

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999

Form Must Be Typed

ORIGINAL

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: _____
 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/Re-entry: Old Well Info as follows:
 Operator: OXY USA, Inc.
 Well Name: Renshaw C-1

Original Comp. Date: 09/05/91 Original Total Depth: 6000
 _____ Deepening _____ Re-perf. _____ Conv. To Enhr./SWD
 _____ Plug Back _____ Plug Back Total Depth
 _____ Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. DC 020403
 _____ Other (SWD or Enhr.?) _____ Docket No. _____
07/15/03 _____ 08/01/03
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date _____

API No. 15 - 129-21083-0001
 County: Morton
 _____ - _____ - CNW - NE Sec 8 Twp. 32 S. R. 39W
660 feet from S (circle one) Line of Section
1980 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Renshaw B Well #: 3
 Field Name: East Kinsler
 Producing Formation: Morrow/Keyes
 Elevation: Ground: 3266 Kelly Bushing: 3277
 Total Depth: 6000 Plug Back Total Depth: 5860
 Amount of Surface Pipe Set and Cemented at 1734 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 OWWO KJR 6/11/07
(Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bblc
 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.: _____

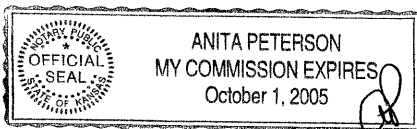
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 6702, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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 Project Date February 26, 2004
 Subscribed and sworn to before me this 26th day of Feb
 20 04
 Notary Public: Anita Peterson
 Date Commission Expires: Oct. 1, 2005

KCC Office Use Only

NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution



X

Side Two

Operator Name: OXY USA Inc. Lease Name: Renshaw B Well #: 3
 Sec. 8 Twp. 32 S. R. 39W 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>Tracer Scan Log</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum Name Top Datum
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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
Conductor					C		
Surface					C		
Production					C		

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
3	5884-5904, 5874-5880	Acidize - 3000 gls 7 1/2% PAD (30% Xylene)	
3	5828-5840, 5813-5822, 5806-5810, 5800-5803	Acidize - 3500 gls 7 1/2% PAD(30% Xylene)	
	RBP @ 5860'	Frac - 15602 gls 70Q N2, 16,694# 16/30 Sand	
		Acidize - 3000 gls 7 1/2% PAD (30% Xylene)	

TUBING RECORD	Size 2 7/8	Set At 5212	Packer At 5754	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 08/10/03		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil BBLs	Gas Mcf 413	Water Bbbs 5	Gas-Oil Ratio Gravity

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

METHOD OF COMPLETION

Production Interval