 Open                                                                                        | Hole 🛭 Per       | f. Dually                                                                             | Comp. 🗌 Comr          | mingled <u>INJE</u> | ECTION WE       | LL       |  |
| (II VƏIII                                  | .ou, oubiliit AOO-1                                                                       | ~ <i>)</i>                     | ☐ Other                                                                                          | (Specify)        |                                                                                       |                       |                     | ···             |          |  |
|                                            |                                                                                           |                                |                                                                                                  |                  |                                                                                       | •                     |                     |                 |          |  |