

JAN 17 2002

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1

September 1999

CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed

Operator: License # 5447
Name: OXY USA Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: PEPL
Operator Contact Person: Vicki Carder
Phone: (620) 629-4200
Contractor: Name: Best Well Service
License: NA
Wellsite Geologist: NA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: OXY USA, Inc.
Well Name: EIMD A #1

Original Comp. Date: 05/06/93 Original Total Depth: 6884
 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. _____
09/01/01 09/01/01 09/14/01
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 189-21533-0002
County: Stevens
C - SE - SW Sec 32 Twp. 34 S. R. 35W
660 feet from (S) N (circle one) Line of Section
3300 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Wonder B Well #: 3
Field Name: Gooch
Producing Formation: Morrow
Elevation: Ground: 2988 Kelly Bushing: 3003
Total Depth: 6884 Plug Back Total Depth: 6500
Amount of Surface Pipe Set and Cemented at 1790 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____
If Alternate II completion, cement circulated from _____
feet depth to (W) sx cmt.

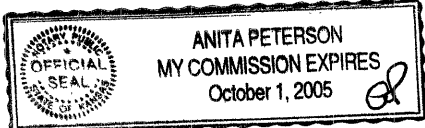
Drilling Fluid Management Plan ALT I W HM 10-13-06
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ 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: Vicki Carder
Title: Capital Projects Date January 16, 2002
Subscribed and sworn o before me this 16th 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
 UIC Distribution



ORIGINAL

Side Two

Operator Name: OXY USA Inc. Lease Name: Wonder B Well #: 3
Sec. 32 Twp. 34 S. R. 35W East West County: Stevens

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 (Attach Additional Sheets) Yes No
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run (Submit Copy) Yes No
List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

CASING RECORD New Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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

ADDITIONAL CEMENTING / SQUEEZE RECORD

Table with columns: Purpose (Perforate, Protect Casing, Plug Back TD, Plug off Zone), Depth (Top Bottom), Type of Cement, #Sacks Used, Type and Percent Additives

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
3 5900-5910 1000 Gals 7 1/2% FE Acid
Frac - 15348 Gals Delta 20, 24710# 20/40 Sand

TUBING RECORD Size 2 3/8 Set At 6359 Packer At
Liner Run Yes No
Date of First, Resumed Production, SWD or Enhr. 09/15/01 Producing Method Flowing Pumping Gas Lift Other (Explain)
Estimated Production Per 24 Hours Oil BBLs Gas Mcf Water Bbls Gas-Oil Ratio Gravity

Disposition of Gas

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
Other (Specify)