

FORM MUST BE TYPED

SIDE ONE

15-163-19334-00-03

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 26100

City/State/Zip Oklahoma City, Ok 73126-0100

Purchaser: _____

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Express Well Service

License: _____

Wellsite Geologist: _____

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:

Operator: OXY USA Inc

Well Name: Sikes A

Comp. Date 5/21/48 Old Total Depth 3585

Deepening Re-perf. Conv. to Inj/SWD

Plug Back 3335 PBT

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

Spud Date _____ Date Reached TD _____ Completion Date 4/1/93

API NO. 15- NOT ASSIGNED: WELL COMPLETED ON: 5/21/48

County _____ Rooks _____

NE-NW-SE Sec. 27 Twp. 9S Rge. 19 X E

2310 Feet from (S/N) (circle one) Line of Section

1650 Feet from (E/W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Sikes A Well # 2

Field Name Zurich

Producing Formation Oread

Elevation: Ground 2206 KB 2208

Total Depth 3653 PBT 3335

Amount of Surface Pipe Set and Cemented at _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan 5-25-93
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, 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 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 VH L 5 13 93 Vic Tumlinson

Title DRILLING OPERATIONS MANAGER Date _____

Subscribed and sworn to before me this 12 day of May, 19 93.

Notary Public Jammy L Padilla

Date Commission Expires August 21, 1996

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other

RECEIVED
STATE CORPORATION COMMISSION

Form ACO-1 (7-91) MAY 17 1993
5/17/93
CONSERVATION DIVISION
Wichita, Kansas

SIDE TWO

Operator Name OXY USA Inc. Lease Name Sikes A Well # 2

Sec. 27 Twp. 9S Rge. 19 East West
 County _____ Rooks _____

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 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:

Log Formation (Top), Depth and Datums Sample

Name _____ Top _____ Datum _____

CASING RECORD <input 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

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
	CIBP @ 3335		
4	3312-18, 3300-03, 3290-96	1500 gal 15% NE/FE Acid	3290-3318

TUBING RECORD		Size	Set At	Packer At 3330	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 3/24/93		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil 10 Bbls.	Gas Mcf	Water 297	Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 3290-3313

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