

15-189-22307-00-00
22307-0000

COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5447
Name: OXY USA, Inc.
Address P.O. Box 2528

City/State/Zip Liberal, KS 67905
Purchaser: Pending
Operator Contact Person: JERRY ALLEN HUNT
Phone (316) 629-4200
Contractor: Name: CHEYENNE DRILLING
License: 5382
Wellsite Geologist: CURTIS COVEY

API NO. 15-18922070000
County STEVENS, KANSAS
S/2 - SE - SE/4 Sec. 11 Twp. 31S Rge. 39
330 Feet from the South Line of the Section
647.4 Feet from the East Line of the Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name MLP MUNCY B Well # 3
Field Name
Producing Formation NWNE
Elevation: Ground 3180 KB
Total Depth 5950 PBTD
Amount of Surface Pipe Set and Cemented at 179 Feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set Feet
If Alternate II completion, cement circulated from
feet depth to w/ sx cmt.

Drilling Fluid Management Plan RFA 2-3-00 UC
(Data must be collected from the Reserve Pit)

Chloride content 2200 ppm Fluid volume 40 bbls
Dewatering method used EVAPORATE
Location of fluid disposal if hauled offsite:
Operator Name License No.
Lease Name License No.
 Quarter Sec. S Twp. S Range 31S
County Docket No.

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover:
Operator:
Well Name:
Comp. Date Old Total Depth
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.
04-06-99 04-20-99
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 2-3-130, 82-3-106 and 82-3-107 apply. Information on 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 Capital Projects Date 9-29-99
Subscribed and sworn to before me this 29th day of Sept,
19 99.
Notary Public Anita Peterson
Date Commission Expires Oct. 1, 2001

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep GPA
 KGS Plug Other (Specify)
Jim

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

SIDE TWO

Operator Name OXY USA, Inc.
 Sec. 11 Twp. 31S Rge. 39W

Lease Name MLP MUNCY B Well # 1
 County STEVENS, KANSAS

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Take <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: LONG SPACED SONIC HIGH RESOLUTION INDU MICROLOG DUAL SPACED NEUTRON	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>HEEBNER</td> <td>3960</td> <td>-770</td> </tr> <tr> <td>TORONTO</td> <td>3982</td> <td>-778</td> </tr> <tr> <td>LANSING</td> <td>4059</td> <td>-865</td> </tr> <tr> <td>MARATON</td> <td>4703</td> <td>-1509</td> </tr> <tr> <td>CHEROKEE</td> <td>4890</td> <td>-1696</td> </tr> <tr> <td>MORROW</td> <td>5382</td> <td>-2188</td> </tr> <tr> <td>STE. GENEVIEVE</td> <td>5886</td> <td>-2682</td> </tr> </table>	Name	Top	Datum	HEEBNER	3960	-770	TORONTO	3982	-778	LANSING	4059	-865	MARATON	4703	-1509	CHEROKEE	4890	-1696	MORROW	5382	-2188	STE. GENEVIEVE	5886	-2682
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CASING RECORD New 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
Surface	12 3/4	8 5/8	24	1792	C	295	6% TOTAL GAL
Intermediate					C		
Production					C		

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top - Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			DRY HOLE
<input type="checkbox"/> Plug Back TD	-			
<input type="checkbox"/> Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
	DRY HOLE	

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Producing Method

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

(If vented, submit ACO-18.) Other (Specify) _____

