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KANSAS CORPORATION COMMISSION

JAN 15 2002

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

Form ACO-1

September 1999

Form Must Be Typed

CONSERVATION DIVISION

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5447
Name: OXY USA, Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: N/A
Operator Contact Person: Kenny Andrews
Phone: (620) 629-4232
Contractor: Name: Key Energy
License: _____
Wellsite Geologist: N/A
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)

API No. 15 - 15-129-20799-0001
County: MORTON
C - NW - NW Sec 17 Twp. 33 S. R. 43W
4620 feet from (S) N (circle one) Line of Section
4620 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: TURMORROW MORROW UNIT Well #: 401W
Field Name: TURMORROW
Producing Formation: MORROW
Elevation: Ground: 3651 Kelly Bushing: 3661
Total Depth: 5330 Plug Back Total Depth: 4970
Amount of Surface Pipe Set and Cemented at 1417 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.

If Workover/Re-entry: Old Well Info as follows:
Operator: MIDCO EXPLORATION
Well Name: Turner #1
Original Comp. Date: 04/21/86 Original Total Depth: 5330
 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. E-27.951
12/17/01 12/17/01 12/21/01
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

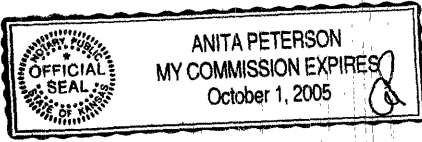
ALT I WITHM 10-13-06
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content N/A ppm Fluid volume N/A bbis
Dewatering method used N/A
Location of fluid disposal if hauled offsite:
Operator Name: N/A
Lease Name: N/A License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. East West
County: _____ Docket No.: _____

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: [Signature]
Title: ENGINEERING TECHNICIAN Date 01/14/02
Subscribed and sworn to before me this 14th day of January
20 02
Notary Public: Anita Peterson
Date Commission Expires: Oct 1, 2005

KCC Office Use Only
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
ven UIC Distribution KCC



Side Two

Operator Name: OXY USA, Inc. Lease Name: TURMORROW MORROW UNIT Well #: 401W

Sec. 17 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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E. Logs Run:

Same as previous ACO-1

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
TOPEKA	2927 +	734
HEEBNER	3188 +	473
LANSING	3344 +	317
MORROW SH	4574 -	913
MORROW SD	4713 -	1052
KEYES SD	5005 -	1344
MISS	5087 -	1655

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							
Surface	12-1/4"	8-5/8"	24	1417	C	700	
Production	7-7/8"	4-1/2"	10.5	5015	C	150	

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
4	4715-34	1500 GALS 7.5 % FE	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	4646'	4646'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method			
01/07/02	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <i>Injection Well</i>			
Estimated Production Per 24 Hours	Oil BBLS	Gas Mcf	Water Bbbs	Gas-Oil Ratio
	N/A	N/A	N/A	N/A
				Gravity
				N/A

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled INJECTION WELL

Production Interval Other (Specify) _____

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 Phone: (620) 629-4232
 Contractor Name: Key Energy
 License: _____
 Wellsite Geologist: N/A
 Designate Type of Completion:
 _____ New Well _____ Re-Entry X Workover
 _____ Oil _____ SWD _____ SIOW _____ Temp. Abd.
 _____ Gas X ENHR _____ SIGW
 _____ Dry _____ Other (Core, WSW, Expl, Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: Mideo Exploration
 Well Name: Turner #1

Original Comp. Date: 04/21/86 Original Total Depth: 5330
 _____ Deepening _____ Re-perf. X Conv. To Enhr./SWD
 _____ Plug Back _____ Plug Back Total Depth
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. E-27.951
 _____ 12/17/01 _____ 12/17/01 _____ 12/21/01
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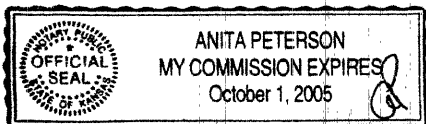
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content N/A ppm Fluid volume N/A bbls
 Dewatering method used N/A
 Location of fluid disposal if hauled offsite:
 Operator Name: N/A
 Lease Name: N/A License No.: _____
 Quarter _____ Sec. _____ Twp, _____ S. R. East West
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 Subscribed and sworn to before me this 14th day of January
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 Notary Public: Anita Peterson
 Date Commission Expires: Oct 1, 2005

KCC Office Use Only
 _____ Letter of Confidentiality Attached
 If Denied. Yes Date _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution



X

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Sec. 17 Twp. 33 S. R. 43W East West County: MORTON

ORIGINAL

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Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOPEKA	2927 + 734
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HEEBNER	3188 + 473
List All E. Logs Run:		LANSING	3344 + 317
Same as previous ACO-1		MORROW SH	4574 - 913
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TUBING RECORD	Size 2-3/8"	Set At 4646'	Packer At 4646'	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First Resumed Production, SWD or Enhr 01/07/02		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) Injection Well		
Estimated Production Per 24 Hours	Oil BBLS N/A	Gas Mcf N/A	Water Bbls N/A	Gas-Oil Ratio N/A Gravity N/A

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled INJECTION WELL
(If vented, Submit ACO-18) Other (Specify) _____