

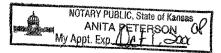
Kansas Corporation Commission Oil & Gas Conservation Division

September 1999
Form Must Be Typed

Form ACO-1

WELL COMPLETION FORM WELL HISTORY – DESCRIPTION OF WELL & LEASE

Operator: License #5447	API No. 15 - <u>129-10328-0001</u>					
Name: OXY USA, Inc.	County: Morton					
Address: P.O. Box 2528	- <u>SE</u> - <u>NW</u> - <u>SE</u> Sec <u> 3</u> Twp. <u>33</u> S. R <u> 43W</u>					
City/State/Zip: Liberal, KS 67905						
Purchaser: CIG						
Operator Contact Person: Vicki Carder						
Phone: (316) 629-4200						
Contractor: Name: Key Energy	Lease Name: Soupiset B Well #: 1					
License: NA 33233 33223	Field Name: Greenwood					
Wellsite Geologist: NA						
Designate Type of Completion:	Producing Formation: Topeka Elevation: Ground: Respect Specific Bushing: 3605					
New Well Re-EntryX Workover						
	Total Depth: 3410 Fine Set and Corporated at 600 foot					
X	Amount of Surface Pipe Set and Cemented at 600 feet Multiple Stage Cementing Collar Used TIAL Yes No NOTION COMMESSIMOW depth set					
Dry Other (Core WSW Expl Campail of DRPORA	TION COMMISSION depth set					
If Workover/Re-entry: Old Well Info as follows:						
Operator: OXY USA Inc. 1111 1	If Alternate II completion, cement circulated fromsx cmt.					
Well Name: Soupiset B-1	Sx cmt.					
CONSERVATIONS: An original Comp. Date:	## County: Sec Twp, S. R East ₩est County: Docket No.: Or east of the Kansas Cornoration Commission 130 S. Market Room 2078 Wichite					
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	r or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply.					
All requirements of the statutes, rules and regulations promulgated to re	egulate the oil and gas industry have been fully complied with and the statements					
nerein are complete and correct to the best of my knowledge.						
	KCC Office Use Only					
Signature: Signature:						
Title: Date <u>June 18, 200</u> Subscribed and sworn to before me this day of June	If Denied, Yes V Date: 6-2/0/ Drug					
<u> </u>						
Contraction Contraction	Wireline Log Received					
Notary Public:						
Date Commission Expires: 1	UIC Distribution					





Side Two

Operator Name:	OXY	USA, Inc.			Lease Name	Soupi	set B	VVeil #:		
Sec T	wp. <u>33</u> S.	R. <u>43W</u>	☐ East	☐ West	County:	and the second s	Morton			
Instructions: Show time tool open and o fluid recovery, and f Wireline Logs surve	closed, flowing and flow rates if gas to	d shut-in pre surface test	essures, who t, along with	ether shut-in final chart(s	pressure reach	ed static level.	hydrostatic pr	essures, bottom l	nole temperature,	
Drill Stem Tests Taken ☐ Yes ☒ No			⊠ Log	Formation (To	p), Depth and	Datum	Sample			
(Attach Additional SI		⊠	□ N=		Name			Тор	Datum	
Samples Sent to Ge Cores Taken	eological Survey	⊠ Yes □ Yes	□ No A	SED						
Electric Log Run		⊠ Yes	- D. 30	M A		2	i			
(Submit Copy) List All E. Logs Run	ı: Gamma	Collar Log	Land F	TIAI						
Purpose of String	Size Hole	Size Ca	all strings se	Weight	urface, intermedia Setting	Type of	# Sacks		nd Percent	
Conductor	Drilled	Set(in. C).D.)	Lbs./ft.	Depth	Cement	Used	Ac	lditives	
	12 1/4	8 5/8	22.7		600	С	300	Common		
Surface	12 1/4	5.4/O	- 44	,,	3409	c	250	4% Gel		
Production	7 7/8	5 1/2	14		3409		200 Common			
		,	ADDITIONA	L CEMENT	ING / SQUEEZE	RECORD				
Purpose:	Depth Top Bottom	' #Sacke Head			ed	Type and Percent Additives				
Protect Casing Plug Back TD	_					water water to the second				
Plug off Zone				and the second s			***************************************			
Shots Per Foot	PERFORATION RECORD – Bridge Plugs Set/type					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
2	Specify Footage of Each Interval Perforated 2680-2684, 2696-2699, 2728-2732, 2840-2843,				2500 Gals	2500 Gals 17% HCL Acid				
	2863-2870, 2890-2894									
					Acidize 29	Acidize 2922-3204 w/500 Gals 17% HCL Acid				
			· · · · · · · · · · · · · · · · · · ·			······································				
TUBING RECORD	Size 2 3/8	Set At 3365	Packe	er At	Liner Run	☐ Yes	⊠ No	A STATE OF THE STA		
Date of First, Resume 05/0		or Enhr.	Producing N	-	lowing 🛭 Pu	mping 🔲	Gas Lift 🔲 (Other (Explain)		
Estimated Production Per 24 Hours	Oil BBL	s		s Mcf 523		er Bbls		Oil Ratio	Gravity	
Disposition of Gas		ME	THOD OF	COMPLETIC	ON .		Produ	uction Interval	00 miles (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (19	
☐ Vented			ease	☐ Oper	Hole 🛛 Pe	f. 🔲 Dually	Comp.	Commingled		
(II Ven	nted, Submit ACO-	10)		☐ Othe	(Specify)					