Kansas Corporation Commission Oil & Gas Conservation Division

ORIGINAL

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>175-21457-0001</u>
Name: OXY USA, Inc.	County: Seward
Address: P.O. Box 2528	<u>E/2</u> - <u>SE</u> Sec <u>25</u> Twp. <u>31</u> S. R <u>34W</u>
City/State/Zip: Liberal, KS 67905	
Purchaser: Pending	
Operator Contact Person: Vicki Carder	
Phone: (316) 629-4200	
Contractor: Name: Gibson Well Service	Lease Name: Beaty B Well #: 2
License: NA 5866	Field Name: Unnamed
Wellsite Geologist: NA	Producing Formation: Chase
Designate Type of Completion:	Elevation: Ground: 2860 Kelly Bushing: 2871
New Well Re-EntryX Workover	Total Depth:5850 Plug Back Total Depth:2859
Oil SWD SIOW Temp. Abd	
X	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
Dry Other (Core, WSW, Expl, Cathodic, etc)	
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set
Operator: OXY USA, Inc.	feet depth to w sx cmt.
Well Name: Beaty B-2	feet depth to F when 4-10-06 sx cmt.
Information of side two of this form will be held confidential for a period 107 for confidentiality in excess of 12 months). One copy of all wireline	Chloride content NA ppm Fluid volume NA bbls Dewatering method used NA Located of fluid disposal if hauled offsite: Operator Name: NA License No.: NA Quarter Sec. Twp, S. R. East West or County: Docket No.: with the Kansas Corporation Commission, 130 S. Market – Room 2078, Wichita, or or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. of 12 months if requested in writing and sulmitted with the form (see rule 82.3.)
	egulate 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:	KCC Office Use Only
Title: Capital Projects Date May 9, 2001 Subscribed and sworn to before me this 4 day of 4	Letter of Confidentiality Attached If Denied, Yes Date: 05-21-01
20_0 \	Wireline Log Received
Notary Public: Unita Laterson	Geologist Report Received
Date Commission Expires: Oct. 1, 2001	UIC Distribution
	La companya de la com



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

Side Two

Operator Name: _	OXY	USA, Inc.		 	Lease Name:	Beat	y B	Well #:	2
Sec. <u>25</u>	Twp. <u>31</u> S.	R. <u>34W</u>	□ E	ast 🔲 West	County:		Seward		
ime tool open and luid recovery, and	w important tops ar I closed, flowing an I flow rates if gas to reyed. Attach final	d shut-in pre surface test	ssures, , along v	whether shut-ir vith final chart(n pressure reach	ed static level,	hydrostatic pr	essures, botto	m hole temperatur
Orill Stem Tests To (Attach Additional Samples Sent to Co		─ Yes	□ No □ No □ No □ No		⊠ Log Name	Formation (Top	o), Depth and	Datum Top	☐ Sample Datum
Electric Log Run (Submit Copy) .ist All E. Logs Ru	in: Gamma	⊠ Yes Collar Log	□ No						
		Report		SING RECORE	│ ○				
Purpose of String	Size Hole	Size Cas Set(in. O.	ing :	Weight Lbs./ft.	Setting Depth	Type of Cement	# Sacks Used	Тур	e and Percent Additives
Conductor						С			riddityos
Surface	12 1/4	8 5/8		24 1775		С	510	2% CC	***************************************
roduction	7 7/8 5 1/2			14	2904	С	330	2% CC	
		A	DDITIO	NAL CEMENT	NG / SQUEEZE	RECORD	I		
Purpose: Perforate Protect Casing Plug Back TD	g			#Sacks Use	d Type and Percent Additives				
Plug off Zone Shots Per Foot		tage of Each l	nterval P	erforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
2 .	.`` 2562 <u>-</u> 2564, 25	86-2590, 26	12-2618	, 2668-2674	54500 Gals	2000 gals 7 1/2% HCL Acid 54500 Gals 50Q N2 Foam & 1500 sxs 12/20 Brady Sand.			
UBING RECORD	Size	Set At	Pa	cker At	Liner Run				
	2 3/8 ed Production, SWD o	2705 r Enhr.		g Method		Yes	⊠ No		
08/0 stimated Production Per 24 Hours	O3/95 Oil BBLs	6	(☑ F Gas Mcf 157	Wate	pping G r Bbls 2		Other (Explain) Oil Ratio	Gravity
	d ⊠ Sold □ nted, Submit ACO-1	Used on Lea		F COMPLETIC				ction Interval Commingled	

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COMPANY WELL TYPE API / UWI # DEPARTMENT	P/T MILE
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Form Thickness From To DATE TO Set At DATE TO	
Form Thickness From To DATE TO Set At DATE TO	
Time	
Misc. Data Total Depth	22-01
TYPE AND SIZE QTY MAKE NEW/USED WEIGHT SIZE FROM TO Casing U 14 5 0 2860	200
Float Collar Casing 4 14 52 0 2860	
	MAX ALLO
	<u> </u>
Float Shoe Liner Liner Liner	
Centralizers Tbg/D.P. U £75 2 % O 260%	/
Bottom Plug Tbg/D.P.	
Top Plug Open Hole	SHOTS/FT
Head Perforations	
Packer Perforations	
Other Perforations PERCEPTION OF THE PERCEPTION	011.05.105
MATERIALS HOURS ON LOCATION OPERATING HOURS DESCRIPTION Treat Fluid Density Lb/Gal DATE HOURS DATE HOURS	ON OF JUB
Disp. Fluid Density Lb/Gal 1-22-0/1 5 1-22-0/1 2- 1-3 UE	50
Prop. Type Size Lb. Prop. Type Size Lb.	
Acid Type Gal %	
Acid Type Gal %	
Surfactant Gal In	
Fluid Loss Gal/Lb In	
Gelling Agent Gal/Lb In	
Fric. Red Gal/Lb In TOTAL 5 has TOTAL 2 has	
Perfpac BallsQty ORDERED Avail Used	
Other AVERAGE BATES IN RPM	
Other TREATED Disp. Overall	*
Other FEET 76' CEMENT LEFT IN PIPE Reason akr to perf.	1
CEMENT DATA	<u></u>
STAGE SACKS CEMENT BULK/SKS ADDITIVES YIE	LD LBS/GA
	18 15.6
T 25 Prom B 2% C.C. 1.0	7 16.4
Circulating Displacement Preflush: Gal - BBl Type	
Breakdown Load & Bkdn: Gal - BBl Pad: BBI - G	al
Average Frac Gradient Treatment Gal - BBI Disp: BBI - G Shut In: Instant 5 Min 15 Min Cement Slurr Gal - BBI 525/4-25	
Total Volume Gal - BBI	
Frac Ring #1 Frac Ring #2 Frac Ring #3 Frac Ring #4 CUSTOMER'S REPRESENTATIVE SIGNATURE	
THE INFORMATION STATED HEREIN IS CORRECT	

HALLIBURTON ORDER NO. 70006								TICKET #	TICKET DATE	
REGION No	rth Ame	erica			VACOUNTE	RY	I A A COLD	BDA / STATE	COUNTY	
1451116 45116 #				EN	IPLOYEE N	AME		PSL DEPARTMENT	3,3	
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r						1, 1,				
TICKET AMOUNT					LL TYPE	٠,٠	# #	API / UWI #		
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LEASE / WELL #					C/TWP/R	NG .		JOB PURPOSE CODE		
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CHART NO.	TIME	(BPM)	VOLUME (BBL)(GAL)	PUMP	S PRES	SS. (psi) Csg		JOB DESCRIPTION / REMARKS		
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